Period	PeriodStart	PeriodEnd spec_name	min_outcome	diag_proc	reason_for_denial	indication_offered	auth_count Year Quarter
		Advanced	_	0_1			_
		Practice					
4/1/2023 -		Registered		70450 Computed tomography, head or		This is a request for a brain/head CT.; 'None of the above' describes the headache's	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	brain; without contrast material		character.; Headache best describes the reason that I have requested this test.	1 2023 2023
		Advanced					
		Practice					
4/1/2023 -	4/4/2022	Registered		70450 Computed tomography, head or		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	brain; without contrast material		reason that I have requested this test.	1 2023 2023
		Advanced				This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient i	S
		Practice				NOT on anticoagulation or blood thinner treatments; There are NO recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision	
4/1/2023 -		Registered		70450 Computed tomography, head or		defects, speech impairments or sudden onset of severe dizziness; This is NOT a follow up	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	brain; without contrast material		request for a known hemorrhage/hematoma or vascular abnormality	2 2023 2023
0/30/2023	4,1,2023	Advanced	прргочи	Stain, without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient i	
		Practice				NOT on anticoagulation or blood thinner treatments; There are recent neurological	
4/1/2023 -		Registered		70450 Computed tomography, head or		symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	brain; without contrast material		defects, speech impairments or sudden onset of severe dizziness	2 2023 2023
		Advanced					
		Practice					
4/1/2023 -		Registered		70450 Computed tomography, head or		This is a request for a brain/head CT.; The patient has a new onset of a headhache within the	e Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	brain; without contrast material		past month; Headache best describes the reason that I have requested this test.	2 2023 2023
		Advanced					
		Practice				This is a request for a brain/head CT.; The patient has the worst headache of patient's life	
4/1/2023 -		Registered		70450 Computed tomography, head or		with onset in the past 5 days; This is a Medicare member.; Headache best describes the	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	brain; without contrast material		reason that I have requested this test.	1 2023 2023
		Advanced		70480 Computed tomography, orbit,			
. /. /2022		Practice		sella, or posterior fossa or outer,		T	
4/1/2023 -	4/4/2022	Registered		middle, or inner ear; without contrast		"This request is for orbit, sella, int. auditory canal, temporal bone, mastoid, CT.239.8"; "There	•
6/30/2023	4/1/2023	6/30/2023 Nurse Advanced	Approval	material		is suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"	1 2023 2023
		Practice		70486 Computed tomography,			
4/1/2023 -		Registered		maxillofacial area; without contrast		"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	material		or skull, trauma or injury.fct"; Yes this is a request for a Diagnostic CT	1 2023 2023
0,00,2020	., 2, 2020	Advanced	7.pp. 010.	dcc.rd.		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT	1 1010 1010
		Practice		70486 Computed tomography,		immune-compromised.; The patient's current rhinosinusitis symptoms are described as	
4/1/2023 -		Registered		maxillofacial area; without contrast		Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	material		Diagnostic CT	4 2023 2023
		Advanced					
		Practice					
4/1/2023 -		Registered		70490 Computed tomography, soft		This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the	· ·
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	tissue neck; without contrast material		neck.; Yes this is a request for a Diagnostic CT	2 2023 2023
		Advanced					
		Practice					
4/1/2023 -	4/4/2022	Registered		70490 Computed tomography, soft		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; It is not	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	tissue neck; without contrast material		known if there is a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT	1 2023 2023
		Advanced				This is a request for neck coff tissue CT . The nations has a neck lump or mass . There is a	
4/1/2023 -		Practice Registered		70490 Computed tomography, soft		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has NOT	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	tissue neck; without contrast material		been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT	1 2023 2023
5/ 50/ 2025	., 1, 2023	Advanced	, pprovar	assac neek, without contrast material		seen enamined three defeate 50 days aparts, fee this is a requestion a biagnostic of	1 2023 2023
		Practice				This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a	
4/1/2023 -		Registered		70490 Computed tomography, soft		palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	tissue neck; without contrast material		NOT done.; Yes this is a request for a Diagnostic CT	1 2023 2023

	Advanced			This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a	
	Practice			palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has	
4/1/2023 -	Registered		70490 Computed tomography, soft	been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Nurse	Approval	tissue neck; without contrast material	aspirate was NOT done.; Yes this is a request for a Diagnostic CT	1 2023 2023
	Advanced				
	Practice			This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a	
4/1/2023 -	Registered		70490 Computed tomography, soft	palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has NOT	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Nurse	Approval	tissue neck; without contrast material	been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT	1 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Advanced			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Practice				
4/1/2023 -	Registered		70490 Computed tomography, soft	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Nurse	Approval	tissue neck; without contrast material	a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT	1 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Advanced				
	Practice				
4/1/2023 -	Registered		70490 Computed tomography, soft	This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Nurse	Approval	tissue neck; without contrast material	Surgery is NOT scheduled in the next 30 days.; Yes this is a request for a Diagnostic CT	1 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0,00,000			Multiple sclerosis, monitor;;Has nerve pain to arms and hands, on Lyrica (she takes once or	
				twice a day), which helps manage this. Gabapentin did not help. The pain is still significant in	
				her hands, braces are helping; when she had her numbness she had; This study is being	
				ordered for something other than: known trauma or injury, metastatic disease, a	
				neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular	
	Advanced			disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is	
	Practice		70551 Magnetic resonance (eg, proton)	NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -	Registered		imaging, brain (including brain stem);	Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Nurse	Approval	without contrast material	ago; Medications were given for this diagnosis	1 2023 2023
0,00,2020 1,2,2020	Advanced	7.рр.ота.	The first contract material	ago, medications were given for any diagnosis	1 2025 2025
	Practice		70551 Magnetic resonance (eg, proton)	The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,	
4/1/2023 -	Registered		imaging, brain (including brain stem);	Surgical Oncology or Radiation Oncology; This study is being ordered for Cancer/ Tumor/	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Nurse	Approval	without contrast material	Metastatic Disease	1 2023 2023
0/30/2023 4/1/2023	Advanced	прргочи	Without contrast material	Wetastado Discuse	1 2023 2023
	Practice		70551 Magnetic resonance (eg, proton)	There has been treatment or conservative therapy.; This study is being ordered for	
4/1/2023 -	Registered		imaging, brain (including brain stem);	Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Nurse	Approval	without contrast material	given for this diagnosis	1 2023 2023
0/30/2023 4/1/2023	Advanced	прргочи	Without contrast material	given for this diagnosis	1 2023 2023
	Practice		70551 Magnetic resonance (eg, proton)		
4/1/2023 -	Registered		imaging, brain (including brain stem);	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Nurse	Approval	without contrast material	that I have requested this test.	1 2023 2023
2,00,2020 4,1,2020	Advanced	pp. 0 vui			1 2020 2020
	Practice		70551 Magnetic resonance (eg, proton)		
4/1/2023 -	Registered		imaging, brain (including brain stem);	This request is for a Brain MRI; Headache best describes the reason that I have requested	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Nurse	Approval	without contrast material	this test.; Chronic headache, longer than one month describes the headache's character.	1 2023 2023
-, 50, 2025 7, 1, 2025	Advanced	pp. 5401		and territorial readdency longer than one month describes the neuddine's chalacter.	1 2020 2020
	Practice		70551 Magnetic resonance (eg, proton)		
4/1/2023 -	Registered		imaging, brain (including brain stem);	This request is for a Brain MRI; Headache best describes the reason that I have requested	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Nurse	Approval	without contrast material	this test.; New onset within the past month describes the headache's character.	2 2023 2023
2,00,2020 4,1,2020	Advanced	pp. 0 vui		and the model manner are past month describes the neutronic scharacter.	2 2020 2020
	Practice		70551 Magnetic resonance (eg, proton)	This request is for a Brain MRI; Known or suspected multiple sclerosis (MS) best describes	
4/1/2023 -	Registered		imaging, brain (including brain stem);	the reason that I have requested this test.; The patient has been diagnosed with known	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Nurse	Approval	without contrast material	Multiple Sclerosis.	1 2023 2023
0,30,2023 4,1,2023	Advanced	Approvai		manapic solet solo.	1 2023 2023
	Practice		70551 Magnetic resonance (eg, proton)		
4/1/2023 -	Registered		imaging, brain (including brain stem);	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Nurse	Approval	without contrast material	have requested this test.; Known tumor outside the brain best describes the reason that i	1 2023 2023
0,30,2023 4,1,2023	Advanced	Approvai	widioat Contrast material	have requested this test, known turnor outside the brain best describes the patient's fullior.	1 2023 2023
	Practice		70551 Magnetic resonance (eg, proton)	This request is for a Brain MRI; The study is being requested for evaluation of a headache.;	
4/1/2023 -	Registered		imaging, brain (including brain stem);	The patient had a thunderclap headache or worst headache of the patient's life (within the	Apr-Jun
	6/30/2023 Nurse	Approval	without contrast material		2 2023 2023
6/30/2023 4/1/2023	0/3U/2U23 NUISE	Approval	without contrast material	last 3 months).	2 2023 2023

	Advanced			
	Practice	70551 Magnetic resona		
4/1/2023 -	Registered	imaging, brain (includi	ng brain stem); This request is for a Brain MRI; The study is being requested for evaluation of a headache.;	Apr-Jun
6/30/2023 4/1/2023		Approval without contrast mater	rial The patient has a chronic or recurring headache.	9 2023 2023
	Advanced			
	Practice	70551 Magnetic resona	ance (eg, proton)	
4/1/2023 -	Registered	imaging, brain (includi	ng brain stem); This request is for a Brain MRI; The study is being requested for evaluation of a headache.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Nurse A	Approval without contrast mater	rial The patient has a sudden and severe headache.	1 2023 2023
	Advanced		This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
	Practice	70551 Magnetic resona	ance (eg, proton) headache.; It is unknown why this study is being ordered.; The patient does not have	
4/1/2023 -	Registered	imaging, brain (includi	ng brain stem); dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Nurse A	Approval without contrast mater	rial abnormality, loss of smell, hearing loss or vertigo.	2 2023 2023
	Advanced			
	Practice	70551 Magnetic resona	ance (eg, proton) This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/1/2023 -	Registered	imaging, brain (includi	ng brain stem); headache.; It is unknown why this study is being ordered.; The patient has Dizziness or	Apr-Jun
6/30/2023 4/1/2023	-	Approval without contrast mater		2 2023 2023
	Advanced		, and the second	
	Practice	70551 Magnetic resona	ance (eg, proton) This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/1/2023 -	Registered	imaging, brain (includi		Apr-Jun
6/30/2023 4/1/2023	~	Approval without contrast mater		1 2023 2023
0/30/2023 4/1/2023	Advanced	without contrast mater	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	1 2023 2023
	Practice	70551 Magnetic resona	· · · · · · · · · · · · · · · · · · ·	
4/1/2023 -	Registered	imaging, brain (includi		Apr-Jun
6/30/2023 4/1/2023	-			1 2023 2023
0/30/2023 4/1/2023	Advanced	Approval without contrast mater	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	1 2023 2023
		70FF1 Magnatic record		
4/4/2022	Practice	70551 Magnetic resona		A 1
4/1/2023 -	Registered	imaging, brain (includi		Apr-Jun
6/30/2023 4/1/2023		Approval without contrast mater		1 2023 2023
	Advanced		This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
	Practice	70551 Magnetic resona	talent transfer to the second transfer transfer to the second transfer tran	
4/1/2023 -	Registered	imaging, brain (includi		Apr-Jun
6/30/2023 4/1/2023		Approval without contrast mater	rial TIA (transient ischemic attack).	2 2023 2023
	Advanced			
	Practice	70551 Magnetic resona	ance (eg, proton) This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/1/2023 -	Registered	imaging, brain (includi	ng brain stem); headache.; This study is being ordered for a tumor.; The patient does NOT have a biopsy	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Nurse A	Approval without contrast mater	rial proven cancer	2 2023 2023
	Advanced		This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
	Practice	70551 Magnetic resona	ance (eg, proton) headache.; This study is being ordered for follow-up.; The patient completed a course of	
4/1/2023 -	Registered	imaging, brain (includi	ng brain stem); chemotherapy or radiation therapy within the past 90 days.; This study is being ordered for a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Nurse A	Approval without contrast mater	rial tumor.; The patient has a biopsy proven cancer	1 2023 2023
			This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
	Advanced		headache.; This study is being ordered for follow-up.; The patient has NOT completed a	
	Practice	70551 Magnetic resona		
4/1/2023 -	Registered	imaging, brain (includii		Apr-Jun
6/30/2023 4/1/2023		Approval without contrast mater		1 2023 2023
, , , _, _, ,	, ,		This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
	Advanced		headache.; This study is being ordered for follow-up.; The patient has NOT completed a	
	Practice	70551 Magnetic resona		
4/1/2023 -	Registered	imaging, brain (includi	· · · · · · · · · · · · · · · · · · ·	Apr-Jun
6/30/2023 4/1/2023	-			1 2023 2023
0/30/2023 4/1/2023	6/30/2023 Nurse A Advanced	Approval without contrast mater	rial patient has a biopsy proven cancer	1 2023 2023
		70FF1 Magast's	This sequent is for a Design MDI. The study is NOT being appropriated for a study in the	
4/4/2022	Practice	70551 Magnetic resona		A
4/1/2023 -	Registered	imaging, brain (includi		Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Nurse A	Approval without contrast mater	a 12 month annual follow up.; This is a routine follow up.	2 2023 2023

	Advanced				
	Practice		70551 Magnetic resonance (eg, proton)	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/1/2023 -	Registered		imaging, brain (including brain stem);	headache.; This study is being ordered for Parkinson's disease.; This study is being ordered	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Nurse	Approval	without contrast material	for a new diagnosis of Parkinson's.	2 2023 2023
	Advanced				
	Practice		70551 Magnetic resonance (eg, proton)	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/1/2023 -	Registered		imaging, brain (including brain stem);	headache.; This study is being ordered for seizures.; There has been a change in seizure	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Nurse	Approval	without contrast material	pattern or a new seizure.	3 2023 2023
	Advanced				
4/4/2022	Practice		70551 Magnetic resonance (eg, proton)	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/1/2023 -	Registered		imaging, brain (including brain stem);	headache.; This study is being ordered for staging.; This study is being ordered for a tumor.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Nurse	Approval	without contrast material	The patient has a biopsy proven cancer	1 2023 2023
	Advanced			'None of the above' describes the reason for this request.; 'None of the above' led to the	
4/4/2022	Practice		74250 Commented to a comment of the comment	suspicion of infection; This is a request for a Chest CT.; This study is being requested for	A constitute
4/1/2023 -	Registered	A	71250 Computed tomography, thorax; without contrast material	known or suspected infection (pneumonia, abscess, empyema).; Yes this is a request for a	Apr-Jun 1 2023 2023
6/30/2023 4/1/2023	6/30/2023 Nurse Advanced	Approval	without contrast material	Diagnostic CT	1 2023 2023
	Practice			'None of the above' describes the reason for this request.; This study is being requested for	
4/1/2023 -			713E0 Computed tomography theray	an unresolved cough; This is a request for a Chest CT.; This study is being requested for none	Anr lun
6/30/2023 4/1/2023	Registered 6/30/2023 Nurse	Approval	71250 Computed tomography, thorax; without contrast material	of the above.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
0/30/2023 4/1/2023	Advanced	Арргочаг	without contrast material	10mm lung nodule seen in left upper chest; "There IS evidence of a lung, mediastinal or	1 2023 2023
	Practice			chest mass noted within the last 30 days."; They had a previous Chest x-ray.; A Chest/Thorax	
4/1/2023 -			713E0 Computed tomography, thoray		Anr lun
6/30/2023 4/1/2023	Registered 6/30/2023 Nurse	Annroyal	71250 Computed tomography, thorax; without contrast material	CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is	Apr-Jun 1 2023 2023
0/30/2023 4/1/2023	Advanced	Approval	without contrast material	a request for a Diagnostic CT	1 2023 2023
	Practice			A Chest/Thorax CT is being ordered.; The patient had a Low Dose CT for Lung Cancer	
4/1/2023 -	Registered		71250 Computed tomography, thorax;	Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT; This	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Nurse	Approval	without contrast material	study is being ordered for screening of lung cancer.	1 2023 2023
0/30/2023 4/1/2023	Advanced	Арргочаг	without contrast material	study is being ordered for screening of fung cancer.	1 2023 2023
	Practice				
4/1/2023 -	Registered		71250 Computed tomography, thorax;	A Chest/Thorax CT is being ordered.; This study is being ordered for non of the above.; Yes	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Nurse	Approval	without contrast material	this is a request for a Diagnostic CT; The study is being ordered for none of the above.	1 2023 2023
0/30/2023 4/1/2023	Advanced	Approvar	without contrast material	this is a request for a biagnostic er, the study is being ordered for hone of the above.	1 2023 2023
	Practice				
4/1/2023 -	Registered		71250 Computed tomography, thorax;	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Nurse	Approval	without contrast material	being ordered for Interstitial Lung disease; The Interstitial Lung Disease is known	1 2023 2023
0,00,2020 1,1,2020	Advanced	7.pp.ora.	William Contract Material	being ordered for interstitutional and disease). The interstitution range bisease is known	1 2023 2020
	Practice				
4/1/2023 -	Registered		71250 Computed tomography, thorax;	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Nurse	Approval	without contrast material	being ordered for known tumor.	3 2023 2023
	Advanced			-	
	Practice				
4/1/2023 -	Registered		71250 Computed tomography, thorax;	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Nurse	Approval	without contrast material	being ordered for suspected pulmonary Embolus.	2 2023 2023
	Advanced				
	Practice			A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is	
4/1/2023 -	Registered		71250 Computed tomography, thorax;	being ordered for Unresolved cough; A chest x-ray has been completed; The patient has	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Nurse	Approval	without contrast material	been treated for the cough	2 2023 2023
	Advanced				
	Practice				
4/1/2023 -	Registered		71250 Computed tomography, thorax;	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Nurse	Approval	without contrast material	for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	5 2023 2023
	Advanced			•	
	Practice				
4/1/2023 -	Registered		71250 Computed tomography, thorax;	Abnormal imaging test describes the reason for this request.; This is a request for a Chest	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Nurse	Approval	without contrast material	CT.; Yes this is a request for a Diagnostic CT	6 2023 2023

		Advanced			Chest pain describes the reason for this request.; Another abnormality was relevant in the	
. /. /2022		Practice		74070 0	diagnosis or suspicion of vascular disease; This is a request for a Chest CT.; This study is	
4/1/2023 -	4 /4 /2022	Registered		71250 Computed tomography, thorax;	being requested for known or suspected blood vessel (vascular) disease; Yes this is a request	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	without contrast material	for a Diagnostic CT	1 2023 2023
		Advanced			Chest pain describes the reason for this request.; The patient had an abnormal imaging	
4/1/2023 -		Practice Registered		713E0 Computed tomography thoray	(xray) finding related to the suspicion of cancer in this patient; This is a request for a Chest	Anr lun
	4/4/2022	~	A	71250 Computed tomography, thorax;	CT.; This study is beign requested for suspected cancer or tumor.; Yes this is a request for a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	without contrast material	Diagnostic CT There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	1 2023 2023
		Advanced			Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
		Practice			Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -		Registered		71250 Computed tomography, thorax;	This study is being ordered for Other not listed; The primary symptoms began more than 1	Apr-Jun
6/30/2023	4/1/2022	6/30/2023 Nurse	Approval	without contrast material	year ago; Medications were given for this diagnosis	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Nuise	Арргочаг	Without Contrast material	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	1 2023 2023
		Advanced			Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
		Practice			Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -		Registered		71250 Computed tomography, thorax;	This study is being ordered for Cancer/Tumor/ Metastatic Disease; The primary symptoms	Apr-Jun
6/30/2023	4/1/2022	6/30/2023 Nurse	Approval	without contrast material	began 6 months to 1 year; Chemotherapy was given for this diagnosis	1 2023 2023
0/30/2023	7/1/2023	0/30/2023 Nuise	Approval	WILLIOUT COILL AST HIGTELIAL	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	1 2023 2023
		Advanced			Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
		Practice			Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -		Registered		71250 Computed tomography, thorax;	This study is being ordered for Cancer/Tumor/ Metastatic Disease; The primary symptoms	Apr-Jun
6/30/2023	4/1/2022	6/30/2023 Nurse	Approval	without contrast material	began 6 months to 1 year; Other not listed was done for this diagnosis	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Nuise	Арргочаг	without contrast material	begain o months to 1 year, Other not listed was done for this diagnosis	1 2023 2023
					There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	
		Advanced			Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2022		Practice		712F0 Committed to management thereon	Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	A 1
4/1/2023 -	4/4/2022	Registered		71250 Computed tomography, thorax;	This study is being ordered for Cancer/Tumor/ Metastatic Disease; The primary symptoms	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	without contrast material	began less than 6 months ago; Chemotherapy was given for this diagnosis	1 2023 2023
					There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	
		Advanced			***	
					Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -		Practice		712F0 Committed to management thereon	Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	A 1
6/30/2023	4/4/2022	Registered 6/30/2023 Nurse	A	71250 Computed tomography, thorax; without contrast material	This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Chemotherapy was given for this diagnosis	Apr-Jun 6 2023 2023
0/30/2023	4/1/2023	0/30/2023 Nuise	Approval	WITHOUT CONTRAST MATERIAL	began more than 1 year ago, Chemotherapy was given for this diagnosis	0 2023 2023
					There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	
		Advanced			Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -		Practice Registered		71250 Computed tomography, thorax;	Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms	Apr-Jun
	4/4/2022	· ·	A			•
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	without contrast material	began more than 1 year ago; Other not listed was done for this diagnosis	1 2023 2023
					There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of	
					sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung	
		A -1			abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung	
		Advanced			disease or silicosis.; It is unknown if there is radiologic evidence of non-resolving pneumonia	
. /. /2025		Practice		74070 0	for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.;	
4/1/2023 -	. /. /2022	Registered		71250 Computed tomography, thorax;	Yes this is a request for a Diagnostic CT; This study is being ordered for known or suspected	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	without contrast material	inflammatory disease or pneumonia.	1 2023 2023
		Advanced			There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic	
		Practice			treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a	
4/1/2023 -		Registered		71250 Computed tomography, thorax;	Diagnostic CT; This study is being ordered for known or suspected inflammatory disease or	Apr-Jun
			Approval	without contrast material	pneumonia.	2 2023 2023
6/30/2023	4/1/2023	6/30/2023 Nurse	1-1			
	4/1/2023	Advanced			They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; Yes this is a request	
6/30/2023	4/1/2023	Advanced Practice	P.F		for a Diagnostic CT; This study is being ordered for work-up for suspicious mass.; There is	
	•	Advanced	Approval	71250 Computed tomography, thorax; without contrast material		Apr-Jun 2 2023 2023

					This is a request for a Thorax (Chest) CT.; 'None of the above' describes the reason for this	
					request.; This study is being requested for Screening of Lung Cancer.; The patient is between	
					50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a	
					20 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.;	
		Advanced			The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough,	
		Practice			coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a	
4/1/2023 -		Registered		71250 Computed tomography, thorax;	Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	without contrast material	request for a Diagnostic CT	1 2023 2023
					unknown; It is not known if there has been any treatment or conservative therapy.; Ovarian	
					cancer, recurrence; Pt has high grade serous carcinoma stage IIIA1 who now has an elevated	
		Advanced			CA 125: evaluate for recurrence/metastatic disease; The ordering MDs specialty is NOT	
4/1/2023 -		Practice		712F0 Committed to magnetic theorem.	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	A I
	4/1/2022	Registered	A	71250 Computed tomography, thorax;	Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	without contrast material	This study is being ordered for Cancer/Tumor/ Metastatic Disease This request is for a Low Dose CT for Lung Cancer Screening.; This patient has had a Low	1 2023 2023
		Advanced			Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient	
		Practice		71271 Computed tomography, thorax,	is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other	
4/1/2023 -		Registered		low dose for lung cancer screening,	diagnostic test suggestive of lung cancer.; The health carrier is NOT Virginia Premier Health	Apr-Jun
6/30/2023	4/1/2022	6/30/2023 Nurse	Approval	without contrast material(s)	Plan	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Nuise	Арргочаг	without contrast material(s)	FIGII	1 2023 2023
					This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low	
					Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient	
		Advanced			is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; It is	
		Practice		71271 Computed tomography, thorax,	unknown if the patient has a 20 pack per year history of smoking.; The patient is NOT	
4/1/2023 -		Registered		low dose for lung cancer screening,	presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	without contrast material(s)	test suggestive of lung cancer.; The health carrier is NOT Virginia Premier Health Plan	1 2023 2023
2,20,2020	., _,	0,00,000			This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low	
					Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient	
					is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The	
		Advanced			patient has a 20 pack per year history of smoking.; It is unknown if the patient is presenting	
		Practice		71271 Computed tomography, thorax,	with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test	
4/1/2023 -		Registered		low dose for lung cancer screening,	suggestive of lung cancer.; The patient has not quit smoking.; The health carrier is NOT	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	without contrast material(s)	Virginia Premier Health Plan	1 2023 2023
					This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low	
					Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient	
					is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The	
		Advanced			patient has a 20 pack per year history of smoking.; The patient is NOT presenting with	
		Practice		71271 Computed tomography, thorax,	pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive	
4/1/2023 -		Registered		low dose for lung cancer screening,	of lung cancer.; The patient has not quit smoking.; The health carrier is NOT Virginia Premier	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	without contrast material(s)	Health Plan	18 2023 2023
					This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low	
					Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient	
					is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The	
		Advanced			patient has a 20 pack per year history of smoking.; The patient is NOT presenting with	
		Practice		71271 Computed tomography, thorax,	pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive	
4/1/2023 -	. /. /2025	Registered		low dose for lung cancer screening,	of lung cancer.; The patient has not quit smoking.; The health carrier is NOT Virginia Premier	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	without contrast material(s)	Health Plan This request is far a Low Dose CT for Lung Cancer Screening . This nations has NOT had a Low	19 2023 2023
					This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low	
					Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient	
		Advanced			is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The	
				71271 Computed tomography, thoray	patient has a 20 pack per year history of smoking.; The patient is NOT presenting with	
4/1/2023 -		Practice Registered		71271 Computed tomography, thorax, low dose for lung cancer screening,	pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.; The health carrier is NOT	Apr-Jun
6/30/2023	4/1/2022	6/30/2023 Nurse	Approval	-		5 2023 2023
0/30/2023	4/1/2023	0/30/2023 Nuise	Approval	without contrast material(s)	Virginia Premier Health Plan	3 2023 2023

		A decreased		71275 Computed tomographic		
		Advanced		angiography, chest (noncoronary), with	; This study is not requested to evaluate suspected pulmonary embolus.; This study will not	
4/1/2023 -		Practice Registered		contrast material(s), including noncontrast images, if performed, and	be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.;	Apr-Jun
6/30/2023	1/1/2023	6/30/2023 Nurse	Approval	image postprocessing	Yes, this is a request for a Chest CT Angiography.	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Nuise	Арріочаі	inage postprocessing	Patient had endovascular intervention with TIVA on 05/22/23. Patient had issue with	1 2023 2023
					hyponatremia on 06/09. Scan is needed for further treatment.; This study is not requested to	
				71275 Computed tomographic	evaluate suspected pulmonary embolus.; This study will not be performed in conjunction	
		Advanced		angiography, chest (noncoronary), with	with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a post-	
		Practice		contrast material(s), including	operative evaluation.; It is not known whether there is physical evidence of re-bleed or re-	
4/1/2023 -		Registered		noncontrast images, if performed, and	stenosis.; There is physical evidence of an infection or other complication.; Yes, this is a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	image postprocessing	request for a Chest CT Angiography.	1 2023 2023
				71275 Computed tomographic		
		Advanced		angiography, chest (noncoronary), with		
		Practice		contrast material(s), including		
4/1/2023 -	. / . /	Registered		noncontrast images, if performed, and	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	image postprocessing	a Chest CT Angiography.	1 2023 2023
					It is not known if the patient has failed a course of anti-inflammatory medication or	
					steroids.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine	
					CT; This study is being ordered for neurological deficits.; It is not known if there has been a	
					supervised trial of conservative management for at least six weeks.; The patient is not	
		A d			experiencing or presenting symptoms of Abnormal Gait, Lower Extremity Weakness,	
		Advanced Practice			Asymmetric Reflexes, Cauda Equina Syndrome, Bowel or Bladder Disfunction, New Foot Drop, or Radiculopathy documented on an EMG or nerve conduction study.; The patient is	
4/1/2023 -		Registered		72125 Computed tomography, cervical	experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the	Apr-Jun
6/30/2023	4/1/2022	6/30/2023 Nurse	Approval	spine; without contrast material	patient cannot have a Cervical Spine MRI.	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Nuise	Арріочаі	spine, without contrast material	The patient does have neurological deficits.; The patient has not failed a course of anti-	1 2023 2023
					inflammatory medication or steroids.; This study is not to be part of a Myelogram.; This is a	
					request for a Cervical Spine CT; This study is being ordered for chronic neck pain or	
					suspected degenerative disease.; It is not known if there has been a supervised trial of	
		Advanced			conservative management for at least six weeks.; The patient is experiencing sensory	
		Practice			abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a	
4/1/2023 -		Registered		72125 Computed tomography, cervical	Cervical Spine MRI.; The patient is NOT experiencing or presenting symptoms of any of the	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	spine; without contrast material	listed neurological deficits.	1 2023 2023
2, 22,	, ,	Advanced	1-1-	, , , , , , , , , , , , , , , , , , , ,		
		Practice				
4/1/2023 -		Registered		72125 Computed tomography, cervical		Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	spine; without contrast material	This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	1 2023 2023
		Advanced				
		Practice		72141 Magnetic resonance (eg, proton)	; There has been treatment or conservative therapy.; This case was created via RadMD.; This	
4/1/2023 -		Registered		imaging, spinal canal and contents,	study is being ordered for Neurological Disorder; The primary symptoms began more than 1	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	cervical; without contrast material	year ago; Physical Therapy was completed for this diagnosis	1 2023 2023
		Advanced				
1		Practice		72141 Magnetic resonance (eg, proton)	; There has been treatment or conservative therapy.; This case was created via RadMD.; This	
4/1/2023 -		Registered		imaging, spinal canal and contents,	study is being ordered for Other; The primary symptoms began less than 6 months ago;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	cervical; without contrast material	Physical Therapy was completed for this diagnosis	1 2023 2023
					Multiple sclerosis, monitor;;Has nerve pain to arms and hands, on Lyrica (she takes once or	
					twice a day), which helps manage this. Gabapentin did not help. The pain is still significant in	
					her hands, braces are helping; when she had her numbness she had; This study is being	
					ordered for something other than: known trauma or injury, metastatic disease, a	
		A di sasa a di			neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular	
		Advanced		731.41 Magnetic reconnect for most-	disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is	
4/1/2022		Practice		72141 Magnetic resonance (eg, proton)	NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	Ama Ivii
4/1/2023 - 6/30/2023	1/1/2022	Registered 6/30/2023 Nurse	Approval	imaging, spinal canal and contents, cervical; without contrast material	Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
0/30/2023	7/1/2023	0/30/2023 NUISE	Approval	cervical, without contrast material	מבט, ועובעונים ווא שכוב בועבוו וטו נוווג מומבווטאל	1 2023 2023

	Advanced				
	Practice		72141 Magnetic resonance (eg, proton)	The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,	
4/1/2023 -	Registered		imaging, spinal canal and contents,	Surgical Oncology or Radiation Oncology; This study is being ordered for Cancer/Tumor/	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Nurse	Approval	cervical; without contrast material	Metastatic Disease	1 2023 2023
	Advanced				
. /. /2022	Practice		72141 Magnetic resonance (eg, proton)		
4/1/2023 -	Registered	A	imaging, spinal canal and contents,	This is a request for cervical spine MRI; The reason for ordering this test is Known or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Nurse Advanced	Approval	cervical; without contrast material	suspected infection or abscess	1 2023 2023
	Practice		72141 Magnetic resonance (eg, proton)		
4/1/2023 -	Registered		imaging, spinal canal and contents,	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Nurse	Approval	cervical; without contrast material	deficits; The patient has None of the above	2 2023 2023
4,20,2020	Advanced				
	Practice		72141 Magnetic resonance (eg, proton)		
4/1/2023 -	Registered		imaging, spinal canal and contents,	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Nurse	Approval	cervical; without contrast material	deficits; This is a Medicare member.; The patient has Focal upper extremity weakness	1 2023 2023
	Advanced				
	Practice		72141 Magnetic resonance (eg, proton)	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic	
4/1/2023 -	Registered		imaging, spinal canal and contents,	deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Nurse Advanced	Approval	cervical; without contrast material	physical examination	1 2023 2023
	Advanced Practice		72141 Magnetic resonance (eg, proton)		
4/1/2023 -	Registered		imaging, spinal canal and contents,	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Nurse	Approval	cervical; without contrast material	deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	4 2023 2023
0,50,2025 1,1,2025	0,00,2020 114150	7.551.014.	cervical, minoae contract material	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent	1 2020 2020
	Advanced			injury; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of	
	Practice		72141 Magnetic resonance (eg, proton)	physical therapy, chiropractic or physician supervised home exercise; The trauma or injury	
4/1/2023 -	Registered		imaging, spinal canal and contents,	did NOT occur within the past 72 hours.; The pain did NOT begin within the past 6 weeks.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Nurse	Approval	cervical; without contrast material	This is NOT a Medicare member.	1 2023 2023
	Advanced				
. /. /	Practice		72141 Magnetic resonance (eg, proton)	This is a request for cervical spine MRI; This procedure is being requested for Acute / new	
4/1/2023 -	Registered		imaging, spinal canal and contents,	neck pain; The pain began within the past 6 weeks.; The patient does not have a neurological	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Nurse Advanced	Approval	cervical; without contrast material	deficit, PT or home exercise, diagnostic test, or abnormal xray.	1 2023 2023
	Practice		72141 Magnetic resonance (eg, proton)		
4/1/2023 -	Registered		imaging, spinal canal and contents,	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Nurse	Approval	cervical; without contrast material	longstanding neck pain; The patient does not have any of the above listed items	1 2023 2023
.,,	Advanced				
	Practice		72141 Magnetic resonance (eg, proton)	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	
4/1/2023 -	Registered		imaging, spinal canal and contents,	longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Nurse	Approval	cervical; without contrast material	member.; The patient has Dermatomal sensory changes on physical examination	1 2023 2023
	Advanced				
4/4/2022	Practice		72141 Magnetic resonance (eg, proton)	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	
4/1/2023 -	Registered	Annrewal	imaging, spinal canal and contents,	longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Nurse Advanced	Approval	cervical; without contrast material	member.; The patient has Focal upper extremity weakness	1 2023 2023
	Practice		72141 Magnetic resonance (eg, proton)	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	
4/1/2023 -	Registered		imaging, spinal canal and contents,	longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Nurse	Approval	cervical; without contrast material	member.; The patient has Physical exam findings consistent with myelopathy	1 2023 2023
. , , , ,	Advanced		,		
	Practice		72141 Magnetic resonance (eg, proton)		
4/1/2023 -	Registered		imaging, spinal canal and contents,	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Nurse	Approval	cervical; without contrast material	longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	3 2023 2023
	Advanced			This is a request for cervical spine MRI; This procedure is being requested for Chronic /	
. /. /	Practice		72141 Magnetic resonance (eg, proton)	longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or	
4/1/2023 -	Registered		imaging, spinal canal and contents,	failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Nurse	Approval	cervical; without contrast material	Medicare member.	3 2023 2023

	Advanced		This is a request for cervical spine MRI; This procedure is being requested for Chronic /	
	Practice	72141 Magnetic resonance (eg, proton)	longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or	
4/1/2023 -	Registered	imaging, spinal canal and contents,	failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Nurse Ap	pproval cervical; without contrast material	NOT a Medicare member.	3 2023 2023
	Advanced			
	Practice	72141 Magnetic resonance (eg, proton)		
4/1/2023 -	Registered	imaging, spinal canal and contents,	This is a request for cervical spine MRI; This procedure is being requested for Known tumor	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Nurse Ap	oproval cervical; without contrast material	with or without metastasis	1 2023 2023
		,	This study is being ordered for a neurological disorder.; There has been treatment or	
	Advanced		conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
	Practice	72141 Magnetic resonance (eg, proton)	Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.;	
4/1/2023 -	Registered	imaging, spinal canal and contents,	The primary symptoms began less than 6 months ago; Medications were given for this	Apr-Jun
6/30/2023 4/1/2023		pproval cervical; without contrast material	diagnosis	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Nuise Ap	pprovai cervicai, without contrast material	Unspecified disturbances of skin sensation; In regard to the cervicalgia, visit reason today	1 2023 2023
			regards persistent pain. This is described as posterior and at the site of occipital insertion	
	Advanced		neck pain. The pain radiates to the scalp, upper back, and intras; There has been treatment	
	Practice	72141 Magnetic resonance (eg, proton)	or conservative therapy.; This case was created via RadMD.; This study is being ordered for	
4/1/2023 -	Registered	imaging, spinal canal and contents,	Neurological Disorder; The primary symptoms began more than 1 year ago; Home Exercise	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Nurse Ap	pproval cervical; without contrast material	was done for this diagnosis	1 2023 2023
	Advanced			
	Practice	72146 Magnetic resonance (eg, proton)	; There has been treatment or conservative therapy.; This case was created via RadMD.; This	
4/1/2023 -	Registered	imaging, spinal canal and contents,	study is being ordered for Other; The primary symptoms began less than 6 months ago;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Nurse Ap	oproval thoracic; without contrast material	Physical Therapy was completed for this diagnosis	1 2023 2023
	•		Multiple sclerosis, monitor;;Has nerve pain to arms and hands, on Lyrica (she takes once or	
			twice a day), which helps manage this. Gabapentin did not help. The pain is still significant in	
			her hands, braces are helping; when she had her numbness she had; This study is being	
			ordered for something other than: known trauma or injury, metastatic disease, a	
	A discourse of		neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular	
	Advanced	7044644	disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is	
	Practice	72146 Magnetic resonance (eg, proton)	NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -	Registered	imaging, spinal canal and contents,	Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Nurse Ap	oproval thoracic; without contrast material	ago; Medications were given for this diagnosis	1 2023 2023
	Advanced			
	Practice	72146 Magnetic resonance (eg, proton)	This case was created via BBI.; This study is being ordered for Trauma / Injury; The ordering	
4/1/2023 -	Registered	imaging, spinal canal and contents,	MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Nurse Ap	oproval thoracic; without contrast material	physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1 2023 2023
	Advanced			
	Practice	72146 Magnetic resonance (eg, proton)		
4/1/2023 -	Registered	imaging, spinal canal and contents,	This is a request for a thoracic spine MRI.; This study is being ordered for Known Tumor with	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Nurse Ap	oproval thoracic; without contrast material	or without metastasis	1 2023 2023
, , , _, _, _	Advanced	, , , , , , , , , , , , , , , , , , , ,		
	Practice	72148 Magnetic resonance (eg, proton)	; There has been treatment or conservative therapy.; This case was created via RadMD.; This	
4/1/2023 -	Registered	imaging, spinal canal and contents,	study is being ordered for Neurological Disorder; The primary symptoms began more than 1	Apr-Jun
1 1	-			1 2023 2023
6/30/2023 4/1/2023		pproval lumbar; without contrast material	year ago; Physical Therapy was completed for this diagnosis	1 2023 2023
	Advanced	724.40 Manustin sussessed (The character to the control of the	
4 /4 /2022	Practice	72148 Magnetic resonance (eg, proton)	; There has been treatment or conservative therapy.; This case was created via RadMD.; This	
4/1/2023 -	Registered	imaging, spinal canal and contents,	study is being ordered for Other; The primary symptoms began less than 6 months ago;	Apr-Jun
6/30/2023 4/1/2023		pproval lumbar; without contrast material	Physical Therapy was completed for this diagnosis	1 2023 2023
	Advanced			
	Practice	72148 Magnetic resonance (eg, proton)		
4/1/2023 -	Registered	imaging, spinal canal and contents,	The study requested is a Lumbar Spine MRI.; None of the above has been completed for the	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Nurse Ap	pproval lumbar; without contrast material	patient's back pain; The procedure is being ordered for acute or chronic back pain	1 2023 2023
	Advanced		· · · · · · · · · · · · · · · · · · ·	
	Practice	72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic	
4/1/2023 -	Registered	imaging, spinal canal and contents,	back pain.; This study is being requested for Follow-up to surgery or fracture within the last 6	Apr-Jun
6/30/2023 4/1/2023		pproval lumbar; without contrast material	months	1 2023 2023
0,30,2023 4,1,2023	0/30/2023 Nuise Ap	oprovar iumbar, without contrast material	mortus	1 2023 2023

	Advanced				
	Practice		72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic	
4/1/2023 -	Registered		imaging, spinal canal and contents,	back pain.; This study is being requested for Known or suspected tumor with or without	Apr-Jun
6/30/2023 4/1/2023	~	Approval	lumbar; without contrast material	metastasis	1 2023 2023
	Advanced				
	Practice		72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -	Registered		imaging, spinal canal and contents,	This study is being requested as a Pre-operative evaluation; Advanced Practice Registered	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Nurse	Approval	lumbar; without contrast material	Nurse	6 2023 2023
	Advanced				
	Practice		72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -	Registered		imaging, spinal canal and contents,	This study is being requested for 6 weeks of completed conservative care in the past 6	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Nurse	Approval	lumbar; without contrast material	months	13 2023 2023
	Advanced				
	Practice		72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -	Registered		imaging, spinal canal and contents,	This study is being requested for 6 weeks of completed conservative care in the past 6	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Nurse	Approval	lumbar; without contrast material	months	15 2023 2023
	Advanced				
	Practice		72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -	Registered		imaging, spinal canal and contents,	This study is being requested for an Abnormal x-ray indicating a complex fracture or severe	Apr-Jun
6/30/2023 4/1/2023		Approval	lumbar; without contrast material	anatomic derangement of the lumbar spine; This is NOT a Medicare member.	2 2023 2023
	Advanced				
	Practice		72148 Magnetic resonance (eg, proton)		
4/1/2023 -	Registered		imaging, spinal canal and contents,	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	Apr-Jun
6/30/2023 4/1/2023		Approval	lumbar; without contrast material	This study is being requested for Follow-up to spine injection in the past 6 months	1 2023 2023
	Advanced				
	Practice		72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -	Registered	_	imaging, spinal canal and contents,	This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr-Jun
6/30/2023 4/1/2023		Approval	lumbar; without contrast material	The patient has Dermatomal sensory changes on physical examination	1 2023 2023
	Advanced		7044044 11 / 1		
4/4/2022	Practice		72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	A 1
4/1/2023 -	Registered	A	imaging, spinal canal and contents,	This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Nurse Advanced	Approval	lumbar; without contrast material	The patient has Focal extremity weakness	2 2023 2023
	Practice		72149 Magnetic reconance (og. proton)	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -	Registered		72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr-Jun
6/30/2023 4/1/2023		Approval	lumbar; without contrast material	The patient has Physical exam findings consistent with myelopathy	1 2023 2023
0/30/2023 4/1/2023	Advanced	Approvar	iumbar, without contrast material	The patient has Physical exam infulligs consistent with myelopathy	1 2023 2023
	Practice		72148 Magnetic resonance (eg, proton)		
4/1/2023 -	Registered		imaging, spinal canal and contents,	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	Apr-Jun
6/30/2023 4/1/2023	· ·	Approval	lumbar; without contrast material	This study is being requested for None of the above	2 2023 2023
-, 30, 2020 4, 1, 2023	Advanced	pp. 0 vui		3	2 2023 2023
	Practice		72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; Medications	
4/1/2023 -	Registered		imaging, spinal canal and contents,	have been taken for the patient's back pain; The procedure is being ordered for acute or	Apr-Jun
6/30/2023 4/1/2023	~	Approval	lumbar; without contrast material	chronic back pain	1 2023 2023
, , , , , , , , , , , , , , , , , , , ,	Advanced	Arte a con-	,	r·	
	Practice		72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree;	
4/1/2023 -	Registered		imaging, spinal canal and contents,	Medications have been taken for the patient's back pain; The procedure is being ordered for	Apr-Jun
6/30/2023 4/1/2023	~	Approval	lumbar; without contrast material	acute or chronic back pain	6 2023 2023
	Advanced				
	Practice		72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree;	
4/1/2023 -	Registered		imaging, spinal canal and contents,	Physical therapy has been completed for the patient's back pain; The procedure is being	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Nurse	Approval	lumbar; without contrast material	ordered for acute or chronic back pain	4 2023 2023
	Advanced				
	Practice		72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; The	
4/1/2023 -	Registered		imaging, spinal canal and contents,	patient has Focal extremity weakness; This procedure is NOT being ordered for acute or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Nurse	Approval	lumbar; without contrast material	chronic back pain	1 2023 2023

	Advanced				
	Practice		72148 Magnetic resonance (eg, proton)	This case was created via BBI.; This study is being ordered for Trauma / Injury; The ordering	
4/1/2023 -	Registered		imaging, spinal canal and contents,	MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on	Apr-Jun
6/30/2023 4/1/20	23 6/30/2023 Nurse	Approval	lumbar; without contrast material	physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1 2023 2023
				Unspecified disturbances of skin sensation; In regard to the cervicalgia, visit reason today	
	Advanced			regards persistent pain. This is described as posterior and at the site of occipital insertion	
	Practice		721.40 Magnatic reconnect (ag mater)	neck pain. The pain radiates to the scalp, upper back, and intras; There has been treatment	
4/1/2023 -	Registered		72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Home Exercise	Apr-Jun
6/30/2023 4/1/20		Approval	lumbar; without contrast material	was done for this diagnosis	1 2023 2023
0/30/2023 4/1/20	25 0/50/2025 Nuise	Approval	72191 Computed tomographic	was dolle for this diagnosis	1 2025 2025
	Advanced		angiography, pelvis, with contrast		
	Practice		material(s), including noncontrast		
4/1/2023 -	Registered		images, if performed, and image		Apr-Jun
6/30/2023 4/1/20	-	Approval	postprocessing	This is a request for a pelvis CT angiography.	1 2023 2023
0/30/2023 4/1/20	25 0/30/2023 Nuise	дрргочаг	postprocessing	right inguinal pain and tender to palpation; This study is being ordered because of a	1 2023 2023
	Advanced			suspicious mass/tumor.; "The patient has NOT had a pelvic ultrasound, barium, CT, or MR	
	Practice			study."; This is a request for a Pelvis CT.; There are documented physical findings (painless	
4/1/2023 -	Registered		72192 Computed tomography, pelvis;	hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a	Apr-Jun
6/30/2023 4/1/20		Approval	without contrast material	Diagnostic CT	1 2023 2023
, , , , , , , , , , , , , , , , , , , ,	Advanced	· · pp· · · · · · ·		-1-6	
	Practice		72196 Magnetic resonance (eg, proton)	Adnexal mass suspected ;Left adnexal mass, follow up; This is a request for a Pelvis MRI.;	
4/1/2023 -	Registered		imaging, pelvis; with contrast	The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The	Apr-Jun
6/30/2023 4/1/20	23 6/30/2023 Nurse	Approval	material(s)	study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2023 2023
			,,	Crohn's suspected ;ileitis on pathology from colonoscopy. Lower abdominal pain,	
				unspecified. Nausea; This study is being ordered for Inflammatory/ Infectious Disease.; It is	
	Advanced			not known if there has been any treatment or conservative therapy.; The ordering MDs	
	Practice		72196 Magnetic resonance (eg, proton)	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
4/1/2023 -	Registered		imaging, pelvis; with contrast	Radiation Oncology; This case was created via RadMD.; It is unknown when the primary	Apr-Jun
6/30/2023 4/1/20	23 6/30/2023 Nurse	Approval	material(s)	symptoms began	1 2023 2023
	Advanced				
	Practice		72196 Magnetic resonance (eg, proton)	The patient is male.; Prostate cancer best describes the reason for this procedure; This is	
4/1/2023 -	Registered		imaging, pelvis; with contrast	being requested for Suspected cancer; A biopsy is planned in 6 months or less; The ordering	Apr-Jun
6/30/2023 4/1/20	23 6/30/2023 Nurse	Approval	material(s)	MDs specialty is NOT Urology	1 2023 2023
	Advanced				
	Practice		72196 Magnetic resonance (eg, proton)	The patient is male.; Prostate cancer best describes the reason for this procedure; This is	
4/1/2023 -	Registered		imaging, pelvis; with contrast	being requested for Suspected cancer; It is unknown if a biopsy is planned; The ordering	Apr-Jun
6/30/2023 4/1/20		Approval	material(s)	MDs specialty is NOT Urology	1 2023 2023
	Advanced				
	Practice		72196 Magnetic resonance (eg, proton)	The patient is male.; Tumor, mass, neoplasm, or metastatic disease best describes the	
4/1/2023 -	Registered		imaging, pelvis; with contrast	reason for this procedure; The patient's cancer is known; This is being requested for	Apr-Jun
6/30/2023 4/1/20		Approval	material(s)	suspected metastasis.	1 2023 2023
	Advanced				
	Practice		72196 Magnetic resonance (eg, proton)	This is a request for a Pelvis MRI.; The study is being ordered for suspicion of tumor, mass,	
4/1/2023 -	Registered		imaging, pelvis; with contrast	neoplasm, or metastatic disease.; An abnormality was found in the bladder.; The patient had	Apr-Jun
6/30/2023 4/1/20		Approval	material(s)	previous abnormal imaging including a CT, MRI or Ultrasound.	1 2023 2023
	Advanced			This is a second for an insurance that the should be second all the second at the seco	
4/4/2022	Practice		73300 Commuted towns	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.;	
4/1/2023 -	Registered		73200 Computed tomography, upper	There is a history of upper extremity joint or long bone trauma or injury.; Yes this is a	Apr-Jun
6/30/2023 4/1/20		Approval	extremity; without contrast material	request for a Diagnostic CT	1 2023 2023
	Advanced			This is a request for an unper outromity, shoulder execute allows hand account to take CT	
4/1/2022	Practice		72200 Computed tomography	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.;	A mar June
4/1/2023 - 6/20/2022 - 4/1/20	Registered	Approval	73200 Computed tomography, upper	There is not a history of upper extremity joint or long bone trauma or injury.; This is a	Apr-Jun
6/30/2023 4/1/20	23 6/30/2023 Nurse	Approval	extremity; without contrast material	preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	2 2023 2023

		A di iono and				
		Advanced Practice		73221 Magnetic resonance (eg, proton)	The pain is described as chronic; The member has failed a 4 week course of conservative	
4/1/2023 -		Registered		imaging, any joint of upper extremity;	management in the past 3 months.; This is a request for an elbow MRI; The study is	Apr-Jun
6/30/2023	1/1/2023	6/30/2023 Nurse	Approval	without contrast material(s)	requested for evaluation of elbow pain.	1 2023 2023
0/30/2023	4/1/2023	Advanced	Approvar	without contrast material(s)	requested for evaluation of classw pain.	1 2023 2023
		Practice		73221 Magnetic resonance (eg, proton)	The pain is described as chronic; The member has failed a 4 week course of conservative	
4/1/2023 -		Registered		imaging, any joint of upper extremity;	management in the past 3 months.; This request is for a wrist MRI.; This study is requested	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	without contrast material(s)	for evalutation of wrist pain.	1 2023 2023
0,00,2020	1, 2, 2020	Advanced	7.pp.oru.	menoue contract material(o)	The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has not been	1 2023 2023
		Practice		73221 Magnetic resonance (eg, proton)	established.; The patient has had recent plain films, bone scan or ultrasound of the knee.;	
4/1/2023 -		Registered		imaging, any joint of upper extremity;	The imaging studies were abnormal.; This request is for a wrist MRI.; This study is requested	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	without contrast material(s)	for evalutation of wrist pain.	1 2023 2023
		Advanced		, ,	<u>'</u>	
		Practice		73221 Magnetic resonance (eg, proton)	The pain is from a recent injury.; Surgery or arthrscopy is scheduled in the next 4 weeks.;	
4/1/2023 -		Registered		imaging, any joint of upper extremity;	There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	without contrast material(s)	study is requested for evaluation of elbow pain.	1 2023 2023
		Advanced			The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	
		Practice		73221 Magnetic resonance (eg, proton)	described as chronic; The physician has directed conservative treatment for the past 4	
4/1/2023 -		Registered		imaging, any joint of upper extremity;	weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	without contrast material(s)	member.	5 2023 2023
					The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	
					described as chronic; The physician has directed conservative treatment for the past 4	
		Advanced			weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been	
		Practice		73221 Magnetic resonance (eg, proton)	treated with medication.; The patient has not completed 4 weeks or more of Chiropractic	
4/1/2023 -		Registered		imaging, any joint of upper extremity;	care.; The physician has not directed a home exercise program for at least 4 weeks.; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	without contrast material(s)	patient recevied medication other than joint injections(s) or oral analgesics.;	1 2023 2023
		Advanced			The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	
		Practice		73221 Magnetic resonance (eg, proton)	described as chronic; The physician has directed conservative treatment for the past 4	
4/1/2023 -	. /. /	Registered		imaging, any joint of upper extremity;	weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	without contrast material(s)	treated with medication.; The patient recevied joint injection(s).	3 2023 2023
					The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	
					described as chronic; The physician has directed conservative treatment for the past 4	
		Advanced			weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has not been treated with medication.; It is not known if the patient has completed 4 weeks or more	
		Practice		73221 Magnetic resonance (eg, proton)	of Chiropractic care.; The physician has directed a home exercise program for at least 4	
4/1/2023 -		Registered		imaging, any joint of upper extremity;	weeks.; The home treatment did include exercise, prescription medication and follow-up	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	without contrast material(s)	office visits.; home treatment was unknown	1 2023 2023
0,30,2023	., 1, 2023	Advanced	, .ppiotai	manda construct materially)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a	1 2023 2023
		Practice		73221 Magnetic resonance (eg, proton)	known mass.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The	
4/1/2023 -		Registered		imaging, any joint of upper extremity;	patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	without contrast material(s)	were abnormal.	1 2023 2023
,		Advanced	1-1-			
		Practice		73221 Magnetic resonance (eg, proton)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a	
4/1/2023 -		Registered		imaging, any joint of upper extremity;	recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	without contrast material(s)	not know if surgery or arthrscopy is scheduled in the next 4 weeks.	1 2023 2023
		Advanced				
		Practice		73221 Magnetic resonance (eg, proton)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a	
4/1/2023 -		Registered		imaging, any joint of upper extremity;	recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	without contrast material(s)	Surgery or arthrscopy is not scheduled in the next 4 weeks.	5 2023 2023
		Advanced			The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a	
		Practice		73221 Magnetic resonance (eg, proton)	recent injury.; There is not a suspicion of tendon, ligament, rotator cuff injury or labral tear.;	
4/1/2023 -		Registered		imaging, any joint of upper extremity;	Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is not a suspicion of	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	without contrast material(s)	fracture not adequately determined by x-ray.	1 2023 2023

					The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from	
					an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The	
		Advanced			patient has not completed 4 weeks of physical therapy?; The patient has been treated with	
		Practice		73221 Magnetic resonance (eg, proton)	medication.; The patient has not completed 4 weeks or more of Chiropractic care.; It is not	
4/1/2023 -		Registered		imaging, any joint of upper extremity;	known if the physician has directed a home exercise program for at least 4 weeks.; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	without contrast material(s)	patient received oral analgesics.	1 2023 2023
		Advanced				
		Practice			There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is	
4/1/2023 -		Registered		73700 Computed tomography, lower	suspicion of lower extremity bone or joint infection.; This is Diagnostic (being used to	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	extremity; without contrast material	determine the cause of pain or follow up on prior abnormal imaging)	1 2023 2023
		Advanced				
		Practice				
4/1/2023 -		Registered		73700 Computed tomography, lower	This is a preoperative or recent postoperative evaluation.; This is a request for a Leg CT.; Yes	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	extremity; without contrast material	this is a request for a Diagnostic CT	2 2023 2023
		Advanced			This study is being ordered for trauma or injury.; There has been treatment or conservative	
		Practice			therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery,	
4/1/2023 -		Registered		73700 Computed tomography, lower	Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	extremity; without contrast material	primary symptoms began 6 months to 1 year; Other not listed was done for this diagnosis	1 2023 2023
				73720 Magnetic resonance (eg, proton)		
		Advanced		imaging, lower extremity other than		
		Practice		joint; without contrast material(s),		
4/1/2023 -		Registered		followed by contrast material(s) and	There is a pulsaitile mass.; "There is evidence of tumor or mass from a previous exam, plain	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	further sequences	film, ultrasound, or previous CT or MRI."; Non Joint is being requested.	1 2023 2023
0,30,2023	7/1/2023	0/30/2023 144/30	Approvai	73720 Magnetic resonance (eg, proton)	min, artiasouna, or previous er or with. Thomsomers being requested.	1 2023 2023
		Advanced		imaging, lower extremity other than		
		Practice		joint; without contrast material(s),		
4/1/2023 -		Registered		followed by contrast material(s) and		Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	further sequences	This is a request for a foot MRI.; The study is being oordered for infection.	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 144/36	Арргочаг	73720 Magnetic resonance (eg, proton)	This is a request for a foot white, the study is being obtained for infection.	1 2023 2023
		Advanced		imaging, lower extremity other than	This is a request for a foot MRI.; The study is being oordered for infection.; There are	
		Practice		joint; without contrast material(s),	physical exam findings, laboratory results, other imaging including bone scan or plain film	
4/1/2023 -		Registered		followed by contrast material(s) and	confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is	Apr-Jun
6/30/2023	4/1/2022	6/30/2023 Nurse	Approval	further sequences	planned in the next 4 weeks.	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Nuise	Approvai	•	planned in the next 4 weeks.	1 2023 2023
		Advanced		73720 Magnetic resonance (eg, proton)		
				imaging, lower extremity other than		
. /. /2022		Practice		joint; without contrast material(s),		
4/1/2023 -	. /. /2022	Registered		followed by contrast material(s) and	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	further sequences	ordered for acute pain.	2 2023 2023
				73720 Magnetic resonance (eg, proton)		
		Advanced		imaging, lower extremity other than		
. /. /		Practice		joint; without contrast material(s),		_
4/1/2023 -		Registered		followed by contrast material(s) and	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	further sequences	imaging.; Known tumor was noted as an indication for knee imaging	1 2023 2023
				73720 Magnetic resonance (eg, proton)		
		Advanced		imaging, lower extremity other than		
		Practice		joint; without contrast material(s),	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an	
4/1/2023 -		Registered		followed by contrast material(s) and	indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	further sequences	NOT Orthopedics.	4 2023 2023
				73720 Magnetic resonance (eg, proton)		
		Advanced		imaging, lower extremity other than		
		Advanced Practice		imaging, lower extremity other than joint; without contrast material(s),	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
4/1/2023 -					This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The	Apr-Jun

				72720 Magnetic reconance (og. proton)		
		Advanced		73720 Magnetic resonance (eg, proton) imaging, lower extremity other than		
		Practice		joint; without contrast material(s),	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
4/1/2023 -		Registered		followed by contrast material(s) and	an indication for knee imaging; Instability was noted on the physical examination; The	Apr-Jun
6/30/2023	4/1/2022	6/30/2023 Nurse	Approval	further sequences	patient is being treated with Crutches; The ordering MDs specialty is NOT Orthopedics.	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 144136	Арргочаг	73720 Magnetic resonance (eg, proton)	patient is being treated with crutches, the ordering wips specially is NOT Orthopedies.	1 2023 2023
		Advanced		imaging, lower extremity other than		
		Practice		joint; without contrast material(s),	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
4/1/2023 -		Registered		followed by contrast material(s) and	an indication for knee imaging; Locking was noted on the physical examination; The ordering	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	further sequences	MDs specialty is NOT Orthopedics.	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 144/30	прргочаг	73720 Magnetic resonance (eg, proton)	mbs specially is not of dispeales.	1 2023 2023
		Advanced		imaging, lower extremity other than		
		Practice		joint; without contrast material(s),	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
4/1/2023 -		Registered		followed by contrast material(s) and	an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	further sequences	noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	7 2023 2023
0,00,000	., _,	-,,	pp. e . e .	73720 Magnetic resonance (eg, proton)		
		Advanced		imaging, lower extremity other than		
		Practice		joint; without contrast material(s),	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
4/1/2023 -		Registered		followed by contrast material(s) and	an indication for knee imaging; Positive Lachmann's test or "drawer" sign (abnormal) was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	further sequences	noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	2 2023 2023
				73720 Magnetic resonance (eg, proton)		
		Advanced		imaging, lower extremity other than		
		Practice		joint; without contrast material(s),		
4/1/2023 -		Registered		followed by contrast material(s) and	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	further sequences	physician supervised home exercise in the past 3 months	5 2023 2023
				73720 Magnetic resonance (eg, proton)		
		Advanced		imaging, lower extremity other than		
		Practice		joint; without contrast material(s),	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a	
4/1/2023 -		Registered		followed by contrast material(s) and	suspicion of a tendon or ligament injury.; It is not know if surgery or arthrscopy is scheduled	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	further sequences	in the next 4 weeks.	1 2023 2023
				73720 Magnetic resonance (eg, proton)		
		Advanced		imaging, lower extremity other than		
		Practice		joint; without contrast material(s),	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a	
4/1/2023 -		Registered		followed by contrast material(s) and	suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	further sequences	4 weeks.	2 2023 2023
				73720 Magnetic resonance (eg, proton)		
		Advanced		imaging, lower extremity other than	This is a second for an Audio ARIL. The study is accounted for called a six There is NO	
4/1/2023 -		Practice Registered		joint; without contrast material(s), followed by contrast material(s) and	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next	Apr-Jun
6/30/2023	4/1/2022	6/30/2023 Nurse	Approval	further sequences	4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Nuise	Approval	73720 Magnetic resonance (eg, proton)	4 weeks., There is not a suspicion of fracture not adequately determined by x-ray.	1 2023 2023
		Advanced		imaging, lower extremity other than		
		Practice		joint; without contrast material(s),	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO	
4/1/2023 -		Registered		followed by contrast material(s) and	suspicion of a tendon or ligament injury.; There is a suspicion of fracture not adequately	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	further sequences	determined by x-ray.	1 2023 2023
0,00,2020	., 1, 2020	0,00,2020 114100	, ippiota.	73720 Magnetic resonance (eg, proton)	determined by Artayi	1 2023 2023
		Advanced		imaging, lower extremity other than		
		Practice		joint; without contrast material(s),	This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a	
4/1/2023 -		Registered		followed by contrast material(s) and	fracture which does not show healing (non-union fracture).; This is not a pre-operative study	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	further sequences	for planned surgery.; Non Joint is being requested.	1 2023 2023
		Advanced		· · · · · · · · · · · · · · · · · · ·		
		Practice		73721 Magnetic resonance (eg, proton)		
4/1/2023 -		Registered		imaging, any joint of lower extremity;	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	without contrast material	member has failed a 4 week course of conservative management in the past 3 months.	2 2023 2023

		Advanced Practice		73721 Magnetic resonance (eg, proton)	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent	
4/1/2022						A 1
4/1/2023 -	4/4/2022	Registered	A	imaging, any joint of lower extremity;	injury.; Tendon or ligament injuryis not suspected.; There is a suspicion of fracture not	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	without contrast material	adequately determined by x-ray.	1 2023 2023
		Advanced		72721 Magnetic recognition (e.g. proton)		
4/4/2022		Practice		73721 Magnetic resonance (eg, proton)	This is a second for a big AADI. The second is for his case. The big said to said does a	A 1
4/1/2023 -		Registered		imaging, any joint of lower extremity;	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is not due to a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	without contrast material	recent injury, old injury, Chronic Hip Pain or a Mass.	1 2023 2023
		Advanced				
		Practice		73721 Magnetic resonance (eg, proton)		
4/1/2023 -		Registered		imaging, any joint of lower extremity;	This is a requests for a hip MRI.; The request is not for hip pain.; The study is for a mass,	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	without contrast material	tumor or cancer.	2 2023 2023
		Advanced			This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer,	
		Practice			mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or	
4/1/2023 -		Registered		74150 Computed tomography,	abdominal cancer.; This study being ordered for a palpable, observed or imaged upper	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	abdomen; without contrast material	abdominal mass.; Yes this is a request for a Diagnostic CT; This is NOT a Medicare member.	1 2023 2023
		Advanced				
		Practice			This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or	
4/1/2023 -		Registered		74150 Computed tomography,	tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	abdomen; without contrast material	Sigmoidoscopy.; Yes this is a request for a Diagnostic CT; This is a Medicare member.	2 2023 2023
		Advanced				
		Practice			This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or	
4/1/2023 -		Registered		74150 Computed tomography,	tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	abdomen; without contrast material	Sigmoidoscopy.; Yes this is a request for a Diagnostic CT; This is NOT a Medicare member.	1 2023 2023
		Advanced			This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or	
		Practice			tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy,	
4/1/2023 -		Registered		74150 Computed tomography,	or Sigmoidoscopy.; The patient has new lab results or other imaging studies including	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	abdomen; without contrast material	doppler or x-ray (plain film) findings.; Yes this is a request for a Diagnostic CT	1 2023 2023
					This is a request for an Abdomen CT.; This study is being ordered for an infection such as	
					pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; It is unknown if	
					there are abnormal lab results or physical findings on exam such as rebound or guarding that	
		Advanced			are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being	
		Practice			ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-	
4/1/2023 -		Registered		74150 Computed tomography,	ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	abdomen; without contrast material	confirm hepatitis C.; Yes this is a request for a Diagnostic CT	1 2023 2023
-,,	, ,	Advanced			This is a request for an Abdomen CT.; This study is being ordered for an infection such as	
		Practice			pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known	
4/1/2023 -		Registered		74150 Computed tomography,	or endoscopic findings of Acute Non-ulcerative Colitis.; Yes this is a request for a Diagnostic	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	abdomen; without contrast material	CT	1 2023 2023
.,,	, ,	Advanced	h h a see.			
		Practice			This is a request for an Abdomen CT.; This study is being ordered for an infection such as	
4/1/2023 -		Registered		74150 Computed tomography,	pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	abdomen; without contrast material	or endoscopic findings of Diverticulitis.; Yes this is a request for a Diagnostic CT	2 2023 2023
0/30/2023	4, 1, 2023	0/30/2023 144136	прргочи	abaomen, without contrast material	of chaoscopic manage of proceduration, residence to a progressive en	2 2023 2023
					This is a request for an Abdomen CT.; This study is being ordered for another reason besides	
		Advanced			Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or	
4/1/2023 -		Practice		741E0 Computed tomography	Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc; There	A man do
	4/4/2022	Registered	A	74150 Computed tomography,	are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	abdomen; without contrast material	with gastroparesis; Yes this is a request for a Diagnostic CT	1 2023 2023
		Advanced			This is a second for an Abdaman CT. This should be belowed for any	
4/4/2022		Practice		74450 Commutation	This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.;	
4/1/2023 -	. / . /	Registered		74150 Computed tomography,	The liver is enlarged.; Yes this is a request for a Diagnostic CT; This is NOT a Medicare	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	abdomen; without contrast material	member.	1 2023 2023

		Advanced			There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
		Practice		74176 Computed tomography,	Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -		Registered		abdomen and pelvis; without contrast	This study is being ordered for Other not listed; The primary symptoms began more than 1	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	material	year ago; Medications were given for this diagnosis	1 2023 2023
					There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	
		Advanced			Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
. /. /		Practice		74176 Computed tomography,	Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -	4/4/2022	Registered		abdomen and pelvis; without contrast	This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	material	began 6 months to 1 year; Chemotherapy was given for this diagnosis	1 2023 2023
		Advanced			There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
		Practice		74176 Computed tomography,	Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -		Registered		abdomen and pelvis; without contrast	This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	material	began 6 months to 1 year; Other not listed was done for this diagnosis	1 2023 2023
0,30,2023	7/1/2023	0/30/2023 144/30	прргочи	material	began o months to 1 year, other not instea was done for this diagnosis	1 2023 2023
					There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	
		Advanced			Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
		Practice		74176 Computed tomography,	Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -		Registered		abdomen and pelvis; without contrast	This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	material	began less than 6 months ago; Chemotherapy was given for this diagnosis	1 2023 2023
					There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	
		Advanced			Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
		Practice		74176 Computed tomography,	Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -		Registered		abdomen and pelvis; without contrast	This study is being ordered for Cancer/Tumor/ Metastatic Disease; The primary symptoms	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	material	began more than 1 year ago; Chemotherapy was given for this diagnosis	6 2023 2023
					There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	
		Advanced		7417C Committed townsons but	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2022		Practice		74176 Computed tomography,	Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	A 1
4/1/2023 - 6/30/2023	4/1/2022	Registered 6/30/2023 Nurse	Approval	abdomen and pelvis; without contrast material	This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	Apr-Jun 1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Nuise	Арргочаг	material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The	1 2023 2023
					reason for the study is renal calculi, kidney or ureteral stone.; This study is not being	
		Advanced			requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The	
		Practice		74176 Computed tomography,	results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.;	
4/1/2023 -		Registered		abdomen and pelvis; without contrast	Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	material	cancer such as for diagnosis or treatment.	1 2023 2023
-,,		.,,			This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The	
		Advanced			reason for the study is renal calculi, kidney or ureteral stone.; This study is not being	
		Practice		74176 Computed tomography,	requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The	
4/1/2023 -		Registered		abdomen and pelvis; without contrast	results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT; This is study	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	material	NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2023 2023
					This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study	
					is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were	
		Advanced			abnormal.; It is not known if the urinalysis was positive for billirubin, ketones, nitrites,	
		Practice		74176 Computed tomography,	hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is	
4/1/2023 -		Registered		abdomen and pelvis; without contrast	the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	material	this is a request for a Diagnostic CT	2 2023 2023
					This is a request for an Abdoman and Polyis CT . A suringly six has been consulated . This stands	
		A al a a a!			This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study	
		Advanced		74176 Computed tomograph	is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were	
4/1/2023 -		Practice Registered		74176 Computed tomography, abdomen and pelvis; without contrast	abnormal.; The urinalysis was positive for hematuria/blood.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient had an amylase lab	Apr luc
6/30/2023	4/1/2022	6/30/2023 Nurse	Approval	material	test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Nuise	Approvar	IIIatciiai	test., The results of the lab test were normal, Tes this is a request for a Diagnostic Ci	1 2023 2023

					This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study	
		Advanced			is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were	
		Practice		74176 Computed tomography,	abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for	
4/1/2023 -		Registered		abdomen and pelvis; without contrast	chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	material	lipase lab test.; Yes this is a request for a Diagnostic CT	4 2023 2023
					This is a request for an Abdomon and Bolyis CT . A usingly sis has been completed. This study	
		A disease of			This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study	
		Advanced Practice		7417C Committed townsons but	is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were	
4/1/2023 -		Registered		74176 Computed tomography,	abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for	Anr lun
	4/4/2022	~	Amazaral	abdomen and pelvis; without contrast	chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.;	Apr-Jun 1 2023 2023
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	material	The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study	1 2023 2023
		Advanced			is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were	
		Practice		74176 Computed tomography,	normal.; It is not known if the pain is acute or chronic.; This is the first visit for this	
4/1/2023 -		Registered		abdomen and pelvis; without contrast	complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a	Apr-Jun
6/30/2023	4/1/2022	6/30/2023 Nurse	Approval	material	Diagnostic CT	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Nuise	Approvai	Illaterial	Diagnostic Ci	1 2023 2023
		Advanced			This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study	
		Practice		74176 Computed tomography,	is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were	
4/1/2023 -		Registered		abdomen and pelvis; without contrast	normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	material	The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	3 2023 2023
0,00,2020	., 1, 2020	0,00,2020 114100	7.661.010.	material	The patient and not have a annyhouse of hipase has testly has this to a request for a stagnostic of	3 2023 2023
		Advanced			This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This	
		Practice		74176 Computed tomography,	study is being requested for abdominal and/or pelvic pain.; The study is being ordered for	
4/1/2023 -		Registered		abdomen and pelvis; without contrast	chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	material	The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1 2023 2023
		.,,	T.F.		This is a request for an Abdomen and Pelvis CT.; The patient is not presenting new	
					symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The last	
					Abdomen/Pelvis CT was performed within the past 10 months.; The patient had an abnormal	
					abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of	
		Advanced			chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a	
		Practice		74176 Computed tomography,	Diagnostic CT; There is NO documentation of a known tumor or a known diagnosis of	
4/1/2023 -		Registered		abdomen and pelvis; without contrast	cancer; This is study being ordered for a concern of cancer such as for diagnosis or	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	material	treatment.	1 2023 2023
					This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The	
		Advanced			patient does not have a fever and elevated white blood cell count or abnormal	
		Practice		74176 Computed tomography,	amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The	
4/1/2023 -		Registered		abdomen and pelvis; without contrast	study is not requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	material	Colitis or Diverticulitis.; Yes this is a request for a Diagnostic CT	1 2023 2023
					This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The	
		Advanced			patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This	
		Practice		74176 Computed tomography,	study is not being requested for abdominal and/or pelvic pain.; The study is not requested	
4/1/2023 -		Registered		abdomen and pelvis; without contrast	for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	material	a concern of cancer such as for diagnosis or treatment.	6 2023 2023
		Advanced			This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.;	
		Practice		74176 Computed tomography,	This study is not being requested for abdominal and/or pelvic pain.; The study is not	
4/1/2023 -		Registered		abdomen and pelvis; without contrast	requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	material	ordered for a concern of cancer such as for diagnosis or treatment.	1 2023 2023
					This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the	
					listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The	
					study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; Reason:	
		Advanced		74476 6	Suspicious Mass, Known or Suspected Tumor or Metastasis (system matched response);	
4/4/2022		Practice		74176 Computed tomography,	Suspicious Mass, Known or Suspected Tumor or Metastasis; There is documentation of a	
4/1/2023 -	4/4/2022	Registered		abdomen and pelvis; without contrast	known tumor or a known diagnosis of cancer; This is study NOT being ordered for a concern	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	material	of cancer such as for diagnosis or treatment.	1 2023 2023

	A di iono a a al			This is a year set for an Abdaman and Dalvis CT. The years for the study is any an arrant	
	Advanced Practice		74176 Computed tomography,	This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The	
4/1/2023 -	Registered		abdomen and pelvis; without contrast	study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study	Apr-Jun
6/30/2023 4/1/2023	-	Approval	material	NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2023 2023
0/30/2023 4/1/2023	Advanced	Approvai	material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	1 2023 2023
	Practice		74176 Computed tomography,	and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for	
4/1/2023 -	Registered		abdomen and pelvis; without contrast	this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not	Apr-Jun
6/30/2023 4/1/2023	•	Approval	material	performed.; Yes this is a request for a Diagnostic CT	1 2023 2023
0,00,000	Advanced			This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
	Practice		74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical	
4/1/2023 -	Registered		abdomen and pelvis; without contrast	exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a	Apr-Jun
6/30/2023 4/1/2023		Approval	material	Diagnostic CT	6 2023 2023
	Advanced	• •		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
	Practice		74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical	
4/1/2023 -	Registered		abdomen and pelvis; without contrast	exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Nurse	Approval	material	Diagnostic CT	4 2023 2023
				<u> </u>	
	Advanced			This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
	Practice		74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical	
4/1/2023 -	Registered		abdomen and pelvis; without contrast	exam.; The patient is male.; A rectal exam was performed.; The results of the exam were	Apr-Jun
6/30/2023 4/1/2023	-	Approval	material	normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	2 2023 2023
	Advanced			This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
	Practice		74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical	
4/1/2023 -	Registered		abdomen and pelvis; without contrast	exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Nurse	Approval	material	request for a Diagnostic CT	1 2023 2023
	Advanced			This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
	Practice		74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/1/2023 -	Registered		abdomen and pelvis; without contrast	this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was	Apr-Jun
6/30/2023 4/1/2023		Approval	material	NOT performed.; Yes this is a request for a Diagnostic CT	2 2023 2023
				This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
	Advanced			and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
	Practice		74176 Computed tomography,	this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was	
4/1/2023 -	Registered		abdomen and pelvis; without contrast	performed.; The results of the exam were normal.; The patient did not have an Ultrasound.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Nurse	Approval	material	Yes this is a request for a Diagnostic CT	2 2023 2023
				This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
				and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
	Advanced			this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was	
	Practice		74176 Computed tomography,	performed.; The results of the exam were normal.; The patient had an Ultrasound.; The	
4/1/2023 -	Registered		abdomen and pelvis; without contrast	Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Nurse	Approval	material	contrast/barium x-ray were abnormal.; Yes this is a request for a Diagnostic CT	1 2023 2023
	Advanced			This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
	Practice		74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/1/2023 -	Registered		abdomen and pelvis; without contrast	this complaint.; There has been a physical exam.; The patient is female.; It is not known if a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Nurse	Approval	material	pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1 2023 2023
	Advanced			This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
	Practice		74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/1/2023 -	Registered		abdomen and pelvis; without contrast	this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not	Apr-Jun
6/30/2023 4/1/2023	-	Approval	material	performed.; Yes this is a request for a Diagnostic CT	5 2023 2023
	Advanced			This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
	Practice		74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/1/2023 -	Registered		abdomen and pelvis; without contrast	this complaint.; There has been a physical exam.; The patient is male.; It is not known if a	Apr-Jun
6/30/2023 4/1/2023	~	Approval	material	rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2023 2023
	Advanced			This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
	Practice		74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this	
4/1/2023 -	Registered		abdomen and pelvis; without contrast	complaint.; The patient had an amylase lab test.; The results of the lab test were abnormal.;	Apr-Jun
6/30/2023 4/1/2023	-	Approval	material	Yes this is a request for a Diagnostic CT	3 2023 2023
. , ,					

				This is a request for an Abdomen and Pelvis CT.; This study is not being requested for	
	Advanced			abdominal and/or pelvic pain.; The patient did NOT have an abnormal abdominal	
. /. /2022	Practice		74176 Computed tomography,	Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT; There is NO	
4/1/2023 -	Registered	A	abdomen and pelvis; without contrast	documentation of a known tumor or a known diagnosis of cancer; This is study being	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Nurse Advanced	Approval	material	ordered for a concern of cancer such as for diagnosis or treatment.	1 2023 2023
	Practice		74176 Computed tomography,	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for	
4/1/2023 -	Registered		abdomen and pelvis; without contrast	abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Nurse	Approval	material	for a Diagnostic CT	3 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Advanced			This is a request for an Abdomen and Pelvis CT.; This study is not being requested for	7 2020 2020
	Practice		74176 Computed tomography,	abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request	
4/1/2023 -	Registered		abdomen and pelvis; without contrast	for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Nurse	Approval	material	diagnosis or treatment.	6 2023 2023
	Advanced			This is a request for an Abdomen and Pelvis CT.; This study is not being requested for	
	Practice		74176 Computed tomography,	abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT; There is	
4/1/2023 -	Registered		abdomen and pelvis; without contrast	documentation of a known tumor or a known diagnosis of cancer; This is study being	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Nurse	Approval	material	ordered for a concern of cancer such as for diagnosis or treatment.	1 2023 2023
				unknown; It is not known if there has been any treatment or conservative therapy.; Ovarian	
	A d d			cancer, recurrence ;Pt has high grade serous carcinoma stage IIIA1 who now has an elevated	
	Advanced		74476 Commented to a comment	CA 125: evaluate for recurrence/metastatic disease; The ordering MDs specialty is NOT	
4/1/2023 -	Practice Registered		74176 Computed tomography, abdomen and pelvis; without contrast	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Nurse	Approval	material	This study is being ordered for Cancer/ Tumor/ Metastatic Disease	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Nuise	Арргочаг	Illaterial	Crohn's suspected ;ileitis on pathology from colonoscopy. Lower abdominal pain,	1 2023 2023
				unspecified. Nausea; This study is being ordered for Inflammatory/ Infectious Disease.; It is	
	Advanced			not known if there has been any treatment or conservative therapy.; The ordering MDs	
	Practice		74181 Magnetic resonance (eg, proton)	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
4/1/2023 -	Registered		imaging, abdomen; without contrast	Radiation Oncology; This case was created via RadMD.; It is unknown when the primary	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Nurse	Approval	material(s)	symptoms began	1 2023 2023
	Advanced				
	Practice		74181 Magnetic resonance (eg, proton)	This request is for an Abdomen MRI.; This study is being ordered for hematuria.; The patient	
4/1/2023 -	Registered		imaging, abdomen; without contrast	had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Nurse	Approval	material(s)	found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis.	1 2023 2023
	Advanced		74404 Manusakis managasa (an mastan)		
4/1/2023 -	Practice		74181 Magnetic resonance (eg, proton)		Ama I
6/30/2023 4/1/2023	Registered 6/30/2023 Nurse	Approval	imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.	Apr-Jun 1 2023 2023
0/30/2023 4/1/2023	Advanced	Approvai	material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or	1 2023 2023
	Practice		74181 Magnetic resonance (eg, proton)	suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT,	
4/1/2023 -	Registered		imaging, abdomen; without contrast	MRI or Ultrasound.; A abnormality was found on the pancreas during a previous CT, MRI or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Nurse	Approval	material(s)	Ultrasound.	2 2023 2023
	Advanced				
	Practice		74181 Magnetic resonance (eg, proton)	This request is for an Abdomen MRI.; This study is not being ordered for known tumor,	
4/1/2023 -	Registered		imaging, abdomen; without contrast	suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Nurse	Approval	material(s)	vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	1 2023 2023
				This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment	
	Advanced			or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist,	
. /. /2022	Practice		74181 Magnetic resonance (eg, proton)	Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created	
4/1/2023 -	Registered		imaging, abdomen; without contrast	via BBI.; The primary symptoms began less than 6 months ago; Medications were given for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Nurse	Approval	material(s)	this diagnosis	1 2023 2023
	Advanced Practice		74181 Magnetic resonance (eg, proton)		
4/1/2023 -	Registered		imaging, abdomen; without contrast	Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Nurse	Approval	material(s)	The patient's cancer status is unknown	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Nuise	Approvar	material(s)	the patient's cancer status is unknown	1 2023 2023

Principle 4/1/2023 6/30/2023 Nurse Approval 4/1/2023 6/30/2023 Nurse Appro
6/30/2023 4/1/2023 6/30/2023 Nurse Approval without contrast material; Hematologis/Oncologist, Cardiac Surgery or Thoracic Surgery
Advanced Practice Compared tomographic angiography, abdominal ports and billateral difficulties of the practice of the practic
Advanced practice unoff, with contrast materials Silesteral Informacial owner certemity Practice Unoff, with contrast materials , This case was created via RadMD; Agree; This procedure is being requested for evaluation of vascular disease in the stomach or legi; The patient had a Doppler Ultrasound; The study April of vascular disease in the stomach or legi; The patient had a Doppler Ultrasound; The study April of vascular disease in the stomach or legi; The patient had a Doppler Ultrasound; The study April of vascular disease in the stomach or legi; The patient had a Doppler Ultrasound; The study April of vascular disease in the stomach or legi; The patient had a Doppler Ultrasound; The study April of vascular disease in the stomach or legi; The patient had a Doppler Ultrasound; The study April of vascular disease April of vascular dis
Advanced practice unoff, with contrast materials Silesteral Informacial owner certemity Practice Unoff, with contrast materials , This case was created via RadMD; Agree; This procedure is being requested for evaluation of vascular disease in the stomach or legi; The patient had a Doppler Ultrasound; The study April of vascular disease in the stomach or legi; The patient had a Doppler Ultrasound; The study April of vascular disease in the stomach or legi; The patient had a Doppler Ultrasound; The study April of vascular disease in the stomach or legi; The patient had a Doppler Ultrasound; The study April of vascular disease in the stomach or legi; The patient had a Doppler Ultrasound; The study April of vascular disease in the stomach or legi; The patient had a Doppler Ultrasound; The study April of vascular disease April of vascular dis
Advanced Advanced Practice Fundific with contrast materials Colorable Practice Fundific with contrast materials Colorable
Practice Practice Franctic
April Apri
Advanced Practice 77046 Magnetic resonance imaging, being ordered for something other than Known breast teaching. This is study is being ordered for something other than Known breast teaching. Bedgistered practice 17046 Magnetic resonance imaging, being ordered for something other than Known breast teaching. Support of the State of St
Practice
4/1/2023 - 1/2023 8/1
6/30/2023 Nurse Advanced Practice Advanced Advanced Advanced Advanced Practice The Company of th
Patient has lifetime risk of 21.9% for breast cancer, most recent mammogram Admp, billateral US innoculously. Billateral Issue, believed listerious, believe
Advanced Practice Advanced Adv
Advanced Practice Pra
Practice Practice Registered Practice Practic
6/30/2023 4/1/2023 6/30/2023 Nurse Approval unilateral breast, without contrast material; NOT a pattern of preast cancer history in at least two first-degree relatives (parent, sister, Apr-Ju for pattern of preast cancer history in at least two first-degree relatives (parent, sister, Apr-Ju for pattern of preast cancer) brother, or children). 4/1/2023 Advanced Practice
6/30/2023 4/1/2023 6/30/2023 Nurse Approval unilateral border, or children). Advanced Practice Af/2023 4/1/2023 6/30/2023 Nurse Approval unilateral breast, without contrast material; breast,
patient presents with bilateral black expressible discharge, mother diagnosed with breast cancer. Diagnostic Bilateral Mammogram and Bilateral US on 6/14/23 inconclusive, radiologist recommended Bilateral Breast MRI; This is a request for Breast MRI; This is a request for Breast MRI; This study is being ordered as a screening examination for known family history of breast cancer; is there are not being included. Advanced Practice 77046 Magnetic resonance imaging, apattern of breast cancer history in at least two first-degree relatives (parent, sister, MP) apattern of breast cancer history in at least two first-degree relatives (parent, sister, MP) apattern of breast cancer history in a least two first-degree relatives (parent, sister, MP) apattern of breast cancer history in a least two first-degree relatives (parent, sister, MP) apattern of breast cancer history in at least two first-degree relatives (parent, sister, MP) apattern of breast cancer. The patient has a lifetime risk score of greater Aprilude of the parent of parent means a screening examination for the parent means and parent of breast cancer. The patient has a lifetime risk score of greater Aprilude of the parent means and parent means a screening examination for the parent means and parent means and parent means a screening examination for the parent means and parent means and parent means and parent means a screening examination for the parent means and parent
cancer. Diagnostic Bilateral Mammogram and Bilateral US on 6/14/23 inconclusive, radiologist recommended Bilateral Breast MRI; This is a request for Breast MRI; This study is being ordered as a screening examination for known family history of breast cancer; There is NOT 4/1/2023
radiologist recommended Bilateral Breast MRI; This is a request for Breast MRI; This study is being ordered as a screening examination for known family history of breast cancer; There as a screening examination for known family history of breast sacrated with an increased cancer risk; There is NOT 4/1/2023
being ordered as a screening examination for known family history of breast cancer; There Practice Pra
4/1/2023 - Registered practice
6/30/2023 4/1/2023 6/30/2023 Nurse Approval unilateral brother, or children). 1 2023 2023 Advanced Practice 77046 Magnetic resonance imaging, 77 This is a request for Breast MRI.; This study is being ordered as a screening examination 4/1/2023 6/30/2023 Nurse Approval unilateral than 20. 3 2023 2023 Advanced Practice 77046 Magnetic resonance imaging, 77046 Magnetic resonance
Advanced Practice 77046 Magnetic resonance imaging, This is a request for Breast MRI.; This study is being ordered as a screening examination 4/1/2023 - Registered breast, without contrast material; following genetic testing for breast cancer.; The patient has a lifetime risk score of greater than 20. 3 2023 2023 Advanced Practice 77046 Magnetic resonance imaging, This is a request for Breast MRI.; This study is being ordered as a screening examination for breast, without contrast material; known family history of breast cancer.; There is a pattern of breast cancer history in at least Apr-Ju 4/1/2023 6/30/2023 Nurse Approval unilateral two first-degree relatives (parent, sister, brother, or children). 6 2023 2023 Advanced Practice 77046 Magnetic resonance imaging, Cancer; No, this is not an individual who has known breast cancer in the contralateral breast, without contrast material; (often) breast.; Yes, this is a confirmed breast cancer in the contralateral Apr-Ju 4/1/2023 - 6/30/2023 Nurse Approval unilateral shape of tumor) affect the patient's further management. 1 2023 2023 Advanced Practice 77046 Magnetic resonance imaging, Cancer; Yes, this is a request for Breast MRI.; This study is being ordered for a known history of breast cancer in the contralateral of the contralateral shape of tumor) affect the patient's further management. 1 2023 2023 Advanced Practice 77046 Magnetic resonance imaging, This is a request for Breast MRI.; This study is being ordered for a known history of breast shape of tumor) affect the patient's further management. 1 2023 2023 Advanced Practice 77046 Magnetic resonance imaging, This is a request for Breast MRI.; This study is being ordered for a known history of breast shape of tumor) affect the patient's further management. 2 2023 2023 Advanced Practice 77046 Magnetic resonance imaging, This is a request for Breast MRI.; This study is being ordered for a known history of breast shape of tumor) affect the patient's further management. 2 2023 2023 Advanced Practice 77046
Practice 77046 Magnetic resonance imaging, 77046 Magnetic resonance imagin
4/1/2023 - Registered breast, without contrast material; following genetic testing for breast cancer.; The patient has a lifetime risk score of greater than 20. 3 2023 2023 2023 2023 2023 2023 202
6/30/2023 4/1/2023 6/30/2023 Nurse Approval unilateral than 20. 3 2023 2023 Advanced Practice 77046 Magnetic resonance imaging, This is a request for Breast MRI.; This study is being ordered as a screening examination for 4/1/2023 Registered breast, without contrast material; known family history of breast cancer.; There is a pattern of breast cancer history in at least Apr-Ju 4/1/2023 6/30/2023 Nurse Approval unilateral two first-degree relatives (parent, sister, brother, or children). 6 2023 2023 Advanced Practice 77046 Magnetic resonance imaging, Cancer.; No, this is not an individual who has known breast cancer in the contralateral hardward breast, without contrast material; (other) breast.; Yes, this is a confirmed breast cancer.; Sty, the results of this MRI (size and Apr-Ju 5/30/2023 4/1/2023 6/30/2023 Nurse Approval unilateral shape of tumor) affect the patient's further management. 1 2023 2023 Advanced Practice 77046 Magnetic resonance imaging, This is a request for Breast MRI.; This study is being ordered for a known history of breast shape of tumor) affect the patient's further management. 1 2023 2023 Advanced Practice 77046 Magnetic resonance imaging, This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; Yes, this is a request for Breast MRI.; This study is being ordered for a known history of breast cancer. Apr-Ju 6/30/2023 4/1/2023 6/30/2023 Nurse Approval unilateral contralateral (other) Apr-Ju 6/30/2023 4/1/2023 6/30/2023 Nurse Approval unilateral contralateral (other) Apr-Ju 6/30/2023 4/1/2023 6/30/2023 Nurse Approval unilateral contralateral (other) Apr-Ju 6/30/2023 4/1/2023 6/30/2023 Nurse Approval unilateral contralateral (other) Apr-Ju 6/30/2023 4/1/2023 6/30/2023 Nurse Approval unilateral contralateral (other) Apr-Ju 6/30/2023 4/1/2023 6/30/2023 Nurse Approval unilateral contralateral (other) Apr-Ju 6/30/2023 4/1/2023 6/30/2023 Nurse Approval unilateral contralateral (other) Apr-Ju 6/30/2023 4/1/2023 6/30/2023 Nurse Approval unilateral co
Advanced Practice 77046 Magnetic resonance imaging, This is a request for Breast MRI.; This study is being ordered as a screening examination for 4/1/2023 - Registered breast, without contrast material; known family history of breast cancer.; There is a pattern of breast cancer history in at least Apr-Ju 6/30/2023 4/1/2023 6/30/2023 Nurse Approval unilateral two first-degree relatives (parent, sister, brother, or children). 6 2023 2023 2023 2023 2023 2023 2023 20
Practice 77046 Magnetic resonance imaging, This is a request for Breast MRI.; This study is being ordered as a screening examination for 4/1/2023 - Registered breast, without contrast material; known family history of breast cancer.; There is a pattern of breast cancer history in at least Apr-Ju 4/1/2023 - Advanced Practice 77046 Magnetic resonance imaging, and contrast material; known family history of breast cancer.; There is a pattern of breast cancer history in at least Apr-Ju 4/1/2023 - Advanced Practice 77046 Magnetic resonance imaging, and contrast material; (other) breast.; Yes, this is not an individual who has known breast cancer in the contralateral three contralateral shape of tumor) affect the patient's further management. 1 2023 2023 2023 2023 2023 2023 2023 20
4/1/2023 - Registered breast, without contrast material; known family history of breast cancer.; There is a pattern of breast cancer history in at least Apr-Ju (b/30/2023 4/1/2023 6/30/2023 Nurse Approval unilateral two first-degree relatives (parent, sister, brother, or children). 6 2023 2023 2023 2023 2023 2023 2023 20
6/30/2023 4/1/2023 6/30/2023 Nurse Approval unilateral two first-degree relatives (parent, sister, brother, or children). 6 2023 2023 Advanced Practice 77046 Magnetic resonance imaging, cancer.; No, this is not an individual who has known breast cancer in the contralateral 4/1/2023 Registered breast, without contrast material; (other) breast.; Yes, this is a confirmed breast cancer.; Yes, the results of this MRI (size and Advanced Practice 77046 Magnetic resonance imaging, shape of tumor) affect the patient's further management. 1 2023 2023 4/1/2023 Advanced Practice 77046 Magnetic resonance imaging, 5/30/2023 Nurse Approval unilateral 5/30/2023 Advanced Practice 5/30/2023 Nurse Approval unilateral 5/30/2023 Advanced 5/30/2023 Nurse Approval unilateral 5/30/2023 Nurse Advanced 5/30/2023 Nurse Approval Unilateral 5/30/2023 Nurse Advanced 5/30/2023 Nurse 5/3
Advanced Practice 77046 Magnetic resonance imaging, cancer.; No, this is not an individual who has known breast cancer in the contralateral (ather) breast, without contrast material; (other) breast.; Yes, this is a confirmed breast cancer.; Yes, the results of this MRI (size and Apr-Ju shape of tumor) affect the patient's further management. 1 2023 2023 2023 2023 2023 2023 2023 20
Practice 77046 Magnetic resonance imaging, cancer.; No, this is not an individual who has known breast cancer in the contralateral (4/1/2023 - Registered breast, without contrast material; (other) breast.; Yes, this is a confirmed breast cancer.; Yes, the results of this MRI (size and Apr-Ju 6/30/2023 Nurse Approval unilateral shape of tumor) affect the patient's further management. 1 2023 2023 2023 2023 2023 2023 2023 20
4/1/2023 - Registered breast, without contrast material; (other) breast.; Yes, this is a confirmed breast cancer.; Yes, the results of this MRI (size and Apr-Ju 6/30/2023 4/1/2023 6/30/2023 Nurse Approval unilateral shape of tumor) affect the patient's further management. 1 2023 2023 2023 2023 2023 2023 2023 20
6/30/2023 4/1/2023 6/30/2023 Nurse Approval unilateral shape of tumor) affect the patient's further management. 1 2023 2023 Advanced Practice 77046 Magnetic resonance imaging, This is a request for Breast MRI.; This study is being ordered for a known history of breast 4/1/2023 - Registered breast, without contrast material; cancer.; Yes, this is an individual who has known breast cancer in the contralateral (other) Apr-Ju 6/30/2023 4/1/2023 6/30/2023 Nurse Approval unilateral breast Advanced Practice 77078 Computed tomography, bone This is a request for a Bone Density Study.; This patient has not had a bone mineral density
Advanced Practice 77046 Magnetic resonance imaging, This is a request for Breast MRI.; This study is being ordered for a known history of breast 4/1/2023 - Registered breast, without contrast material; cancer.; Yes, this is an individual who has known breast cancer in the contralateral (other) Apr-Ju 6/30/2023 4/1/2023 6/30/2023 Nurse Approval unilateral breast. 2 2023 2023 Advanced Practice 77078 Computed tomography, bone This is a request for a Bone Density Study.; This patient has not had a bone mineral density
Practice 77046 Magnetic resonance imaging, This is a request for Breast MRI.; This study is being ordered for a known history of breast 4/1/2023 - Registered breast, without contrast material; cancer.; Yes, this is an individual who has known breast cancer in the contralateral (other) Apr-Ju 6/30/2023 4/1/2023 6/30/2023 Nurse Approval unilateral breast. 2 2023 2023 Advanced Practice 77078 Computed tomography, bone This is a request for a Bone Density Study.; This patient has not had a bone mineral density
4/1/2023 - Registered breast, without contrast material; cancer.; Yes, this is an individual who has known breast cancer in the contralateral (other) Apr-Ju 6/30/2023 4/1/2023 6/30/2023 Nurse Approval unilateral breast. 2 2023 2023 Advanced Practice 77078 Computed tomography, bone This is a request for a Bone Density Study.; This patient has not had a bone mineral density
6/30/2023 4/1/2023 6/30/2023 Nurse Approval unilateral breast. 2 2023 2023 Advanced Practice 77078 Computed tomography, bone This is a request for a Bone Density Study.; This patient has not had a bone mineral density
Advanced Practice 77078 Computed tomography, bone This is a request for a Bone Density Study.; This patient has not had a bone mineral density
Practice 77078 Computed tomography, bone This is a request for a Bone Density Study.; This patient has not had a bone mineral density
The part of the pa
6/30/2023 4/1/2023 6/30/2023 Nurse Approval axial skeleton (eg, hips, pelvis, spine) osteoporosis or osteopenia. 1 2023 2023
This is a request for a Bone Density Study.; Unknown if this patient had a bone mineral
Advanced density study within the past 23 months.; This is a bone density study in a patient with
Practice 77078 Computed tomography, bone clinical risk of osteoporosis or osteopenia.; The patient has not been on steroid therapy for
4/1/2023 - Registered mineral density study, 1 or more sites, more than 3 months.; This is a repeat study due to a change in treatment or a change in Apr-Ju
6/30/2023 4/1/2023 6/30/2023 Nurse Approval axial skeleton (eg, hips, pelvis, spine) symptoms of osteoporosis. 1 2023 2023
Advanced This nodule is New (recently diagnosed); The nodule is NOT calcified (full or partial); This Pet
Practice Scan is being requested for a Pulmonary Nodule; The nodule is Between 8 mm AND 4cm;
4/1/2023 - Registered 78813 Positron emission tomography The patient has NOT had a prior PET Scan for this nodule; This is for a Routine/Standard PET Apr-Ju
6/30/2023 4/1/2023 6/30/2023 Nurse Approval (PET) imaging; whole body Scan using FDG (fluorodeoxyglucose) 1 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	Advanced Practice Registered 6/30/2023 Nurse App	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical proval localization imaging; whole body	A biopsy has NOT substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Advanced Practice Registered 6/30/2023 Nurse App	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical proval localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Lymphoma or Myeloma.; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Advanced Practice Registered 6/30/2023 Nurse App	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical proval localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Ovarian or Esophageal Cancer.; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Advanced Practice Registered 6/30/2023 Nurse App	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical proval localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Prostate Cancer.; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; This is for a PET Scan with PSMA (Pylarify, Locametz, or Illuccix)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Advanced Practice Registered 6/30/2023 Nurse App	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral proval or color Doppler echocardiography	Enter answer here #1 shortness of breath: Patient has had progressive escalating shortness of breath over the last several months despite working out with a trainer. She states that she feels like she is has exercised all day long with increased fatigue w; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Advanced Practice Registered 6/30/2023 Nurse App	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral proval or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for Chest pain of suspected cardiac etiology; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram; The health carrier is NOT HealthNet of California	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Advanced Practice Registered 6/30/2023 Nurse App	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral proval or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for evaluation related to chemotherapy (initial evaluation or follow-up).	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Advanced Practice Registered 6/30/2023 Nurse App	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral proval or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for evaluation related to chemotherapy (initial evaluation or follow-up).	Apr-Jun 2 2023 2023

		Advanced Practice		93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being	
4/1/2023 - 6/30/2023	4/1/2022	Registered 6/30/2023 Nurse	Approval	performed, complete, without spectral	ordered for evaluation related to chemotherapy (initial evaluation or follow-up).; The health carrier is NOT HealthNet of California	Apr-Jur 1 2023 2023
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	or color Doppler echocardiography	Carrier is NOT Healthnet of California	1 2023 2023
				93307 Echocardiography, transthoracic,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for a history of heart valve disease.;	
		Advanced		real-time with image documentation	Mild stenosis or mild regurgitation of the mitral or aortic valve is present; This is NOT a initial	
4/1/2023 -		Practice Registered		(2D), includes M-mode recording, when performed, complete, without spectral	evaluation after aortic or mitral valve surgery.; It has been more than 3 years since the last Transthoracic Echocardiogram (TTE) was completed; The patient is NOT asymptomatic; The	Apr-Jur
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	or color Doppler echocardiography	health carrier is NOT HealthNet of California	1 2023 2023
				93307 Echocardiography, transthoracic,		
		Advanced		real-time with image documentation		
		Practice		(2D), includes M-mode recording, when	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	
4/1/2023 -	4/1/2022	Registered 6/30/2023 Nurse	Approval	performed, complete, without spectral	The member is 15 or older.; This study is being ordered for evaluation of congestive heart	Apr-Jur 3 2023 2023
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	or color Doppler echocardiography	failure (CHF)	3 2023 2023
		A discovered		93307 Echocardiography, transthoracic,		
		Advanced Practice		real-time with image documentation (2D), includes M-mode recording, when	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	
4/1/2023 -		Registered		performed, complete, without spectral	The member is 15 or older.; This study is being ordered for evaluation of congestive heart	Apr-Jur
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	or color Doppler echocardiography	failure (CHF); The health carrier is NOT HealthNet of California	1 2023 2023
				93307 Echocardiography, transthoracic,		
		Advanced		real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	
. /. /		Practice		(2D), includes M-mode recording, when	The member is 15 or older.; This study is being ordered for evaluation of the heart's	
4/1/2023 - 6/30/2023	4/1/2023	Registered 6/30/2023 Nurse	Approval	performed, complete, without spectral or color Doppler echocardiography	response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease	Apr-Jur 1 2023 2023
0/30/2023	4/1/2023	0/30/2023 144130	прргочи	of color popular conocuratography	valve discase	1 2023 2023
		Advanced		93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	
		Practice		(2D), includes M-mode recording, when	The member is 15 or older.; This study is being ordered for evaluation of the heart's	
4/1/2023 -		Registered		performed, complete, without spectral	response to high blood pressure.; There are NO new symptoms suggesting worsening of	Apr-Jur
6/30/2023	4/1/2023	6/30/2023 Nurse	Approval	or color Doppler echocardiography	heart valve disease; The health carrier is NOT HealthNet of California	1 2023 2023
				93307 Echocardiography, transthoracic,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	
		Advanced		real-time with image documentation	The member is 15 or older.; This study is being ordered for Follow-up to a prior test;	
4/4/2022		Practice		(2D), includes M-mode recording, when	Something other than Myocardial Perfusion Imaging, Exercise Treadmill Testing, Stress	A 1
4/1/2023 - 6/30/2023	4/1/2023	Registered 6/30/2023 Nurse	Approval	performed, complete, without spectral or color Doppler echocardiography	Echocardiography, or EKG has been completed; The health carrier is NOT HealthNet of California	Apr-Jur 1 2023 2023
2,00,2023	., _, _023	3,00,2023 110130	, .pp. 0101	2. 22.0. Soppler concessionography		1 2020 2020
				0000751		
		Advanced		93307 Echocardiography, transthoracic, real-time with image documentation		
		Practice		(2D), includes M-mode recording, when	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	
4/1/2023 -		Registered		performed, complete, without spectral	The member is 15 or older.; This study is being ordered for none of the above or don't	Apr-Jur
6/30/2023		6/30/2023 Nurse	Approval	or color Doppler echocardiography	know.; This study is being ordered for symptoms of a heart problem	1 2023 2023

4/1/2023 - 6/30/2023 4/1/2	Advanced Practice Registered 2023 6/30/2023 Nurse	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood pressure	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2	Advanced Practice Registered 2023 6/30/2023 Nurse	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood pressure	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2	Advanced Practice Registered 2023 6/30/2023 Nurse	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2	Advanced Practice Registered	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2	Advanced Practice Registered	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2	Advanced Practice Registered 2023 6/30/2023 Nurse	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2	Advanced Practice Registered 2023 6/30/2023 Nurse	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Advanced Practice Registered 6/30/2023 Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Advanced Practice Registered 6/30/2023 Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Advanced Practice Registered 6/30/2023 Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Advanced Practice Registered 6/30/2023 Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Advanced Practice Registered 6/30/2023 Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms is unknown; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Advanced Practice Registered 6/30/2023 Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; There is no known valvular heart disease.; Pre-existing murmur best describes the reason for ordering this study.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Advanced Practice Registered 6/30/2023 Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; This case was created via BBI.; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; A previous TTE (Transthoracic Echocardiogram) has not been completed	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Advanced Practice Registered 6/30/2023 Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; The last TTE (Transthoracic Echocardiogram) was more than 3 months ago	Apr-Jun 2 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Advanced Practice Registered 6/30/2023 Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; Unknown or other than listed above best describes the reason for ordering this study	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Advanced Practice Registered 6/30/2023 Nurse	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, wher performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; Unknown or other than listed above best describes the reason for ordering this study	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Advanced Practice Registered 6/30/2023 Nurse	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has a known left bundle branch block as documented on an EKG and has been interpreted by a Cardiologist; The last Stress Echocardiogram or Myocardial Perfusion Imaging procedure was performed less than 12 months	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Advanced Practice Registered 6/30/2023 Nurse	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has None of the above	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		Advanced Practice Registered 6/30/2023 Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Advanced Practice Registered 6/30/2023 Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	Apr-Jun 4 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Advanced Practice Registered 6/30/2023 Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Advanced Practice Registered 6/30/2023 Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a new onset of a headhache within the past month; Headache best describes the reason that I have requested this test.	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Advanced Practice Registered 6/30/2023 Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a suspected brain tumor.; There are NO documented neurologic findings suggesting a primary brain tumor.; Known or suspected tumor best describes the reason that I have requested this test.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Advanced Practice Registered 6/30/2023 Nurse	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; This is NOT a Medicare member.; Headache best describes the reason that I have requested this test.	Apr-Jun 1 2023 2023

		Advanced Practice			Radiology Services		
4/1/2023 -		Registered		70450 Computed tomography, head or	Denied Not	This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or suspected	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	brain; without contrast material		infection best describes the reason that I have requested this test.	1 2023 2023
.,,	, ,	Advanced		,	, , , , , , , , , , , , , , , , , , , ,		
		Practice			Radiology Services	This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or suspected	
4/1/2023 -		Registered		70450 Computed tomography, head or	Denied Not	TIA (stroke) with documented new or changing neurologic signs and or symptoms best	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	brain; without contrast material	Medically Necessary	describes the reason that I have requested this test.	1 2023 2023
						Patient was treated by oral surgeon; This study is being ordered for something other than:	
						known trauma or injury, metastatic disease, a neurological disorder, inflammatory or	
						infectious disease, congenital anomaly, or vascular disease.; There has been treatment or	
		Advanced				conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
		Practice		70486 Computed tomography,	Radiology Services	Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via	
4/1/2023 -		Registered		maxillofacial area; without contrast	Denied Not	RadMD.; The primary symptoms began less than 6 months ago; Other not listed was done	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	material	Medically Necessary	for this diagnosis	2 2023 2023
		Advanced					
		Practice		70486 Computed tomography,	Radiology Services		
4/1/2023 -		Registered		maxillofacial area; without contrast	Denied Not	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	material	Medically Necessary	immune-compromised.; Yes this is a request for a Diagnostic CT	1 2023 2023
		Advanced					
		Practice			Radiology Services	This is a request for neck soft tissue CT.; The study is being ordered for something other than	
4/1/2023 -	. /. /2022	Registered	B: 1	70490 Computed tomography, soft	Denied Not	Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	tissue neck; without contrast material	Medically Necessary	infection/abcess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1 2023 2023
		Advanced		70496 Computed tomographic			
		Practice		angiography, head, with contrast	Padiology Convices		
4/1/2023 -				material(s), including noncontrast images, if performed, and image	Radiology Services Denied Not	It is uknown when the procedure is planned; This procedure is being requested for pre-	Anr lun
6/30/2023	4/1/2022	Registered 6/30/2023 Nurse	Disapproval	postprocessing	Medically Necessary		Apr-Jun 1 2023 2023
0/30/2023	4/1/2023	Advanced	Disappiovai	postprocessing	ivieuically ivecessary	procedural evaluation, The ordering provider's specialty is NOT Neurological surgery	1 2023 2023
		Practice		70551 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -		Registered		imaging, brain (including brain stem);	Denied Not	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	without contrast material		that I have requested this test.	3 2023 2023
0,00,000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Advanced			, , , , , , , , , , , , , , , , , , , ,		7 2027 2020
		Practice		70551 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -		Registered		imaging, brain (including brain stem);	Denied Not	This request is for a Brain MRI; Headache best describes the reason that I have requested	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	without contrast material	Medically Necessary	this test.; New onset within the past month describes the headache's character.	2 2023 2023
		Advanced					
		Practice		70551 Magnetic resonance (eg, proton)	Radiology Services	This request is for a Brain MRI; Headache best describes the reason that I have requested	
4/1/2023 -		Registered		imaging, brain (including brain stem);	Denied Not	this test.; Worst headache of the patient's life with sudden onset in the past 5 days describes	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	without contrast material	Medically Necessary	the headache's character.; This is NOT a Medicare member.	1 2023 2023
		Advanced					
		Practice		70551 Magnetic resonance (eg, proton)			
4/1/2023 -		Registered		imaging, brain (including brain stem);	Denied Not	This request is for a Brain MRI; The study is being requested for evaluation of a headache.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	without contrast material	Medically Necessary	The patient has a chronic or recurring headache.	2 2023 2023
		Advanced		70774		The section of the se	
. /. /		Practice		70551 Magnetic resonance (eg, proton)		This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/1/2023 -	. /. /2022	Registered		imaging, brain (including brain stem);	Denied Not	headache.; It is unknown why this study is being ordered.; The patient has Dizziness or	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	without contrast material	Medically Necessary	vеrtigo	1 2023 2023
		Advanced Practice		70551 Magnetic reconance (or protect)	Padiology Soniess	This request is far a Brain MRI: The study is NOT being requested for avaluation of a	
4/1/2023 -				70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	Radiology Services Denied Not	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.; The patient does NOT have a biopsy	Apr lun
6/30/2023	4/1/2022	Registered 6/30/2023 Nurse	Disapproval	without contrast material	Medically Necessary		Apr-Jun 2 2023 2023
0/30/2023	4/1/2023	0/30/2023 Nuise	Disaphinnal	WILLIOUT COLLEGES HIGHERING	ivieuically ivecessary	proven cancer	2 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Advanced Practice Registered 6/30/2023 Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	Apr-Jun 1 2023 2023
		Advanced					
		Practice			0,	A Chest/Thorax CT is being ordered.; The patient is 49 years old or younger.; The patient has	
4/1/2023 -		Registered		71250 Computed tomography, thorax;	Denied Not	NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	without contrast material	Medically Necessary	this is a request for a Diagnostic CT; This study is being ordered for screening of lung cancer.	1 2023 2023
		Advanced					
4/4/2022		Practice		74250 Community of American Inc. 41 community	Radiology Services	A Check/There CT is helicated and This study is helicated and former of the above Ver	A mar I con
4/1/2023 -	4/4/2022	Registered	D:	71250 Computed tomography, thorax;	Denied Not	A Chest/Thorax CT is being ordered.; This study is being ordered for non of the above.; Yes	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse Advanced	Disapproval	without contrast material	Medically Necessary	this is a request for a Diagnostic CT; The study is being ordered for none of the above.	2 2023 2023
		Practice			Radiology Services	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is	
4/1/2023 -		Registered		713E0 Computed tomography thoray	Denied Not		Anr lun
6/30/2023	4/1/2022	6/30/2023 Nurse	Disapproval	71250 Computed tomography, thorax; without contrast material		being ordered for Unresolved cough; A chest x-ray has been completed; The patient has been treated for the cough	Apr-Jun 1 2023 2023
0/30/2023	4/1/2023	Advanced	Disappiovai	without contrast material	ivieuically ivecessary	been treated for the cough	1 2023 2023
		Practice			Radiology Services		
4/1/2023 -		Registered		71250 Computed tomography, thorax;	Denied Not	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	without contrast material		for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1 2023 2023
2,00,2020	,, _,	Advanced			, , , , , , , , , , , , , , , , , , , ,		
		Practice			Radiology Services		
4/1/2023 -		Registered		71250 Computed tomography, thorax;	Denied Not	Abnormal imaging test describes the reason for this request.; This is a request for a Chest	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	without contrast material	Medically Necessary	CT.; Yes this is a request for a Diagnostic CT	1 2023 2023
		Advanced					
		Practice			Radiology Services	It is not known if there is radiologic evidence of mediastinal widening.; A Chest/Thorax CT is	
4/1/2023 -		Registered		71250 Computed tomography, thorax;	Denied Not	being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	without contrast material	Medically Necessary	vascular disease other than cardiac.	1 2023 2023
		Advanced				They did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; Yes this is a	
		Practice			Radiology Services	request for a Diagnostic CT; This study is being ordered for work-up for suspicious mass.;	
4/1/2023 -		Registered		71250 Computed tomography, thorax;	Denied Not	There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	without contrast material	Medically Necessary	mass noted in the last 90 days	1 2023 2023
				74075 0			
		A d d		71275 Computed tomographic		This study is help and and for Very law Disease. There has been tracked as a second size	
		Advanced		angiography, chest (noncoronary), with		; This study is being ordered for Vascular Disease.; There has been treatment or conservative	
4/1/2023 -		Practice Registered		contrast material(s), including	Radiology Services Denied Not	therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery,	Apr-Jun
6/30/2023	4/1/2022	6/30/2023 Nurse	Disapproval	noncontrast images, if performed, and image postprocessing		Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1 2023 2023
0/30/2023	4/1/2023	Advanced	Disappiovai	image postprocessing	ivieuically ivecessary	primary symptoms began less than o months ago, wedications were given for this diagnosis	1 2023 2023
		Practice			Radiology Services		
4/1/2023 -		Registered		72125 Computed tomography, cervical	Denied Not	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	spine; without contrast material		no reason why the patient cannot have a Cervical Spine MRI.	1 2023 2023
., ,	, -,	-,,	2-p	.,		This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have	
		Advanced				new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.;	
		Practice			Radiology Services	The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is	
4/1/2023 -		Registered		72131 Computed tomography, lumbar	Denied Not	no weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	spine; without contrast material	Medically Necessary	Yes this is a request for a Diagnostic CT	1 2023 2023
						This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have	
		Advanced				new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.;	
		Practice			Radiology Services	The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is	
4/1/2023 -		Registered		72131 Computed tomography, lumbar	Denied Not	weakness.; ; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	spine; without contrast material	Medically Necessary	a Diagnostic CT	1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Advanced Practice Registered 6/30/2023 Nurse	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
0,00,000	., _,	Advanced			, , , , , , , , , , , , , , , , , , , ,		
		Practice		72141 Magnetic resonance (eg, proton)	Radiology Services	There has been treatment or conservative therapy.; This case was created via BBI.; This study	
4/1/2023 -		Registered		imaging, spinal canal and contents,	Denied Not	is being ordered for Other; The primary symptoms began more than 1 year ago; Physical	Apr-Jun
6/30/2023	4/1/2022	6/30/2023 Nurse	Disapproval	cervical; without contrast material		Therapy was completed for this diagnosis	2 2023 2023
0/30/2023	4/1/2023	Advanced	Disappiovai	cervical, without contrast material	ivieuically ivecessary	Therapy was completed for this diagnosis	2 2023 2023
		Practice		72141 Magnetic resonance (eg, proton)	Radiology Services	There has been treatment or conservative therapy.; This study is being ordered for	
4/1/2023 -		Registered		imaging, spinal canal and contents,	Denied Not	Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were	Apr-Jun
6/30/2023	4/1/2022	6/30/2023 Nurse	Disapproval	cervical; without contrast material	Medically Necessary		1 2023 2023
0/30/2023	4/1/2023	Advanced	Disapprovai	cervical, without contrast material	ivieuically necessary	given for this diagnosis	1 2023 2023
		Practice		72141 Magnetic resonance (eg, proton)	Radiology Services	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic	
4/1/2023 -		Registered		imaging, spinal canal and contents,	Denied Not	deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on	Apr-Jun
6/30/2023	4/1/2022	6/30/2023 Nurse	Disapproval	cervical; without contrast material	Medically Necessary		4 2023 2023
0/30/2023	4/1/2023	Advanced	Disapprovai	cervical, without contrast material	Medically Necessary	priysical examination	4 2023 2023
		Practice		72141 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -		Registered		imaging, spinal canal and contents,	Denied Not	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic	Apr-Jun
1 ' '	4/4/2022	6/30/2023 Nurse	Discoursed	cervical; without contrast material			4 2023 2023
6/30/2023	4/1/2023	Advanced	Disapproval	cervical; without contrast material	Medically Necessary	deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	4 2023 2023
		Practice		721.41 Magnetic recognition (e.g. protect)	Dadialas, Camiasa		
4/4/2022				72141 Magnetic resonance (eg, proton)		This is a very cost few serviced spine NADI. The verses few and spine this test is New yellowin	A 1
4/1/2023 - 6/30/2023	4/4/2022	Registered	Discourse	imaging, spinal canal and contents,	Denied Not	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic	Apr-Jun 5 2023 2023
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	cervical; without contrast material	Medically Necessary	deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	5 2023 2023
		Advanced		721.41 Magnetic recognition (e.g. protect)	Dadialas, Camiasa	This is a very cost few serviced spine NADI. The verses few and spine this test is Newschools	
4/4/2022		Practice		72141 Magnetic resonance (eg, proton)		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic	A 1
4/1/2023 -	4/4/2022	Registered	Diameter I	imaging, spinal canal and contents,	Denied Not	deficits; This is NOT a Medicare member.; The patient has New symptoms of paresthesia	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	cervical; without contrast material	iviedically necessary	evaluated by a neurologist	1 2023 2023
		Advanced Practice		721.41 Magnetic reconance (og proten)	Dadiology Convices	This is a request for consistal chine MRI. The reason for ordering this test is Neurologic	
4/1/2023 -				72141 Magnetic resonance (eg, proton)		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic	A 1
	4/4/2022	Registered	Discourse	imaging, spinal canal and contents,	Denied Not	deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent	Apr-Jun 1 2023 2023
6/30/2023	4/1/2023	6/30/2023 Nurse Advanced	Disapproval	cervical; without contrast material	Medically Necessary	with myelopathy	1 2023 2023
		Practice		72141 Magnetic resonance (eg, proton)	Radiology Services	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	injury; The patient does not have any of the above listed items; The trauma or injury did NOT	Anrilun
6/30/2023	4/1/2022	Registered	Disapproval				Apr-Jun 1 2023 2023
6/30/2023	4/1/2023	6/30/2023 Nurse Advanced	Disapproval	cervical; without contrast material	Medically Necessary	occur within the past 72 hours.; The pain did NOT begin within the past 6 weeks.	1 2023 2023
		Practice		72141 Magnetic resonance (eg, proton)	Radiology Services	This is a request for cervical spine MRI; This procedure is being requested for Acute / new	
4/1/2023 -		Registered		imaging, spinal canal and contents,	Denied Not	neck pain; The pain began within the past 6 weeks.; The patient does not have a neurological	Apr-Jun
6/30/2023	4/4/2022	6/30/2023 Nurse	Discourse				1 2023 2023
0/30/2023	4/1/2023	Advanced	Disapproval	cervical; without contrast material	ivieuically necessary	deficit, PT or home exercise, diagnostic test, or abnormal xray.	1 2023 2023
		Practice		72141 Magnetic resonance (eg, proton)	Radiology Services	This is a request for cervical spine MRI; This procedure is being requested for Acute / new	
4/1/2023 -		Registered		imaging, spinal canal and contents,	Denied Not	neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This	Apr-Jun
1	4/1/2023	6/30/2023 Nurse	Disapproval	cervical; without contrast material		is NOT a Medicare member.; The patient has Focal upper extremity weakness	1 2023 2023
0/30/2023	7/1/2023	Advanced	pisappiovai	cervical, without collifast illaterial	ivicultally Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new	1 2023 2023
		Practice		72141 Magnetic resonance (eg, proton)	Radiology Services	neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient	
4/1/2023 -							Ann lun
6/30/2023	4/1/2022	Registered	Dicapproval	imaging, spinal canal and contents,	Denied Not	completed or failed a trial of physical therapy, chiropractic or physician supervised home	Apr-Jun 6 2023 2023
0/30/2023	4/1/2023	6/30/2023 Nurse Advanced	Disapproval	cervical; without contrast material	Medically Necessary	CACIUSC	0 2023 2023
		Practice		72141 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -						This is a request for consistal chine MRI. This procedure is being requested for Character /	Apr lun
6/30/2023	4/1/2022	Registered	Disapproval	imaging, spinal canal and contents,	Denied Not	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	Apr-Jun 3 2023 2023
0/30/2023	4/1/2023	6/30/2023 Nurse Advanced	Disapproval	cervical; without contrast material	iviedically ivecessary	longstanding neck pain; The patient does not have any of the above listed items	3 2023 2023
		Practice		72141 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -		Registered		imaging, spinal canal and contents,	Denied Not	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	Apr-Jun
6/30/2023	4/1/2022	6/30/2023 Nurse	Disapproval	cervical; without contrast material		longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	7 2023 2023
0/30/2023	4/1/2023	0/30/2023 Nuise	Disapproval	cervical, without contrast material	ivicultally inecessary	iongstanding neck pain, the patient has a new onset of changing radicults / radiculopathy	7 2023 2023

		Advanced				This is a request for cervical spine MRI; This procedure is being requested for Chronic /	
		Practice		72141 Magnetic resonance (eg, proton)	Radiology Services	longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or	
4/1/2023 -		Registered		imaging, spinal canal and contents,	Denied Not	failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	cervical; without contrast material	Medically Necessary	NOT a Medicare member.	5 2023 2023
						his MRI with well over one year old. WIll repeat with thoracic image as well. Can consider	
						DCS for lack of surgical options.; There has been treatment or conservative therapy.; This	
		Advanced				case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative	
		Practice		72146 Magnetic resonance (eg, proton)	0,	evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The	
4/1/2023 -		Registered		imaging, spinal canal and contents,	Denied Not	primary symptoms began 6 months to 1 year; Physical Therapy was completed for this	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	thoracic; without contrast material	Medically Necessary	•	1 2023 2023
						Increased low and mid back pain. ;The patient describes his pain as;constant with	
						intermittent flare ups and constant. The pain is aching, sharp,;spreading, stabbing, tender	
		Advanced				and throbbing. Patient says, at its worse his pain is;10/10, at its least it; There has been	
		Practice		72146 Magnetic resonance (eg, proton)		treatment or conservative therapy.; This case was created via RadMD.; This study is being	
4/1/2023 -		Registered		imaging, spinal canal and contents,	Denied Not	ordered for Other; The primary symptoms began 6 months to 1 year; Medications were	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	thoracic; without contrast material	Medically Necessary	given for this diagnosis	1 2023 2023
		Advanced			B !! 6 !	Osteoarthritis of spine with radiculopathy, thoracic region ;;Chronic midline low back pain	
4 /4 /2022		Practice		72146 Magnetic resonance (eg, proton)		without sciatica; There has not been any treatment or conservative therapy.; This case was	A 1
4/1/2023 -	. /. /2.22	Registered	B: 1	imaging, spinal canal and contents,	Denied Not	created via RadMD.; This study is being ordered for Other; The primary symptoms began 6	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	thoracic; without contrast material	Medically Necessary	months to 1 year	1 2023 2023
		Advanced		734.46.14	David alama Camatana	The section is a second section of the section of the second section of the section of the second section of the	
4/1/2022		Practice		72146 Magnetic resonance (eg, proton)		There has been treatment or conservative therapy.; This case was created via BBI.; This study	A I
4/1/2023 -	4/4/2022	Registered	Disamenanal	imaging, spinal canal and contents,	Denied Not	is being ordered for Other; The primary symptoms began 6 months to 1 year; Physical	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse Advanced	Disapproval	thoracic; without contrast material	Medically Necessary	Therapy was completed for this diagnosis	1 2023 2023
				72146 Magnetic reconance (eg. proten)	Padiology Convices	There has been treatment or consequative thereby. This case was created via RDL. This study	
4/1/2023 -		Practice Registered		72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not	There has been treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical	Apr-Jun
6/30/2023	4/1/2022	6/30/2023 Nurse	Disapproval	thoracic; without contrast material		Therapy was completed for this diagnosis	2 2023 2023
0/30/2023	4/1/2023	0/30/2023 Nuise	Disapprovai	thoracic, without contrast material	ivieuically ivecessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic	2 2023 2023
		Advanced				back pain; The patient does have new or changing neurologic signs or symptoms.; It is not	
		Practice		72146 Magnetic resonance (eg, proton)	Radiology Services	known if the patient has a new foot drop.; It is not known if the patient has new signs or	
4/1/2023 -		Registered		imaging, spinal canal and contents,	Denied Not	symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	thoracic; without contrast material	Medically Necessary	fracture.; It is not known if there is weakness or reflex abnormality.	1 2023 2023
0,00,2020	., 2, 2020	Advanced	эларргота.	choracio, without contrast material	medically recessary	Tradeurer, tera from the tradeurers of reflex ability from the first tradeurers.	1 2023 2023
		Practice		72146 Magnetic resonance (eg, proton)	Radiology Services	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic	
4/1/2023 -		Registered		imaging, spinal canal and contents,	Denied Not	back pain; The patient does have new or changing neurologic signs or symptoms.; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	thoracic; without contrast material	Medically Necessary	patient does have a new foot drop.	1 2023 2023
		, ,	••	,	, ,	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic	
		Advanced				back pain; The patient does have new or changing neurologic signs or symptoms.; The	
		Practice		72146 Magnetic resonance (eg, proton)	Radiology Services	patient does not have a new foot drop.; The patient does not have new signs or symptoms of	
4/1/2023 -		Registered		imaging, spinal canal and contents,	Denied Not	bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	thoracic; without contrast material	Medically Necessary	no weakness or reflex abnormality.	1 2023 2023
						This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic	
		Advanced				back pain; The patient does not have new or changing neurologic signs or symptoms.; The	
		Practice		72146 Magnetic resonance (eg, proton)	Radiology Services	patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once	
4/1/2023 -		Registered		imaging, spinal canal and contents,	Denied Not	for these symptoms.; The physician has not directed conservative treatment for the past 6	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	thoracic; without contrast material	Medically Necessary	weeks.	1 2023 2023
						This is a request for a thoracic spine MRI.; This study is being ordered for Neurological	
						deficits; The patient does have new or changing neurologic signs or symptoms.; The patient	
						does not have a new foot drop.; The patient does not have new signs or symptoms of	
		Advanced				bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is	
		Practice		72146 Magnetic resonance (eg, proton)		weakness.; Radiculopathy, thoracic regionhe has been seeing chiropractor and xray shows	
4/1/2023 -		Registered		imaging, spinal canal and contents,	Denied Not	DDD and cervical and upper spine arthritis; he is having severe pain in neck/upper back that	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	thoracic; without contrast material	Medically Necessary	is referred to left shoulder. His left arm is weak and he needs MRI for referral for	2 2023 2023

						This is a request for a thoracic spine MRI.; This study is being ordered for None of the above;	
		Advanced				The patient does not have new or changing neurologic signs or symptoms.; The patient has	
		Practice		72146 Magnetic resonance (eg, proton)	Radiology Services	had back pain for over 4 weeks.; The patient has seen the doctor more then once for these	
4/1/2023 -		Registered		imaging, spinal canal and contents,	Denied Not	symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	thoracic; without contrast material		patient has completed 6 weeks of physical therapy?	1 2023 2023
0,00,2020	., 1, 2020	0,00,2020 114150	Бізаррі отаі	anoradio, manda contrast material	Tricultury (Teecessury	his MRI with well over one year old. Will repeat with thoracic image as well. Can consider	1 2020 2020
						DCS for lack of surgical options.; There has been treatment or conservative therapy.; This	
						•	
		Advanced				case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative	
		Practice		72148 Magnetic resonance (eg, proton)		evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The	
4/1/2023 -		Registered		imaging, spinal canal and contents,	Denied Not	primary symptoms began 6 months to 1 year; Physical Therapy was completed for this	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	lumbar; without contrast material	Medically Necessary	diagnosis	1 2023 2023
						Increased low and mid back pain. ;The patient describes his pain as;constant with	
						intermittent flare ups and constant. The pain is aching, sharp,;spreading, stabbing, tender	
		Advanced				and throbbing. Patient says, at its worse his pain is;10/10, at its least it; There has been	
		Practice		72148 Magnetic resonance (eg, proton)	Radiology Services	treatment or conservative therapy.; This case was created via RadMD.; This study is being	
4/1/2023 -		Registered		imaging, spinal canal and contents,	Denied Not	ordered for Other; The primary symptoms began 6 months to 1 year; Medications were	Apr-Jun
	4/1/2022	-	Disamenanal				·
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	lumbar; without contrast material	iviedically necessary	given for this diagnosis	1 2023 2023
		Advanced				Osteoarthritis of spine with radiculopathy, thoracic region ;;Chronic midline low back pain	
		Practice		72148 Magnetic resonance (eg, proton)		without sciatica; There has not been any treatment or conservative therapy.; This case was	
4/1/2023 -		Registered		imaging, spinal canal and contents,	Denied Not	created via RadMD.; This study is being ordered for Other; The primary symptoms began 6	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	lumbar; without contrast material	Medically Necessary	months to 1 year	1 2023 2023
		Advanced					
		Practice		72148 Magnetic resonance (eg, proton)	Radiology Services	The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic	
4/1/2023 -		Registered		imaging, spinal canal and contents,	Denied Not	back pain.; This study is being requested for Neurologic deficits; This is NOT a Medicare	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	lumbar; without contrast material		member.; The patient has Physical exam findings consistent with myelopathy	1 2023 2023
0/30/2023	4/1/2023	Advanced	Disapprovai	iumbar, without contrast material	Wicultary Wecessary	member., The patient has raysical exam midnigs consistent with myelopathy	1 2023 2023
				724.40.84	De diele en Comite e	The standard control to a Lorentzea Color MADL. The mobile the control and hearing hearing	
		Practice			Radiology Services	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -		Registered		imaging, spinal canal and contents,	Denied Not	This study is being requested as a Pre-operative evaluation; Advanced Practice Registered	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	lumbar; without contrast material	Medically Necessary	Nurse	7 2023 2023
		Advanced					
		Practice		72148 Magnetic resonance (eg, proton)	Radiology Services	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -		Registered		imaging, spinal canal and contents,	Denied Not	This study is being requested for 6 weeks of completed conservative care in the past 6	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	lumbar; without contrast material	Medically Necessary	months	21 2023 2023
0,00,000	., _,	Advanced	pp		, , , , , , , , , , , , , , , , , , , ,		
		Practice		72148 Magnetic resonance (eg, proton)	Radiology Services	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -					Denied Not		Apr lup
	4/4/2022	Registered	Discount	imaging, spinal canal and contents,		This study is being requested for an Abnormal nerve study (EMG) involving the lumbar	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	lumbar; without contrast material	Medically Necessary	spine; This is NOT a Medicare member.	3 2023 2023
		Advanced					
		Practice		72148 Magnetic resonance (eg, proton)		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -		Registered		imaging, spinal canal and contents,	Denied Not	This study is being requested for an Abnormal x-ray indicating a complex fracture or severe	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	lumbar; without contrast material	Medically Necessary	anatomic derangement of the lumbar spine; This is NOT a Medicare member.	4 2023 2023
		Advanced					
		Practice		72148 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -		Registered		imaging, spinal canal and contents,	Denied Not	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	lumbar; without contrast material		This study is being requested for Follow-up to spine injection in the past 6 months	2 2023 2023
0/30/2023	7/1/2023	Advanced	Pisappiovai	idinadi, without contrast material	ivicultarily inclessely	This study is being requested for Follow-up to spille injection in the past of months	2 2023 2023
				724.40 Magnatic recovery ()	Dadialası Carrier		
. /. /		Practice		72148 Magnetic resonance (eg, proton)			
4/1/2023 -		Registered		imaging, spinal canal and contents,	Denied Not	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	lumbar; without contrast material	Medically Necessary	This study is being requested for Neurological deficit(s); The patient has None of the above	1 2023 2023
		Advanced					
		Practice		72148 Magnetic resonance (eg, proton)	Radiology Services	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -		Registered		imaging, spinal canal and contents,	Denied Not	This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	lumbar; without contrast material		The patient has Abnormal Reflexes	1 2023 2023
5,55,2525	., _, _,	Advanced	55pp10401	ar, manage contrast material		passers remotive memores	1 2023 2023
		Practice		72148 Magnetic resonance (eg, proton)	Padiology Consises	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2022							8 mm 1
4/1/2023 -		Registered		imaging, spinal canal and contents,	Denied Not	This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	lumbar; without contrast material	Medically Necessary	The patient has Dermatomal sensory changes on physical examination	1 2023 2023

		Advanced					
		Practice		72148 Magnetic resonance (eg, proton)		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -	4/4/2022	Registered	Diagram and	imaging, spinal canal and contents,	Denied Not	This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse Advanced	Disapproval	lumbar; without contrast material	Medically Necessary	The patient has Focal extremity weakness	2 2023 2023
		Practice		72148 Magnetic resonance (eg, proton)	Radiology Services	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -		Registered		imaging, spinal canal and contents,	Denied Not	This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	lumbar; without contrast material		The patient has New symptoms of bowel or bladder dysfunction	2 2023 2023
0/30/2023	4,1,2023	Advanced	Disapprovar	iambar, without contrast material	Wicalcally Necessary	The patient has new symptoms of bower of bladder dystatication	2 2023 2023
		Practice		72148 Magnetic resonance (eg, proton)	Radiology Services	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -		Registered		imaging, spinal canal and contents,	Denied Not	This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	lumbar; without contrast material	Medically Necessary	The patient has New symptoms of paresthesia evaluated by a neurologist	1 2023 2023
		Advanced				· · · · · · · · · · · · · · · · · · ·	
		Practice		72148 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -		Registered		imaging, spinal canal and contents,	Denied Not	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	lumbar; without contrast material	Medically Necessary	This study is being requested for None of the above	8 2023 2023
		Advanced					
		Practice		72148 Magnetic resonance (eg, proton)	Radiology Services	There has been treatment or conservative therapy.; This case was created via BBI.; This study	
4/1/2023 -		Registered		imaging, spinal canal and contents,	Denied Not	is being ordered for Other; The primary symptoms began 6 months to 1 year; Physical	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	lumbar; without contrast material	Medically Necessary	Therapy was completed for this diagnosis	1 2023 2023
		Advanced					
		Practice		72148 Magnetic resonance (eg, proton)		There has been treatment or conservative therapy.; This case was created via BBI.; This study	
4/1/2023 -	. / . /	Registered		imaging, spinal canal and contents,	Denied Not	is being ordered for Other; The primary symptoms began more than 1 year ago; Physical	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	lumbar; without contrast material	Medically Necessary	Therapy was completed for this diagnosis	2 2023 2023
						Mechanism of injury comment: Adduction force applied to L hip against a chair leg with	
						sudden pop and pain.; This study is being ordered as a follow-up to trauma.; There is NO	
						laboratory or physical evidence of a pelvic bleed.; There are no physical or abnormal blood work consistent with peritonitis or pelvic abscess.; It is not known if there is physical or	
		Advanced				radiological evidence of a pelvic fracture.; "The ordering physician is not a	
		Practice			Radiology Services	gastroenterologist, urologist, gynecologist, or surgeon or PCP ordering on behalf of a	
4/1/2023 -		Registered		72192 Computed tomography, pelvis;	Denied Not	specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	without contrast material	Medically Necessary		1 2023 2023
0,00,2020	., 1, 2020	0,00,2025 114.50	э ізаррі отаі	William Contract material	medically recessary	Abdominal pain, left upper quadrant; This study is being ordered for Inflammatory/	1 2023 2023
		Advanced				Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs	
		Practice		72196 Magnetic resonance (eg, proton)	Radiology Services	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
4/1/2023 -		Registered		imaging, pelvis; with contrast	Denied Not	Radiation Oncology; This case was created via RadMD.; The primary symptoms began less	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	material(s)	Medically Necessary	than 6 months ago; Medications were given for this diagnosis	1 2023 2023
		Advanced					
		Practice		72196 Magnetic resonance (eg, proton)	Radiology Services	This is a request for a Pelvis MRI.; The study is being ordered for suspicion of tumor, mass,	
4/1/2023 -		Registered		imaging, pelvis; with contrast	Denied Not	neoplasm, or metastatic disease.; The patient has NOT had previous abnormal imaging	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	material(s)	Medically Necessary	including a CT, MRI or Ultrasound.	1 2023 2023
						This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment	
		Advanced				or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist,	
. / . /		Practice		72196 Magnetic resonance (eg, proton)		Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created	
4/1/2023 -	. /. /0	Registered		imaging, pelvis; with contrast	Denied Not	via BBI.; The primary symptoms began less than 6 months ago; Medications were given for	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	material(s)	Medically Necessary	this diagnosis	1 2023 2023
		Advanced			Dadialaan Cami	This is a represent for an unique subscribe, shoulder assemble allhour hand a record to the CT	
4/1/2023 -		Practice Registered		73200 Computed tomography, upper	Radiology Services Denied Not	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.; Yes this is a	Apr-Jun
6/30/2023	4/1/2022	6/30/2023 Nurse	Disapproval			request for a Diagnostic CT	1 2023 2023
0/30/2023	7/1/2023	UJ 3UJ ZUZ 3 NUISE	Disapproval	extremity; without contrast material	ivicultally Necessary	requestion a piagnostic Ci	1 2023 2023
						Patient has been experiencing numbness and tingling in hands and feet. He has been	
				73220 Magnetic resonance (eg, proton)		referred to a rheumatologist who recommends diagnostic imaging prior to appt.; This study	
		Advanced		imaging, upper extremity, other than		is being ordered for a neurological disorder.; There has been treatment or conservative	
		Practice		joint; without contrast material(s),	Radiology Services	therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery,	
4/1/2023 -		Registered		followed by contrast material(s) and	Denied Not	Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	further sequences	Medically Necessary	primary symptoms began less than 6 months ago; Medications were given for this diagnosis	2 2023 2023

				73220 Magnetic resonance (eg, proton)		The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent	
		Advanced		imaging, upper extremity, other than		postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or	
		Practice		joint; without contrast material(s),	Radiology Services	metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The	
4/1/2023 -	. / . /	Registered		followed by contrast material(s) and	Denied Not	ordering physician is not an orthopedist.; There is not a history of upper extremity trauma or	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	further sequences	Medically Necessary	injury.	1 2023 2023
		Advanced			5 11 1 6 1	- 1	
. /. /2022		Practice		73221 Magnetic resonance (eg, proton)		none; The pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4	
4/1/2023 -	. /. /2022	Registered	5:	imaging, any joint of upper extremity;	Denied Not	weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	without contrast material(s)	Medically Necessary	MRI; The study is requested for evaluation of elbow pain.	1 2023 2023
						The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	
		A di con cond				described as chronic; The physician has directed conservative treatment for the past 4	
		Advanced		72221 Magnatic recovery (or protect)	Dadialası Candasa	weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The	
4/1/2022		Practice		73221 Magnetic resonance (eg, proton)		patient has been treated with medication.; The patient has completed 4 weeks or more of	A m . I
4/1/2023 -	4/4/2022	Registered	Diagram and	imaging, any joint of upper extremity;	Denied Not	Chiropractic care.; The patient recevied medication other than joint injections(s) or oral	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse Advanced	Disapproval	without contrast material(s)	Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	1 2023 2023
				72221 Magnatic recovery (or master)	Dadialası Candasa		
4/1/2023 -		Practice		73221 Magnetic resonance (eg, proton)		described as chronic; The physician has directed conservative treatment for the past 4	A 1
6/30/2023	4/1/2022	Registered 6/30/2023 Nurse	Disapproval	imaging, any joint of upper extremity;	Denied Not	weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare	Apr-Jun
0/30/2023	4/1/2023	Advanced	Disapproval	without contrast material(s)	Medically Necessary		3 2023 2023
		Practice		72221 Magnatic recovery (or protect)	Dadialası Candasa	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4	
4/1/2023 -		Registered		73221 Magnetic resonance (eg, proton)	Radiology Services Denied Not	weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been	A m. a. 1
6/30/2023	4/1/2022	6/30/2023 Nurse	Disapproval	imaging, any joint of upper extremity; without contrast material(s)		treated with medication.; The patient recevied joint injection(s).	Apr-Jun 2 2023 2023
0/30/2023	4/1/2023	Advanced	Disappiovai	without contrast material(s)	ivieuically ivecessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a	2 2023 2023
		Practice		73221 Magnetic resonance (eg, proton)	Radiology Services	known mass.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The	
4/1/2023 -					Denied Not	patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies	Anriun
6/30/2023	4/1/2022	Registered 6/30/2023 Nurse	Disapproval	imaging, any joint of upper extremity; without contrast material(s)	Medically Necessary		Apr-Jun 1 2023 2023
0/30/2023	4/1/2023	Advanced	Disappiovai	without contrast material(s)	Medically Necessary	were abitoritial.	1 2023 2023
		Practice		73221 Magnetic resonance (eg, proton)	Radiology Services	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a	
4/1/2023 -		Registered		imaging, any joint of upper extremity;	Denied Not	recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.;	Apr-Jun
6/30/2023	4/1/2022	6/30/2023 Nurse	Disapproval	without contrast material(s)		Surgery or arthrscopy is not scheduled in the next 4 weeks.	3 2023 2023
0/30/2023	4/1/2023	Advanced	ызарргочаг	without contrast material(s)	ivicultarily recessary	Surgery of arthrscopy is not scheduled in the next 4 weeks.	3 2023 2023
		Practice		73221 Magnetic resonance (eg, proton)	Radiology Services	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a	
4/1/2023 -		Registered		imaging, any joint of upper extremity;	Denied Not	recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	without contrast material(s)		Surgery or arthrscopy is scheduled in the next 4 weeks.; This is NOT a Medicare member.	1 2023 2023
0/30/2023	4) 1) 2023	Advanced	ызарргочаг	without contrast material(s)	ivicultury recessury	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a	1 2025 2025
		Practice		73221 Magnetic resonance (eg, proton)	Radiology Services	recent injury.; There is not a suspicion of tendon, ligament, rotator cuff injury or labral tear.;	
4/1/2023 -		Registered		imaging, any joint of upper extremity;	Denied Not	Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is not a suspicion of	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	without contrast material(s)		fracture not adequately determined by x-ray.	1 2023 2023
0,00,000	., _,	Advanced			, , , , , , , , , , , , , , , , , , , ,		
		Practice		73221 Magnetic resonance (eg, proton)	Radiology Services	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from	
4/1/2023 -		Registered		imaging, any joint of upper extremity;	Denied Not	an old injury.; It is not known if the physician has directed conservative treatment for the	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	without contrast material(s)	Medically Necessary		1 2023 2023
0,00,000	., _,	Advanced			, , , , , , , , , , , , , , , , , , , ,		
		Practice		73221 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -		Registered		imaging, any joint of upper extremity;	Denied Not	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from	Apr-Jun
	4/1/2023	6/30/2023 Nurse	Disapproval	without contrast material(s)	Medically Necessary		1 2023 2023
,,	, ,	Advanced	In In		,,	, , , , , , , , , , , , , , , , , , , ,	
		Practice		73221 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -		Registered		imaging, any joint of upper extremity;	Denied Not	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	without contrast material(s)		from a recent injury, old injury, chronic pain or a mass.	1 2023 2023
.,,	, -,	.,,	Seleter and		,	This study is being ordered for a neurological disorder.; There has been treatment or	
		Advanced				conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
		Practice		73221 Magnetic resonance (eg, proton)	Radiology Services	Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.;	
4/1/2023 -		Registered		imaging, any joint of upper extremity;	Denied Not	The primary symptoms began less than 6 months ago; Medications were given for this	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	without contrast material(s)	Medically Necessary		1 2023 2023
, , = = = =	, ,	,,			,,		

4/1/2023 - 6/30/2023	4/1/2023	Advanced Practice Registered 6/30/2023 Nurse	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Advanced Practice Registered 6/30/2023 Nurse	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a hip CT.; This study is being ordered in conjunction with a pelvic CT.; There is not a suspected infection of the hip.; The patient has not been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the hip.; "There is a history (within the last six months) of significant trauma, dislocation, or injury to the hip."; There is not a suspicion of AVN.; The patient does not have an abnormal plain film study of the hip other than arthritis.; The patient has not used a cane or crutches for greater than four weeks.; The patient does not have a documented limitation of their range of motion.; The patient has not been treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Advanced Practice Registered 6/30/2023 Nurse	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBL; The primary symptoms began 6 months to 1 year; Other not listed was done for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		Advanced Practice Registered 6/30/2023 Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		Patient has been experiencing numbness and tingling in hands and feet. He has been referred to a rheumatologist who recommends diagnostic imaging prior to appt.; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	Apr-Jun 2 2023 2023
4/1/2023 -	7/1/2023	Advanced Practice Registered	ызарргоча	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and	·	Pt has tried several medications and has completed physical therapy. His symptoms are not improving and at times they are worse. Please allow us to get MRI's to evaluate what we cannot see on plain film. Thank you.; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year	Apr-Jun
6/30/2023 4/1/2023 - 6/30/2023		6/30/2023 Nurse Advanced Practice Registered 6/30/2023 Nurse	Disapproval	further sequences 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not	ago; Medications were given for this diagnosis This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They had 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has been treated with a protective boot for at least 4 weeks.	2 2023 2023 Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	·	Advanced Practice Registered 6/30/2023 Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee imaging.; 'None of the above' were noted as an indication for knee imaging.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Advanced Practice Registered 6/30/2023 Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is NOT Orthopedics.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Advanced Practice Registered 6/30/2023 Nurse	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; 'None of the above' were noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	Apr-Jun 1 2023 2023

				72720 Magnatic reservos (on protect)			
		Advanced		73720 Magnetic resonance (eg, proton) imaging, lower extremity other than			
		Practice			Padiology Convices	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
4/1/2023 -		Registered		joint; without contrast material(s), followed by contrast material(s) and	Radiology Services Denied Not	an indication for knee imaging; Locking was noted on the physical examination; The ordering	Apr-Jun
6/30/2023	1/1/2023	6/30/2023 Nurse	Disapproval	further sequences		MDs specialty is NOT Orthopedics.	2 2023 2023
0/30/2023	4/1/2023	0/30/2023 Nuise	Disapprovai	73720 Magnetic resonance (eg, proton)		wide specialty is NOT Orthopedics.	2 2023 2023
		Advanced		imaging, lower extremity other than			
		Practice		joint; without contrast material(s),	Radiology Services		
4/1/2023 -		Registered		followed by contrast material(s) and	Denied Not	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	further sequences		physician supervised home exercise in the past 3 months	3 2023 2023
0,00,000	., _,	2,00,202000	p.p	73720 Magnetic resonance (eg, proton)			
		Advanced		imaging, lower extremity other than			
		Practice		joint; without contrast material(s),	Radiology Services		
4/1/2023 -		Registered		followed by contrast material(s) and	Denied Not	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	further sequences	Medically Necessary	physician supervised home exercise in the past 3 months	4 2023 2023
				73720 Magnetic resonance (eg, proton)			
		Advanced		imaging, lower extremity other than			
		Practice		joint; without contrast material(s),	Radiology Services	This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing	
4/1/2023 -		Registered		followed by contrast material(s) and	Denied Not	status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	further sequences	Medically Necessary	treated with Crutches; The ordering MDs specialty is NOT Orthopedics.	2 2023 2023
				73720 Magnetic resonance (eg, proton)			
		Advanced		imaging, lower extremity other than			
		Practice		joint; without contrast material(s),	Radiology Services	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a	
4/1/2023 -		Registered		followed by contrast material(s) and	Denied Not	suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	further sequences	Medically Necessary	4 weeks.	2 2023 2023
				73720 Magnetic resonance (eg, proton)			
		Advanced		imaging, lower extremity other than			
		Practice		joint; without contrast material(s),	Radiology Services	This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a	
4/1/2023 -		Registered		followed by contrast material(s) and	Denied Not	fracture which does not show healing (non-union fracture).; This is not a pre-operative study	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	further sequences	Medically Necessary	for planned surgery.; Non Joint is being requested.	1 2023 2023
						unknown; This study is being ordered for something other than: known trauma or injury,	
				72720 Managetia accessor (accessor)		metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital	
		Advanced		73720 Magnetic resonance (eg, proton)		anomaly, or vascular disease.; There has not been any treatment or conservative therapy.;	
		Advanced		imaging, lower extremity other than	Dadialası Camiasa	There are 2 exams are being ordered.; The ordering MDs specialty is NOT	
4/1/2023 -		Practice Practice		joint; without contrast material(s),	Radiology Services Denied Not	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year	Apr-Jun
6/30/2023	4/1/2022	Registered	Disapproval	followed by contrast material(s) and			1 2023 2023
0/30/2023	4/1/2023	6/30/2023 Nurse Advanced	Disapproval	further sequences	Medically Necessary	ago	1 2023 2023
		Practice		73721 Magnetic resonance (eg, proton)	Radiology Services	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; It is not	
4/1/2023 -		Registered		imaging, any joint of lower extremity;	Denied Not	known if the member has failed a 4 week course of conservative management in the past 3	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	without contrast material	Medically Necessary	·	1 2023 2023
0,00,2020	., 2, 2020	Advanced	э ізаррі ота	William Contract material	medically recessary		1 2023 2023
		Practice		73721 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -		Registered		imaging, any joint of lower extremity;	Denied Not	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	without contrast material		member has failed a 4 week course of conservative management in the past 3 months.	2 2023 2023
		Advanced			,,		
		Practice		73721 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -		Registered		imaging, any joint of lower extremity;	Denied Not	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	without contrast material		member has not failed a 4 week course of conservative management in the past 3 months.	1 2023 2023
		Advanced					
		Practice		73721 Magnetic resonance (eg, proton)	Radiology Services	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent	
4/1/2023 -		Registered		imaging, any joint of lower extremity;	Denied Not	injury.; There is a suspicion of tendon or ligament injury.; Surgery or arthrscopy is not	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	without contrast material	Medically Necessary	scheduled in the next 4 weeks.	1 2023 2023
		Advanced					
		Practice		73721 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -		Registered		imaging, any joint of lower extremity;	Denied Not	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is not due to a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	without contrast material	Medically Necessary	recent injury, old injury, Chronic Hip Pain or a Mass.	1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Advanced Practice Registered 6/30/2023 Nurse	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Advanced Practice Registered 6/30/2023 Nurse	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; This patient is experiencing hematuria.; Yes this is a request for a Diagnostic CT; This is NOT a Medicare member.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Advanced Practice Registered 6/30/2023 Nurse	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; This patient is not experiencing hematuria.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Advanced Practice Registered 6/30/2023 Nurse	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; Yes this is a request for a Diagnostic CT; This is NOT a Medicare member.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Advanced Practice Registered 6/30/2023 Nurse	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of an Abscess of the upper abdominal area.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2022	Advanced Practice Registered 6/30/2023 Nurse	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc; There are clinical findings or indications of Hematuria.; Yes this is a request for a Diagnostic CT; This is NOT a Medicare member.	Apr-Jun 1 2023 2023
4/1/2023 -		Advanced Practice Registered	Сморрово	74150 Computed tomography,	Radiology Services Denied Not	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse Advanced Practice	Disapproval	abdomen; without contrast material 74176 Computed tomography,	Medically Necessary Radiology Services	with gastroparesis; Yes this is a request for a Diagnostic CT This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.;	2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Registered 6/30/2023 Nurse	Disapproval	abdomen and pelvis; without contrast material	Denied Not Medically Necessary	Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Advanced Practice Registered 6/30/2023 Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for bilirubin.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Advanced Practice Registered 6/30/2023 Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023		Advanced Practice Registered 6/30/2023 Nurse	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023

5/39/2013 41/2022 6/39/2013 Name Companies								
Advanced Frictice Prictice Pri			Practice Registered	Disapproval	abdomen and pelvis; without contrast	Denied Not	study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or	Apr-Jun 2 2023 2023
Practice		4/1/2023	Practice Registered	Disapproval	abdomen and pelvis; without contrast	Denied Not	study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The	Apr-Jun 1 2023 2023
Practice Practice Advanced			Practice Registered	Disapproval	abdomen and pelvis; without contrast	Denied Not	completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the	Apr-Jun 1 2023 2023
Advanced Practice	1 1	4/1/2023	Practice Registered	Disapproval	abdomen and pelvis; without contrast	Denied Not	listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
This is a request for an Abdomen and Pelvis CT. The reason for the study is none of the Islated reasons. This study is not lenge requested for abdominal and/or pelvic pain. The patient is female; A pelvic exam was profromed; Yes this is a request for a Diagnostic CT. Reason: ELSE (system matched response); HIATAL HERNIA EVALUATION; This is study is being requested for abdominal and pelvis; without contrast of the matura. Yes this is a request for a Diagnostic CT. Reason: ELSE (system matched response); HIATAL HERNIA EVALUATION; This is study NOT being ordered April and of pelvic pain. The study is being requested for abdominal and of pelvic pain. The study is being requested for abdominal and pelvis is a request for an Abdomen and Pelvis CT. The study is being requested for abdominal and pelvis is a request for a not per vision of the list visit for this complaint; There has been a physical exam. The patient is female; A pelvic exam was AD performed. Yes this is a request for an Abdomen and Pelvis CT. This study is being requested for abdominal and/or pelvic pain. The this study is pelvic pain. The study is being requested for abdominal and/or pelvic pain. There has been a physical exam. The patient is female; A pelvic exam was AD performed. Yes this is a request for an Abdomen and Pelvis CT. This study is being requested for abdominal and/or pelvic pain. There has been a physical exam. The patient is female; A pelvic exam was NOT performed; Yes this is a request for an Abdomen and Pelvis CT. This study is being requested for abdominal and/or pelvic pain. There has been a physical exam. The patient is female; A pelvic exam was NOT performed; Yes this is a request for an Abdomen and Pelvis CT. This study is being ordered for coute pain. There has been a physical exam. The patient is female; A pelvic exam was NOT performed; Yes this is a request for an Abdomen and Pelvis CT. This study is being ordered for coute pain. There has been a physical exam. The patient is female; A pelvic exam was NOT performed; Yes this		4/1/2023	Practice Registered	Disapproval	abdomen and pelvis; without contrast	Denied Not	listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; Reason: ELSE (system matched response); hernia complicated; This is study NOT being ordered for a	Apr-Jun
Advanced Practice Registered Advanced Practice A	4/1/2023 -		Advanced Practice Registered	•	74176 Computed tomography, abdomen and pelvis; without contrast	Radiology Services Denied Not	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; Reason: ELSE (system matched response); HIATAL HERNIA EVALUATION; This is study NOT being ordered	Apr-Jun
Practice Registered abdomen and pelvis; without contrast of follogy Services and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Apr-Jur Apartice sexam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Abdomen and Pelvis CT.; This study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Abdomen and Pelvis CT.; This study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Abdomen and Pelvis CT.; This study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the patient is female.; A pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the patient pain. The patient is female.; A pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the patient pain. The patient is female.; A pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the patient pain. The patient is female.; A pelvic pain.; The patient pain.; The patient pain.; The patient pain.; The p	4/1/2023 -		Advanced Practice Registered		74176 Computed tomography, abdomen and pelvis; without contrast	Radiology Services Denied Not	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was	Apr-Jun
Practice A/1/2023 - Registered A/1/2023 - A/		4/1/2023	Practice Registered 6/30/2023 Nurse	Disapproval	abdomen and pelvis; without contrast	Denied Not	and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	Apr-Jun 2 2023 2023
Advanced Practice 74176 Computed tomography, abdomen and pelvis; without contrast 6/30/2023 4/1/2023 6/30/2023 Nurse Disapproval material Practice abdomen and pelvis; without contrast 6/30/2023 4/1/2023 6/30/2023 Nurse Disapproval material Practice abdomen and pelvis; without contrast 6/30/2023 4/1/2023 6/30/2023 Nurse Disapproval material Practice Advanced Afr-Jur 6/30/2023 4/1/2023 6/30/2023 Nurse Disapproval material Advanced Afr-Jur 6/30/2023 4/1/2023 6/30/2023 Nurse Disapproval Medically Necessary Necessar		4/1/2023	Practice Registered	Disapproval	abdomen and pelvis; without contrast	Denied Not	and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
Advanced Practice 74176 Computed tomography, abdomen and pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the Advanced Practice Advanced Practice 74176 Computed tomography, abdomen and pelvis; without contrast Practice 74176 Computed tomography, abdomen and pelvis; without contrast Practice 74176 Computed tomography, abdomen and pelvis came was performed.; Yes this is a request for an Abdomen and Pelvis CT.; This study is being ordered for chronic pain.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic T 1 2023 2023 This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was Apr-Jur this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was Apr-Jur this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was Apr-Jur this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was Apr-Jur this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was Apr-Jur this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was Apr-Jur this complaint.		4/1/2023	Practice Registered	Disapproval	abdomen and pelvis; without contrast	Denied Not	and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a	Apr-Jun 1 2023 2023
Advanced This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal Practice 74176 Computed tomography, Radiology Services and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for 4/1/2023 - Registered abdomen and pelvis; without contrast Denied Not this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was Apr-Jur	4/1/2023 -		Advanced Practice Registered	·	74176 Computed tomography, abdomen and pelvis; without contrast	Radiology Services Denied Not	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not	Apr-Jun
	4/1/2023 -		Advanced Practice Registered		74176 Computed tomography, abdomen and pelvis; without contrast	Radiology Services Denied Not	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was	Apr-Jun

		Advanced				This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
		Practice		74176 Computed tomography,	Radiology Services	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/1/2023 -	4/4/2022	Registered	B: 1	abdomen and pelvis; without contrast	Denied Not	this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	material	Medically Necessary	performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2023 2023
						This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
						and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
		Advanced				this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was	
		Practice		74176 Computed tomography,	Radiology Services	performed.; The results of the exam were normal.; The patient had an Ultrasound.; The	
4/1/2023 -		Registered		abdomen and pelvis; without contrast	Denied Not	Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	material	Medically Necessary	not have an endoscopy.; Yes this is a request for a Diagnostic CT	1 2023 2023
		Advanced				This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
. /. /		Practice		74176 Computed tomography,	Radiology Services	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/1/2023 -	4/4/2022	Registered	Discount	abdomen and pelvis; without contrast	Denied Not	this complaint.; There has been a physical exam.; The patient is female.; It is not known if a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse Advanced	Disapproval	material	Medically Necessary	pelvic exam was performed.; Yes this is a request for a Diagnostic CT This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	1 2023 2023
		Practice		74176 Computed tomography,	Radiology Services	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/1/2023 -		Registered		abdomen and pelvis; without contrast	Denied Not	this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	material		performed.; Yes this is a request for a Diagnostic CT	3 2023 2023
, ,			• • • • • • • • • • • • • • • • • • • •			Abdominal pain, left upper quadrant; This study is being ordered for Inflammatory/	
		Advanced				Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs	
		Practice		74181 Magnetic resonance (eg, proton)	Radiology Services	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
4/1/2023 -		Registered		imaging, abdomen; without contrast	Denied Not	Radiation Oncology; This case was created via RadMD.; The primary symptoms began less	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	material(s)	Medically Necessary	than 6 months ago; Medications were given for this diagnosis	1 2023 2023
		Advanced		75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity		; This study is being ordered for Vascular Disease.; There has been treatment or conservative	
		Practice		runoff, with contrast material(s),	Radiology Services	therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery,	
4/1/2023 -		Registered		including noncontrast images, if	Denied Not	Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	performed, and image postprocessing	Medically Necessary	primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1 2023 2023
		Advanced					
. /. /		Practice		77078 Computed tomography, bone	Radiology Services	This is a request for a Bone Density Study.; This patient has not had a bone mineral density	
4/1/2023 -	4/4/2022	Registered	Discount	mineral density study, 1 or more sites,	Denied Not	study within the past 23 months.; This is a bone density study in a patient with clinical risk of	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	axial skeleton (eg, hips, pelvis, spine)	Medically Necessary	osteoporosis or osteopenia. This is a request for a Bone Density Study.; Unknown if this patient had a bone mineral	1 2023 2023
		Advanced				density study within the past 23 months.; This patient does not have a clinical risk of	
		Practice		77078 Computed tomography, bone	Radiology Services	osteoporosis or osteopenia.; The patient has not been on steroid therapy for more than 3	
4/1/2023 -		Registered		mineral density study, 1 or more sites,	Denied Not	months.; This is not a repeat study due to a change in treatment or a change in symptoms of	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	axial skeleton (eg, hips, pelvis, spine)	Medically Necessary	osteoporosis.; The patient is not post-menopausal or estrogen deficient.	1 2023 2023
						Enter answer here #1 shortness of breath: Patient has had progressive escalating shortness	
				78451 Myocardial perfusion imaging,		of breath over the last several months despite working out with a trainer. She states that she	
				tomographic (SPECT) (including		feels like she is has exercised all day long with increased fatigue w; This study is being	
				attenuation correction, qualitative or		ordered for something other than: known trauma or injury, metastatic disease, a	
				quantitative wall motion, ejection		neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular	
		Advanced		fraction by first pass or gated	Padiology Convises	disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is	
4/1/2023 -		Practice Registered		technique, additional quantification, when performed); single study, at rest	Radiology Services Denied Not	NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Nurse	Disapproval	or stress (exercise or pharmacologic)		months ago; Other not listed was done for this diagnosis	1 2023 2023
3/30/2023	., 1, 2023	0,00,2025 Nuise	Sisupprovar	or others (exercise of pharmacologic)	curcuity ivecessary	months ago, other not listed was done for this diagnosis	1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Advanced Practice Registered 6/30/2023 Nurse	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Advanced Practice Registered 6/30/2023 Nurse	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Advanced Practice Registered 6/30/2023 Nurse	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Advanced Practice Registered 6/30/2023 Nurse	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	A biopsy has NOT substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		Advanced Practice Registered 6/30/2023 Nurse	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for Chest pain of suspected cardiac etiology; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		Advanced Practice Registered 6/30/2023 Nurse	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of congenital heart disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Advanced Practice Registered 6/30/2023 Nurse	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Advanced Practice Registered 6/30/2023 Nurse	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Advanced Practice Registered 6/30/2023 Nurse	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease; The health carrier is NOT HealthNet of California	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Advanced Practice Registered 6/30/2023 Nurse	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are NO new symptoms suggesting worsening of heart valve disease; The health carrier is NOT HealthNet of California	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Advanced Practice Registered 6/30/2023 Nurse	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or don't know.; The murmur is NOT described as grade 3/6 or greater; There are NO clinical symptoms supporting a suspicion of structural heart disease; This a request for the initial evaluation; The study is being ordered for Evaluation of a Murmur; The health carrier is NOT HealthNet of California	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Advanced Practice Registered 6/30/2023 Nurse	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or don't know.; This study is being ordered for none of the above or don't know.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Advanced Practice Registered 6/30/2023 Nurse	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or don't know.; This study is being ordered for symptoms of a heart problem	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		Advanced Practice Registered 6/30/2023 Nurse	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Advanced Practice Registered 6/30/2023 Nurse	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023 4/1/2	Advanced Practice Registered 2023 6/30/2023 Nurse	real- (2D), perfo	07 Echocardiography, transthoracic, time with image documentation , includes M-mode recording, when ormed, complete, without spectral olor Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2	Advanced Practice Registered 2023 6/30/2023 Nurse	real- (2D), perfo	07 Echocardiography, transthoracic, time with image documentation , includes M-mode recording, when ormed, complete, without spectral olor Doppler echocardiography	Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2	Advanced Practice Registered 2023 6/30/2023 Nurse	real- (2D), perfo cardi treac phan	50 Echocardiography, transthoracic, time with image documentation , includes M-mode recording, when ormed, during rest and iovascular stress test using dmill, bicycle exercise and/or rmacologically induced stress, with rpretation and report;	Denied Not	This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The patient has None of the above physical limitations	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2	Advanced Practice Registered 2023 6/30/2023 Nurse	real- (2D), perfo cardi treac phan	50 Echocardiography, transthoracic, time with image documentation , includes M-mode recording, when ormed, during rest and liovascular stress test using dmill, bicycle exercise and/or rmacologically induced stress, with rpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has a Body Mass Index (BMI) greater than 40; It is unknown when the last Stress Echocardiogram or Myocardial Perfusion Imaging procedure was performed	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2	Advanced Practice Registered 2023 6/30/2023 Nurse	real- (2D), perfc cardi treac phar Disapproval inter	50 Echocardiography, transthoracic, time with image documentation , includes M-mode recording, when ormed, during rest and iovascular stress test using dmill, bicycle exercise and/or rmacologically induced stress, with rpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has None of the above This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2 4/1/2023 -	Allergy & 2023 6/30/2023 Immunology Allergy &	Approval maxi 9330 real- (2D),	illofacial area; without contrast		Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial	Apr-Jun 1 2023 2023
6/30/2023 4/1/2 4/1/2023 - 6/30/2023 4/1/2	2023 6/30/2023 Immunology Allergy &	Approval or co 7048 maxi	olor Doppler echocardiography 36 Computed tomography, illofacial area; without contrast	Radiology Services Denied Not Medically Necessary	evaluation of a murmur.; The murmur is grade III (3) or greater. This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a	1 2023 2023 Apr-Jun 1 2023 2023

4/1/2023 -	Anesthesiolo	70336 Magnetic resonance (eg, proton)		Apr-Jun
6/30/2023 4/1/2023	6/30/2023 gy Approval	imaging, temporomandibular joint(s)	This is a request for a temporomandibular joint MRI.	1 2023 2023
		70540 Magnetic resonance (eg, proton)		
4/1/2023 -	Anesthesiolo	imaging, orbit, face, and/or neck;	"This is a request for orbit, face, or neck soft tissue MRI.239.8"; The study is ordered for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 gy Approval	without contrast material(s)	trauma or injury of the orbit, face or neck soft tissue	1 2023 2023
			This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
			headache.; This study is being ordered for follow-up.; The patient has NOT completed a	
		70551 Magnetic resonance (eg, proton)	course of chemotherapy or radiation therapy within the past 90 days.; This study is being	
4/1/2023 -	Anesthesiolo	imaging, brain (including brain stem);	ordered for a tumor.; The last Brain MRI was performed within the last 12 months; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 gy Approval	without contrast material	patient has a biopsy proven cancer	1 2023 2023
			The patient does have neurological deficits.; This study is not to be part of a Myelogram.;	
			This is a request for a Cervical Spine CT; This study is being ordered for chronic neck pain or	
4/1/2023 -	Anesthesiolo	72125 Computed tomography, cervical	suspected degenerative disease.; There is a reason why the patient cannot have a Cervical	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 gy Approval	spine; without contrast material	Spine MRI.; The patient is experiencing or presenting symptoms of Asymmetric reflexes.	1 2023 2023
			The patient does not have any neurological deficits.; This study is not to be part of a	
			Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for chronic	
			neck pain or suspected degenerative disease.; There has been a supervised trial of	
4/1/2023 -	Anesthesiolo	72125 Computed tomography, cervical	conservative management for at least 6 weeks.; There is a reason why the patient cannot	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 gy Approval	spine; without contrast material	have a Cervical Spine MRI.	1 2023 2023
4/1/2023 -	Anesthesiolo	72125 Computed tomography, cervical		Apr-Jun
6/30/2023 4/1/2023	6/30/2023 gy Approval	spine; without contrast material	This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	1 2023 2023
			; This study is being ordered for a neurological disorder.; There has been treatment or	
			conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
			Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via	
4/1/2023 -	Anesthesiolo	72128 Computed tomography, thoracic	RadMD.; The primary symptoms began more than 1 year ago; Medications were given for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 gy Approval	spine; without contrast material	this diagnosis	1 2023 2023
			The patient does have neurological deficits.; This is a request for a thoracic spine CT.; The	
			study is being ordered due to chronic back pain or suspected degenerative disease.; There is	
4/1/2023 -	Anesthesiolo	72128 Computed tomography, thoracic	a reason why the patient cannot undergo a thoracic spine MRI.; The patient is experiencing	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 gy Approval	spine; without contrast material	or presenting lower extremity weakness.; Yes this is a request for a Diagnostic CT	1 2023 2023
			This study is being ordered for staging.; This is a request for a thoracic spine CT.; "The	
			patient is being seen by or is the ordering physician an oncologist, neurologist,	
			neurosurgeon, or orthopedist."; The study is being ordered due to known tumor with or	
4/1/2023 -	Anesthesiolo	72128 Computed tomography, thoracic	without metastasis.; There is a reason why the patient cannot undergo a thoracic spine MRI.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 gy Approval	spine; without contrast material	Yes this is a request for a Diagnostic CT	1 2023 2023
			; This study is being ordered for a neurological disorder.; There has been treatment or	
			conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
. /. /2022			Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via	
4/1/2023 -	Anesthesiolo	72131 Computed tomography, lumbar	RadMD.; The primary symptoms began more than 1 year ago; Medications were given for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 gy Approval	spine; without contrast material	this diagnosis	1 2023 2023
. /. /2022			This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have	
4/1/2023 -	Anesthesiolo	72131 Computed tomography, lumbar	new or changing neurologic signs or symptoms.; The patient does have a new foot drop.; Yes	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 gy Approval	spine; without contrast material	this is a request for a Diagnostic CT	1 2023 2023
4/1/2022	A month on in la	72121 Committed to accommission from her	This is a year ast favo humbar arise CT. Magnet Turner with an without an extended to the later.	Amer I
4/1/2023 -	Anesthesiolo	72131 Computed tomography, lumbar	This is a request for a lumbar spine CT.; Known Tumor with or without metastasis; Yes this is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 gy Approval	spine; without contrast material	a request for a Diagnostic CT	3 2023 2023
4/1/2023 -	Anesthesiolo	72121 Computed tomography lumbar	This is a request for a lumbar spine CT . Known Tumor with or without materials. Ver this is	Apr lun
4/1/2023 - 6/30/2023 4/1/2023		72131 Computed tomography, lumbar	This is a request for a lumbar spine CT.; Known Tumor with or without metastasis; Yes this is	Apr-Jun 4 2023 2023
0/30/2023 4/1/2023	6/30/2023 gy Approval	spine; without contrast material	a request for a Diagnostic CT	4 2023 2023

MRI cervical spine is being requested to further evaluate the patient's radicular neck patient has failed, conservative treatment (include activity modifications, physical/hom exercise therapy, over the counter; Tylenol/NSAIDs medication therapy); a; There has a failed, conservative treatment functions, physical/hom exercise therapy, over the counter; Tylenol/NSAIDs medication therapy); a; There has been any treatment or conservative therapy.; This case was created via RadMD.; This is being ordered for Neurological Disorder; The primary symptoms began more than 1 ago 72141 Magnetic resonance (eg, proton) 4/1/2023	re cot tudy year Apr-Jun 1 2023 2023 ering cits on Apr-Jun 1 2023 2023
exercise therapy, over the counter; Tylenol/NSAIDs medication therapy) a; There has not been any treatment or conservative therapy.; This case was created via RadMD.; This s is being ordered for Neurological Disorder; The primary symptoms began more than 1 ago 72141 Magnetic resonance (eg, proton) 4/1/2023 - Anesthesiolo imaging, spinal canal and contents, MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficiency of Approval cervical; without contrast material physical exam; The patient is demonstrating unilateral muscle wasting/weakness 72141 Magnetic resonance (eg, proton) 4/1/2023 - Anesthesiolo imaging, spinal canal and contents, physical exam; The patient is demonstrating unilateral muscle wasting/weakness 72141 Magnetic resonance (eg, proton) 4/1/2023 - Anesthesiolo imaging, spinal canal and contents, suspected infection or abscess 72141 Magnetic resonance (eg, proton) 4/1/2023 - Anesthesiolo imaging, spinal canal and contents, suspected infection or abscess 72141 Magnetic resonance (eg, proton) 4/1/2023 - Anesthesiolo imaging, spinal canal and contents, suspected infection or abscess 72141 Magnetic resonance (eg, proton) 4/1/2023 - Anesthesiolo imaging, spinal canal and contents, suspected infection or abscess 72141 Magnetic resonance (eg, proton) 4/1/2023 - Anesthesiolo imaging, spinal canal and contents, This is a request for cervical spine MRI; The reason for ordering this test is Neurologic imaging, spinal canal and contents, This is a request for cervical spine MRI; The reason for ordering this test is Neurologic imaging, spinal canal and contents, This is a request for cervical spine MRI; The reason for ordering this test is Neurologic imaging, spinal canal and contents, This is a request for cervical spine MRI; The reason for ordering this test is Neurologic imaging.	ot tudy year Apr-Jun 1 2023 2023 ering cits on Apr-Jun 1 2023 2023
72141 Magnetic resonance (eg, proton) 4/1/2023 - Anesthesiolo imaging, spinal canal and contents, is being ordered for Neurological Disorder; The primary symptoms began more than 1 ago 72141 Magnetic resonance (eg, proton) 72141 Magnetic resonance (e	tudy year Apr-Jun 1 2023 2023 ering cits on Apr-Jun 1 2023 2023
4/1/2023 - Anesthesiolo imaging, spinal canal and contents, is being ordered for Neurological Disorder; The primary symptoms began more than 1 ago 72141 Magnetic resonance (eg, proton) 4/1/2023 - Anesthesiolo imaging, spinal canal and contents, MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficiency of Approval cervical; without contrast material physical exam; The patient is demonstrating unilateral muscle wasting/weakness 72141 Magnetic resonance (eg, proton) 4/1/2023 - Anesthesiolo imaging, spinal canal and contents, This is a request for cervical spine MRI; The reason for ordering this test is Known or suspected infection or abscess 72141 Magnetic resonance (eg, proton) 4/1/2023 - Anesthesiolo imaging, spinal canal and contents, This is a request for cervical spine MRI; The reason for ordering this test is Neurological Surgery or Orthopedics; There are neurological deficiency of Approval cervical; without contrast material physical exam; The patient is demonstrating unilateral muscle wasting/weakness 72141 Magnetic resonance (eg, proton) 4/1/2023 - Anesthesiolo imaging, spinal canal and contents, This is a request for cervical spine MRI; The reason for ordering this test is Neurologic imaging, spinal canal and contents, This is a request for cervical spine MRI; The reason for ordering this test is Neurologic	year Apr-Jun 1 2023 2023 ering cits on Apr-Jun 1 2023 2023
6/30/2023 4/1/2023 6/30/2023 gy Approval cervical; without contrast material ago 72141 Magnetic resonance (eg, proton) 4/1/2023 - Anesthesiolo imaging, spinal canal and contents, MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological define following physical exam; The patient is demonstrating unilateral muscle wasting/weakness 72141 Magnetic resonance (eg, proton) 4/1/2023 - Anesthesiolo imaging, spinal canal and contents, This is a request for cervical spine MRI; The reason for ordering this test is Known or suspected infection or abscess 72141 Magnetic resonance (eg, proton) 4/1/2023 - Anesthesiolo imaging, spinal canal and contents, This is a request for cervical spine MRI; The reason for ordering this test is Neurologic for cervical spine MRI; The reason for ordering this test is Neurologic for cervical spine MRI; The reason for ordering this test is Neurologic for cervical spine MRI; The reason for ordering this test is Neurologic for cervical spine MRI; The reason for ordering this test is Neurologic for cervical spine MRI; The reason for ordering this test is Neurologic for cervical spine MRI; The reason for ordering this test is Neurologic for cervical spine MRI; The reason for ordering this test is Neurologic for cervical spine MRI; The reason for ordering this test is Neurologic for cervical spine MRI; The reason for ordering this test is Neurologic for cervical spine MRI; The reason for ordering this test is Neurologic for cervical spine MRI; The reason for ordering this test is Neurologic for cervical spine MRI; The reason for ordering this test is Neurologic for cervical spine MRI; The reason for ordering this test is Neurologic for cervical spine MRI; The reason for ordering this test is Neurologic for cervical spine for cervical spine MRI; The reason for ordering this test is Neurologic for cervical spine for cervi	1 2023 2023 ering cits on Apr-Jun 1 2023 2023
72141 Magnetic resonance (eg, proton) 4/1/2023 - Anesthesiolo imaging, spinal canal and contents, MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficiency physical exam; The patient is demonstrating unilateral muscle wasting/weakness 72141 Magnetic resonance (eg, proton) 4/1/2023 - Anesthesiolo imaging, spinal canal and contents, This is a request for cervical spine MRI; The reason for ordering this test is Known or suspected infection or abscess 72141 Magnetic resonance (eg, proton) 4/1/2023 - Anesthesiolo imaging, spinal canal and contents, This is a request for cervical spine MRI; The reason for ordering this test is Neurologic for the proton of the patient is demonstrating unilateral muscle wasting/weakness 72141 Magnetic resonance (eg, proton) 4/1/2023 - Anesthesiolo imaging, spinal canal and contents, This is a request for cervical spine MRI; The reason for ordering this test is Neurologic	ering cits on Apr-Jun 1 2023 2023
4/1/2023 - Anesthesiolo imaging, spinal canal and contents, MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficit physical exam; The patient is demonstrating unilateral muscle wasting/weakness 72141 Magnetic resonance (eg, proton) 4/1/2023 - Anesthesiolo imaging, spinal canal and contents, This is a request for cervical spine MRI; The reason for ordering this test is Known or suspected infection or abscess 72141 Magnetic resonance (eg, proton) 4/1/2023 - Anesthesiolo imaging, spinal canal and contents, This is a request for cervical spine MRI; The reason for ordering this test is Neurologic 72141 Magnetic resonance (eg, proton) 4/1/2023 - Anesthesiolo imaging, spinal canal and contents, This is a request for cervical spine MRI; The reason for ordering this test is Neurologic	cits on Apr-Jun 1 2023 2023
4/1/2023 - Anesthesiolo imaging, spinal canal and contents, MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficit physical exam; The patient is demonstrating unilateral muscle wasting/weakness 72141 Magnetic resonance (eg, proton) 4/1/2023 - Anesthesiolo imaging, spinal canal and contents, This is a request for cervical spine MRI; The reason for ordering this test is Known or suspected infection or abscess 72141 Magnetic resonance (eg, proton) 4/1/2023 - Anesthesiolo imaging, spinal canal and contents, This is a request for cervical spine MRI; The reason for ordering this test is Neurologic 72141 Magnetic resonance (eg, proton) 4/1/2023 - Anesthesiolo imaging, spinal canal and contents, This is a request for cervical spine MRI; The reason for ordering this test is Neurologic	cits on Apr-Jun 1 2023 2023
6/30/2023 4/1/2023 6/30/2023 gy Approval cervical; without contrast material physical exam; The patient is demonstrating unilateral muscle wasting/weakness 72141 Magnetic resonance (eg, proton) 4/1/2023 - Anesthesiolo imaging, spinal canal and contents, This is a request for cervical spine MRI; The reason for ordering this test is Known or suspected infection or abscess 72141 Magnetic resonance (eg, proton) 4/1/2023 - Anesthesiolo imaging, spinal canal and contents, This is a request for cervical spine MRI; The reason for ordering this test is Neurologic	1 2023 2023
72141 Magnetic resonance (eg, proton) 4/1/2023 - Anesthesiolo imaging, spinal canal and contents, This is a request for cervical spine MRI; The reason for ordering this test is Known or suspected infection or abscess 72141 Magnetic resonance (eg, proton) 4/1/2023 - Anesthesiolo imaging, spinal canal and contents, This is a request for cervical spine MRI; The reason for ordering this test is Neurologic	
4/1/2023 - Anesthesiolo imaging, spinal canal and contents, This is a request for cervical spine MRI; The reason for ordering this test is Known or suspected infection or abscess 72141 Magnetic resonance (eg, proton) 4/1/2023 - Anesthesiolo imaging, spinal canal and contents, This is a request for cervical spine MRI; The reason for ordering this test is Known or suspected infection or abscess 72141 Magnetic resonance (eg, proton) This is a request for cervical spine MRI; The reason for ordering this test is Neurologic	
4/1/2023 - Anesthesiolo imaging, spinal canal and contents, This is a request for cervical spine MRI; The reason for ordering this test is Known or suspected infection or abscess 72141 Magnetic resonance (eg, proton) 4/1/2023 - Anesthesiolo imaging, spinal canal and contents, This is a request for cervical spine MRI; The reason for ordering this test is Known or suspected infection or abscess 72141 Magnetic resonance (eg, proton) This is a request for cervical spine MRI; The reason for ordering this test is Neurologic	
6/30/2023 4/1/2023 6/30/2023 gy Approval cervical; without contrast material suspected infection or abscess 72141 Magnetic resonance (eg, proton) 4/1/2023 - Anesthesiolo imaging, spinal canal and contents, This is a request for cervical spine MRI; The reason for ordering this test is Neurologic	
72141 Magnetic resonance (eg, proton) 4/1/2023 - Anesthesiolo imaging, spinal canal and contents, This is a request for cervical spine MRI; The reason for ordering this test is Neurologic	Apr-Jun
4/1/2023 - Anesthesiolo imaging, spinal canal and contents, This is a request for cervical spine MRI; The reason for ordering this test is Neurologic	1 2023 2023
4/1/2023 - Anesthesiolo imaging, spinal canal and contents, This is a request for cervical spine MRI; The reason for ordering this test is Neurologic	
	Apr-Jun
	1 2023 2023
72141 Magnetic resonance (eg, proton) This is a request for cervical spine MRI; The reason for ordering this test is Trauma or re	ecent
4/1/2023 - Anesthesiolo imaging, spinal canal and contents, injury; The trauma or injury occur within the past 72 hours. It is unknown if the patien	
6/30/2023 4/1/2023 6/30/2023 gy Approval cervical; without contrast material neurological deficit, diagnostic test, abnormal x-ray or radiculopathy.	1 2023 2023
This is a request for cervical spine MRI; This procedure is being requested for Acute / n	
72141 Magnetic resonance (eg, proton) neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the p	
4/1/2023 - Anesthesiolo imaging, spinal canal and contents, completed or failed a trial of physical therapy, chiropractic or physician supervised hon	
6/30/2023 4/1/2023 6/30/2023 gy Approval cervical; without contrast material exercise	4 2023 2023
72141 Magnetic resonance (eg, proton)	
4/1/2023 - Anesthesiolo imaging, spinal canal and contents, This is a request for cervical spine MRI; This procedure is being requested for Chronic /	
6/30/2023 4/1/2023 6/30/2023 gy Approval cervical; without contrast material longstanding neck pain; It is unknown if any of these apply to the patient	1 2023 2023
72141 Magnetic resonance (eg, proton)	
4/1/2023 - Anesthesiolo imaging, spinal canal and contents, This is a request for cervical spine MRI; This procedure is being requested for Chronic /	•
6/30/2023 4/1/2023 6/30/2023 gy Approval cervical; without contrast material longstanding neck pain; The patient does not have any of the above listed items	2 2023 2023
72141 Magnetic resonance (eg, proton) This is a request for cervical spine MRI; This procedure is being requested for Chronic /	
4/1/2023 - Anesthesiolo imaging, spinal canal and contents, longstanding neck pain; The patient had an abnormal xray indicating a complex fractur	e or Apr-Jun
6/30/2023 4/1/2023 6/30/2023 gy Approval cervical; without contrast material other significant abnormality involving the cervical spine; This is NOT a Medicare mem	ber. 1 2023 2023
72141 Magnetic resonance (eg, proton)	
4/1/2023 - Anesthesiolo imaging, spinal canal and contents, This is a request for cervical spine MRI; This procedure is being requested for Chronic /	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 gy Approval cervical; without contrast material longstanding neck pain; The patient has a new onset or changing radiculitis / radiculop	•
This is a request for cervical spine MRI; This procedure is being requested for Chronic /	
72141 Magnetic resonance (eg, proton) longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy of	
4/1/2023 - Anesthesiolo imaging, spinal canal and contents, failed a trial of physical therapy, chiropractic or physician supervised home exercise; Ti	
6/30/2023 4/1/2023 6/30/2023 gy Approval cervical; without contrast material Medicare member.	3 2023 2023
This is a request for cervical spine MRI; This procedure is being requested for Chronic /	
72141 Magnetic resonance (eg, proton) longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy of	
6/30/2023 4/1/2023 6/30/2023 gy Approval cervical; without contrast material NOT a Medicare member.	5 2023 2023
She complains of an exacerbation of neck pain, not currently being managed with activ	•
modification, home; exercise program, over the counter NSAIDs and current treatment	
regimen. Pain often associated with;numbness, and pins and needle sensation. She ; Tl	
).; This
regimen. Pain often associated with;numbness, and pins and needle sensation. She ; Tl	

			72146 Magnetic resonance (eg, proton)	This case was created via BBI.; This study is being ordered for Trauma / Injury; The ordering	
4/1/2023 -		Anesthesiolo	imaging, spinal canal and contents,	MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on	Apr-Ju
5/30/2023	4/1/2023	6/30/2023 gy Appro	val thoracic; without contrast material	physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1 2023 2023
			72146 Magnetic resonance (eg, proton)	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic	
/1/2023 -		Anesthesiolo	imaging, spinal canal and contents,	back pain; The patient does have new or changing neurologic signs or symptoms.; The	Apr-Ju
/30/2023	4/1/2023	6/30/2023 gy Appro		patient does have a new foot drop.	1 2023 2023
,	, ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · · · · · · · · · · · · · · · · · ·	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic	
				back pain; The patient does have new or changing neurologic signs or symptoms.; The	
				patient does not have a new foot drop.; The patient does not have new signs or symptoms of	
				bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is	
				weakness.; THERE IS PAIN WHEN NECK IS FLEXED ANTERIORLY. TENDERNESS AT THE	
			72146 Magnetic resonance (eg, proton)	THORACIC PARASPINAL OVER THE LUMBAR INTERVERTEBRAL SPACES (DISCS) ON	
1/2023 -		Anesthesiolo	imaging, spinal canal and contents,	PALPATION ON BOTH SIDES AT L3-S1 REGION. ANTERIOR FLEXION OF LUMBAR SPINE IS	Apr-Ju
30/2023	4/1/2023	6/30/2023 gy Appro	val thoracic; without contrast material	NOTED TO BE 60 DEGREES. ANTERIOR LUMBAR FLEXI	1 2023 2023
				This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic	
				back pain; The patient does not have new or changing neurologic signs or symptoms.; The	
			721.46 Magnatic recognition (e.g. protect)	patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once	
/1/2023 -		A manthaniala	72146 Magnetic resonance (eg, proton)	for these symptoms.; The physician has directed conservative treatment for the past 6	A 1
/1/2023 -	4/1/2022	Anesthesiolo 6/30/2023 gy Appro	imaging, spinal canal and contents, val thoracic; without contrast material	weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with an Epidural.	Apr-Jui 1 2023 2023
30/2023	4/1/2023	0/30/2023 gy Appro	vai thoracie, without contrast material	MRI cervical spine is being requested to further evaluate the patient's radicular neck pain.	1 2023 2023
				Patient has failed; conservative treatment (include activity modifications, physical/home	
				exercise therapy, over the counter; Tylenol/NSAIDs medication therapy) a; There has not	
			72148 Magnetic resonance (eg, proton)	been any treatment or conservative therapy.; This case was created via RadMD.; This study	
/1/2023 -		Anesthesiolo	imaging, spinal canal and contents,	is being ordered for Neurological Disorder; The primary symptoms began more than 1 year	Apr-Jui
/30/2023	4/1/2023	6/30/2023 gy Appro	val lumbar; without contrast material	ago	1 2023 2023
			72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic	
/1/2023 -		Anesthesiolo	imaging, spinal canal and contents,	back pain.; This study is being requested for Known or suspected tumor with or without	Apr-Ju
	4/1/2023	6/30/2023 gy Appro		metastasis	3 2023 2023
	, ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		
			72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; Something other than listed has been	
/1/2023 -		Anesthesiolo	imaging, spinal canal and contents,	completed for the patient's back pain; The procedure is being ordered for acute or chronic	Apr-Jui
5/30/2023	4/1/2023	6/30/2023 gy Appro	val lumbar; without contrast material	back pain	2 2023 2023
			721.40 Magnetic recovers (eq. proton)	The study assumed is a Lumbay Caine MADL. The matient date NOT have south as shore in	
/1/2023 -		Anesthesiolo	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Follow-up to surgery or fracture within the last 6	Apr-Jui
/1/2023 -	1/1/2023	6/30/2023 gy Appro	<i>c c</i> , ,	months	6 2023 2023
30/2023	4/1/2023	0/30/2023 gy Appro	vai lumbai, without contrast material	monus	0 2023 2023
			72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic	
/1/2023 -		Anesthesiolo	imaging, spinal canal and contents,	back pain.; This study is being requested for Known or suspected tumor with or without	Apr-Ju
, /30/2023	4/1/2023	6/30/2023 gy Appro		metastasis	1 2023 2023
				The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
			72148 Magnetic resonance (eg, proton)	This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is	
/1/2023 -		Anesthesiolo	imaging, spinal canal and contents,	NOT General/Family Practice, Internal Medicine, Unknown, Other, Advanced Practice	Apr-Ju
/30/2023	4/1/2023	6/30/2023 gy Appro	val lumbar; without contrast material	Registered Nurse or Preventative Medicine	17 2023 2023
			704.40 Manus Minus and Community	The study of the Landson Color MADI. The settled by a set of the Landson Color Madilla	
4 12022		Am + -	72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	A
		Anesthesiolo	imaging, spinal canal and contents,	This study is being requested for 6 weeks of completed conservative care in the past 6	Apr-Ju
	4/4/2022		val lumbar; without contrast material	months	19 2023 2023
	4/1/2023	6/30/2023 gy Appro			
1/1/2023 - 5/30/2023	4/1/2023	6/30/2023 gy Appro	72148 Magnetic resonance (eg. proton)	The study requested is a Lumbar Spine MRI : The natient has acute or chronic back pain :	
	4/1/2023	Anesthesiolo	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe	Apr-Jui

		72148 Magnetic resonance (eg, proton)		
4/1/2023 -	Anesthesiolo	imaging, spinal canal and contents,	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 gy Approval	lumbar; without contrast material	This study is being requested for Follow-up to spine injection in the past 6 months	3 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5,757,550,	,		
		72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -	Anesthesiolo	imaging, spinal canal and contents,	This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 gy Approval	lumbar; without contrast material	The patient has Abnormal Reflexes	2 2023 2023
		72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -	Anesthesiolo	imaging, spinal canal and contents,	This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 gy Approval	lumbar; without contrast material	The patient has New symptoms of bowel or bladder dysfunction	2 2023 2023
		72149 Magnetic reconance (eg. proten)		
4/1/2023 -	Anesthesiolo	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 gy Approval	lumbar; without contrast material	This study is being requested for None of the above	3 2023 2023
0/30/2023 4/1/2023	0/30/2023 gy Approvar	idilibal, without contrast material	This study is being requested for None of the above	3 2023 2023
		72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; Medications	
4/1/2023 -	Anesthesiolo	imaging, spinal canal and contents,	have been taken for the patient's back pain; The procedure is being ordered for acute or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 gy Approval	lumbar; without contrast material	chronic back pain	1 2023 2023
		72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; Physical therapy	
4/1/2023 -	Anesthesiolo	imaging, spinal canal and contents,	has been completed for the patient's back pain; The procedure is being ordered for acute or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 gy Approval	lumbar; without contrast material	chronic back pain	2 2023 2023
		7044044 11 / 1		
4/4/2022	Acceptions	72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; A	A I
4/1/2023 -	Anesthesiolo	imaging, spinal canal and contents,	Physician supervised home exercise program has been completed for the patient's back	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 gy Approval	lumbar; without contrast material	pain; The procedure is being ordered for acute or chronic back pain	5 2023 2023
		72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree;	
4/1/2023 -	Anesthesiolo	imaging, spinal canal and contents,	Chiropractic care has been completed for the patient's back pain; The procedure is being	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 gy Approval	lumbar; without contrast material	ordered for acute or chronic back pain	1 2023 2023
		72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree;	
4/1/2023 -	Anesthesiolo	imaging, spinal canal and contents,	Medications have been taken for the patient's back pain; The procedure is being ordered for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 gy Approval	lumbar; without contrast material	acute or chronic back pain	8 2023 2023
		73440 Managatia anno anno 122 anno 123	The study or worked to a Loughou Coine MADL. This case was a study in Declaro.	
4/4/2022	Acceptions	72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree;	A I
4/1/2023 - 6/30/2023 4/1/2023	Anesthesiolo 6/30/2023 gy Approval	imaging, spinal canal and contents, lumbar; without contrast material	Physical therapy has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	Apr-Jun 8 2023 2023
0/30/2023 4/1/2023	6/30/2023 gy Approval	idilibai, without contrast material	ordered for acute or cirrottic back pain	8 2023 2023
		72148 Magnetic resonance (eg, proton)	This case was created via BBI.; This study is being ordered for Trauma / Injury; The ordering	
4/1/2023 -	Anesthesiolo	imaging, spinal canal and contents,	MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 gy Approval	lumbar; without contrast material	physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1 2023 2023
		72196 Magnetic resonance (eg, proton)		
4/1/2023 -	Anesthesiolo	imaging, pelvis; with contrast	; This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 gy Approval	material(s)	joint or bone infection.; The study is being ordered for arthritis.	1 2023 2023
			This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT,	
. /. /2022		72196 Magnetic resonance (eg, proton)	MRI or Ultrasound.; A tumor or mass was noted on previous imaging.; An abnormality was	
4/1/2023 -	Anesthesiolo	imaging, pelvis; with contrast	found in the ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 gy Approval	material(s)	metastatic disease.	1 2023 2023
			; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
			vascular disease.; There has been treatment or conservative therapy.; The ordering MDs	
		73221 Magnetic resonance (eg, proton)	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
4/1/2023 -	Anesthesiolo	imaging, any joint of upper extremity;	Radiation Oncology; This case was created via RadMD.; The primary symptoms began more	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 gy Approval	without contrast material(s)	than 1 year ago; Physical Therapy was completed for this diagnosis	1 2023 2023
.,,	-,, o,pp.o.c.		, , , , , , , , , , , , , ,	

				73221 Magnetic resonance (eg, proton)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	
4/1/2023 -		Anesthes	iolo	imaging, any joint of upper extremity;		described as chronic; The physician has directed conservative treatment for the past 4	Apr-Jui
5/30/2023	4/1/2023	6/30/2023 gy	Approval	without contrast material(s)		weeks.; The patient has completed 4 weeks of physical therapy?; This is a Medicare member.	1 2023 2023
						The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	
				73221 Magnetic resonance (eg, proton)	described as chronic; The physician has directed conservative treatment for the past 4	
4/1/2023 -		Anesthes	iolo	imaging, any joint of upper extremity;		weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare	Apr-Jui
6/30/2023	4/1/2023	6/30/2023 gy	Approval	without contrast material(s)		member.	1 2023 2023
				73706 Computed tomographic			
				angiography, lower extremity, with			
				contrast material(s), including			
4/1/2023 -		Anesthes		noncontrast images, if performed, and			Apr-Jui
6/30/2023	4/1/2023	6/30/2023 gy	Approval	image postprocessing		Yes, this is a request for CT Angiography of the lower extremity.	1 2023 2023
						This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
				74176 Computed tomography,		and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/1/2023 -		Anesthes		abdomen and pelvis; without contrast		this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was	Apr-Jur
6/30/2023	4/1/2023	6/30/2023 gy	Approval	material		NOT performed.; Yes this is a request for a Diagnostic CT	1 2023 2023
						This is a request for an Abdomen and Pelvis CT.; This study is not being requested for	
				74176 Computed tomography,		abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT; There is	
4/1/2023 -		Anesthes		abdomen and pelvis; without contrast		documentation of a known tumor or a known diagnosis of cancer; This is study being	Apr-Jur
6/30/2023	4/1/2023	6/30/2023 gy	Approval	material		ordered for a concern of cancer such as for diagnosis or treatment.	1 2023 2023
						The patient does have neurological deficits.; This study is not to be part of a Myelogram.;	
						This is a request for a Cervical Spine CT; This study is being ordered for chronic neck pain or	
					Radiology Services	suspected degenerative disease.; There is a reason why the patient cannot have a Cervical	
4/1/2023 -		Anesthes		72125 Computed tomography, cervical		Spine MRI.; The patient is experiencing or presenting symptoms of Lower extremity	Apr-Jur
6/30/2023	4/1/2023	6/30/2023 gy	Disapproval	spine; without contrast material	Medically Necessary	weakness.	1 2023 2023
					Radiology Services	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have	
4/1/2023 -		Anesthes	iolo	72131 Computed tomography, lumbar		new or changing neurologic signs or symptoms.; The patient does have a new foot drop.; Yes	Apr-Jur
6/30/2023	1/1/2023	6/30/2023 gy	Disapproval	spine; without contrast material		this is a request for a Diagnostic CT	6 2023 2023
0/30/2023	4/1/2023	0/30/2023 64	ызарргочаг	spine, without contrast material	Wiculculy Weeessary	this is a requestion a biagnosic en	0 2023 2023
						This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have	
						new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.;	
						The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is	
						weakness.; Lower Back Examination: Anterior flexion, Hyperextension, bilateral lateral	
					Radiology Services	flexion/bending and bilateral;lateral rotation cause pain. Palpation of lumbar facet joints	
4/1/2023 -		Anesthes	iolo	72131 Computed tomography, lumbar	Denied Not	failed to reproduced back pain Bilateral straight leg;raise test positive. No palpabl; There is	Apr-Jur
6/30/2023	4/1/2023	6/30/2023 gy	Disapproval	spine; without contrast material	Medically Necessary	not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2023 2023
						This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not	
						have new or changing neurologic signs or symptoms.; The patient has had back pain for over	
					Radiology Services	4 weeks.; The patient has seen the doctor more then once for these symptoms.; The	
4/1/2023 -		Anesthes	iolo	72131 Computed tomography, lumbar	Denied Not	physician has directed conservative treatment for the past 6 weeks.; The patient has	Apr-Jur
6/30/2023	4/1/2023	6/30/2023 gy	Disapproval	spine; without contrast material	Medically Necessary	completed 6 weeks of physical therapy?; Yes this is a request for a Diagnostic CT	1 2023 2023
						This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not	
						have new or changing neurologic signs or symptoms.; The patient has had back pain for over	
						4 weeks.; The patient has seen the doctor more then once for these symptoms.; The	
						physician has directed conservative treatment for the past 6 weeks.; The patient has not	
						completed 6 weeks of physical therapy?; The patient has been treated with medication.; The	
						patient was treated with oral analgesics.; It is not known if the patient has completed 6	
						weeks or more of Chiropractic care.; The physician has directed a home exercise program for	
						at least 6 weeks.; The home treatment did include exercise, prescription medication and	
					Radiology Services	follow-up office visits.; He stated that the current treatment plan help him to perform	
4/1/2023 -		Anesthes	iolo	72131 Computed tomography, lumbar	Denied Not	his;normal daily activities and to maintain quality of life; Yes this is a request for a Diagnostic	Apr-Jur
c /20 /2022	4/1/2023	6/30/2023 gy	Disapproval	spine; without contrast material	Medically Necessary	CT	1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Anesthesiolo 6/30/2023 gy	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Follow-up to Surgery or Fracture within the last 6 months; The patient been not been seen by or is not the ordering physician an oncologist, neurologist, neurologist, neurosurgeon, or orthopedist.; There has been a recurrence of symptoms following surgery.; The surgery was less than 6 months ago.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Anesthesiolo 6/30/2023 gy	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Known Tumor with or without metastasis; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Anesthesiolo 6/30/2023 gy	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Denied Not	This is a request for a lumbar spine CT.; Suspected Tumor with or without Metastasis; It is not known if there is evidence or tumor or metastasis on bone scan or x-ray.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Anesthesiolo 6/30/2023 gy	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Denied Not	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Anesthesiolo 6/30/2023 gy	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Denied Not	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis; This study is being ordered for something other than: known trauma or injury, metastatic	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Anesthesiolo 6/30/2023 gy	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Denied Not	disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago	Apr-Jun 1 2023 2023
4/1/2023 -		Anesthesiolo		72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not	Continuation of pain management treatment. Referred to new provider and needs fresh imaging to further guide treatment. Chronic neck / low back pain with radiculopathy. PE reveals pain with movement, decreased ROM, and parasthesia.; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Home Exercise was done for this	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 gy	Disapproval	cervical; without contrast material 72141 Magnetic resonance (eg, proton)	Medically Necessary Radiology Services	diagnosis His neck pain travels bilaterally into his arms. He describes his pain as aching sharp shooting and stabbing. Is worse with exercise and walking. Pain stops in his forearms however he does have aching hands. ;His low back pain travels predominantly down; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being	1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Anesthesiolo 6/30/2023 gy	Disapproval	imaging, spinal canal and contents, cervical; without contrast material	Denied Not Medically Necessary	ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis MRI to further eval patient's persistent pain and symptoms and to rule out disc herniation.;	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Anesthesiolo 6/30/2023 gy	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Denied Not	There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 -		Anesthesiolo		72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Denied Not	Patient c/o numbness, tingling and weakness in upper and lower extremities. Patient c/o loss of grip in her hands. Has t/f muscle relaxants and other medications. X-Rays do not indicate what the underlying cause of radiculopathy pain could be. Will consid; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6	Apr-Jun
6/30/2023 4/1/2023 - 6/30/2023		6/30/2023 gy Anesthesiolo 6/30/2023 gy	Disapproval	rervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not	months ago; Medications were given for this diagnosis Patient has tried physical therapy and continues at home exercises, has tried medications. Office note will be attached; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1 2023 2023 Apr-Jun 1 2023 2023

4/1/2023 -		Anesthesiolo		72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not	This case was created via BBI.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 gy	Disapproval	cervical; without contrast material	Medically Necessary	physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Anesthesiolo 6/30/2023 gy	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Denied Not	This is a request for cervical spine MRI; The reason for ordering this test is Known or suspected infection or abscess	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Anesthesiolo 6/30/2023 gy	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Denied Not	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Abnormal Reflexes	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Anesthesiolo 6/30/2023 gy	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Denied Not	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Anesthesiolo 6/30/2023 gy	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023 -	4/1/2023	Anesthesiolo 6/30/2023 gy Anesthesiolo	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Denied Not	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member. This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home	Apr-Jun 1 2023 2023 Apr-Jun
6/30/2023 4/1/2023 - 6/30/2023		6/30/2023 gy Anesthesiolo 6/30/2023 gy	Disapproval	cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home	5 2023 2023 Apr-Jun 6 2023 2023
4/1/2023 - 6/30/2023		Anesthesiolo 6/30/2023 gy	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had a diagnostic test (such as EMG/nerve conduction) involving the Cervical Spine	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Anesthesiolo 6/30/2023 gy	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Denied Not	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Anesthesiolo 6/30/2023 gy	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Denied Not	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Anesthesiolo 6/30/2023 gy	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Denied Not	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Anesthesiolo 6/30/2023 gy	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Denied Not	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Anesthesiolo 6/30/2023 gy	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Denied Not	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	Apr-Jun 12 2023 2023

				704.44 Na	De diele en Comite e	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	
4/4/2022		A		72141 Magnetic resonance (eg, proton)		longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or	A 1
4/1/2023 -	4/4/2022	Anesthesiolo		imaging, spinal canal and contents,	Denied Not	failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 gy	Disapproval	cervical; without contrast material	Medically Necessary	NOT a Medicare member.	13 2023 2023
				72146 Magnetic resonance (eg, proton)	Radiology Services	; There has been treatment or conservative therapy.; This case was created via RadMD.; This	
4/1/2023 -		Anesthesiolo	,	imaging, spinal canal and contents,	Denied Not	study is being ordered for Neurological Disorder; The primary symptoms began 6 months to	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 gy	Disapproval	thoracic; without contrast material		1 year; Home Exercise was done for this diagnosis	2 2023 2023
0/30/2023	4/1/2023	0/30/2023 64	ызарргочаг	thoracie, without contrast material	Wicalcally Necessary	; This study is being ordered for a neurological disorder.; There has been treatment or	2 2023 2023
						conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
				72146 Magnetic resonance (eg, proton)	Radiology Services	Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via	
4/1/2023 -		Anesthesiolo)	imaging, spinal canal and contents,	Denied Not	RadMD.; The primary symptoms began less than 6 months ago; Medications were given for	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 gy	Disapproval	thoracic; without contrast material	Medically Necessary		1 2023 2023
-,,		.,			,	; This study is being ordered for something other than: known trauma or injury, metastatic	
						disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
						vascular disease.; There has not been any treatment or conservative therapy.; The ordering	
				72146 Magnetic resonance (eg, proton)	Radiology Services	MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical	
4/1/2023 -		Anesthesiolo)	imaging, spinal canal and contents,	Denied Not	Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 gy	Disapproval	thoracic; without contrast material	Medically Necessary	began more than 1 year ago	1 2023 2023
			• • • • • • • • • • • • • • • • • • • •	·	, ,		
				72146 Magnetic resonance (eg, proton)	Radiology Services	There has not been any treatment or conservative therapy.; This case was created via BBI.;	
4/1/2023 -		Anesthesiolo)	imaging, spinal canal and contents,	Denied Not	This study is being ordered for Multiple Sclerosis; The primary symptoms began less than 6	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 gy	Disapproval	thoracic; without contrast material	Medically Necessary	months ago	1 2023 2023
						This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic	
						back pain; It is not known if the patient does have new or changing neurologic signs or	
				72146 Magnetic resonance (eg, proton)	Radiology Services	symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor	
4/1/2023 -		Anesthesiolo)	imaging, spinal canal and contents,	Denied Not	more then once for these symptoms.; It is not known if the physician has directed	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 gy	Disapproval	thoracic; without contrast material	Medically Necessary	conservative treatment for the past 6 weeks.	1 2023 2023
				72146 Magnetic resonance (eg, proton)	Radiology Services	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic	
4/1/2023 -		Anesthesiolo)	imaging, spinal canal and contents,	Denied Not	back pain; The patient does have new or changing neurologic signs or symptoms.; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 gy	Disapproval	thoracic; without contrast material	Medically Necessary	patient does have a new foot drop.	2 2023 2023
						This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic	
						back pain; The patient does have new or changing neurologic signs or symptoms.; The	
				72146 Magnetic resonance (eg, proton)		patient does not have a new foot drop.; The patient does not have new signs or symptoms of	
4/1/2023 -		Anesthesiolo		imaging, spinal canal and contents,	Denied Not	bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 gy	Disapproval	thoracic; without contrast material	Medically Necessary	no weakness or reflex abnormality.	1 2023 2023
						This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic	
				7044644 /	B !! 6 !	back pain; The patient does have new or changing neurologic signs or symptoms.; The	
4/4/2022		A		72146 Magnetic resonance (eg, proton)		patient does not have a new foot drop.; The patient does not have new signs or symptoms of	A Iv.
4/1/2023 -	4/4/2022	Anesthesiolo		imaging, spinal canal and contents,	Denied Not	bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 gy	Disapproval	thoracic; without contrast material	Medically Necessary	reflex abnormality.;	1 2023 2023
						This is a request for a thoracis spine MDL. This study is being ordered for Acute or Chronic	
						This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic	
				72146 Magnetic resonance (eg, proton)	Radiology Sonvices	back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of	
4/1/2023 -		Anesthesiolo		imaging, spinal canal and contents,	Radiology Services Denied Not	bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 gy	Disapproval	thoracic; without contrast material		weakness.; Chief Complaint: Lower Back Pain, Left Knee Pain;Other Complaints: Chronic Pain	1 2023 2023
0/30/2023	7/1/2023	0/30/2023 gy	Disapproval	moracic, without contrast material	wicultally Necessally	weakness., Chief Complaint. Lower back rain, Left kniee rain, Other Complaints. Cilionic Pain	1 2023 2023
				72148 Magnetic resonance (eg, proton)	Radiology Services	; There has been treatment or conservative therapy.; This case was created via RadMD.; This	
4/1/2023 -		Anesthesiolo)	imaging, spinal canal and contents,	Denied Not	study is being ordered for Neurological Disorder; The primary symptoms began 6 months to	Apr-Jun
	4/1/2023	6/30/2023 gy	Disapproval	lumbar; without contrast material		1 year; Home Exercise was done for this diagnosis	1 2023 2023
-, 55, 2025	., _, _023	-,, by	50 P P 1 0 4 0 1	sar, manage contract material	carcan, recessary	= 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1 = 1	1 2020 2020
				72148 Magnetic resonance (eg, proton)	Radiology Services	; There has been treatment or conservative therapy.; This case was created via RadMD.; This	
4/1/2023 -		Anesthesiolo)	imaging, spinal canal and contents,	Denied Not	study is being ordered for Other; The primary symptoms began 6 months to 1 year; Physical	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 gy	Disapproval	lumbar; without contrast material		Therapy was completed for this diagnosis	1 2023 2023
	. ,	, , ,		,	,	.,	

						; This study is being ordered for a neurological disorder.; There has been treatment or	
				7044044 11 /		conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
. /. /				72148 Magnetic resonance (eg, proton)		Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via	
4/1/2023 -	4 /2022	Anesthesiolo		imaging, spinal canal and contents,	Denied Not	RadMD.; The primary symptoms began less than 6 months ago; Medications were given for	Apr-Jun
6/30/2023 4/1	1/2023	6/30/2023 gy	Disapproval	lumbar; without contrast material	Medically Necessary	•	1 2023 2023
						; This study is being ordered for something other than: known trauma or injury, metastatic	
						disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
				7044044 11 /		vascular disease.; There has not been any treatment or conservative therapy.; The ordering	
4/4/2022				72148 Magnetic resonance (eg, proton)		MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical	
4/1/2023 -		Anesthesiolo		imaging, spinal canal and contents,	Denied Not	Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms	Apr-Jun
6/30/2023 4/1	1/2023	6/30/2023 gy	Disapproval	lumbar; without contrast material	Medically Necessary	began more than 1 year ago	1 2023 2023
						Continuation of pain management treatment. Referred to new provider and needs fresh	
						imaging to further guide treatment. Chronic neck / low back pain with radiculopathy. PE	
						reveals pain with movement, decreased ROM, and parasthesia.; There has been treatment	
. /. /				72148 Magnetic resonance (eg, proton)		or conservative therapy.; This case was created via RadMD.; This study is being ordered for	
4/1/2023 -		Anesthesiolo		imaging, spinal canal and contents,	Denied Not	Other; The primary symptoms began more than 1 year ago; Home Exercise was done for this	Apr-Jun
6/30/2023 4/1	1/2023	6/30/2023 gy	Disapproval	lumbar; without contrast material	Medically Necessary	•	1 2023 2023
						His neck pain travels bilaterally into his arms. He describes his pain as aching sharp shooting	
						and stabbing. Is worse with exercise and walking. Pain stops in his forearms however he	
						does have aching hands. ;His low back pain travels predominantly down ; There has been	
				72148 Magnetic resonance (eg, proton)	0,	treatment or conservative therapy.; This case was created via RadMD.; This study is being	
4/1/2023 -		Anesthesiolo		imaging, spinal canal and contents,	Denied Not	ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy	Apr-Jun
6/30/2023 4/1	1/2023	6/30/2023 gy	Disapproval	lumbar; without contrast material	Medically Necessary	was completed for this diagnosis	1 2023 2023
						MRI to further eval patient's persistent pain and symptoms and to rule out disc herniation.;	
						There has been treatment or conservative therapy.; This case was created via RadMD.; This	
				72148 Magnetic resonance (eg, proton)		study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs	
4/1/2023 -		Anesthesiolo		imaging, spinal canal and contents,	Denied Not	specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began 6	Apr-Jun
6/30/2023 4/1	1/2023	6/30/2023 gy	Disapproval	lumbar; without contrast material	Medically Necessary	months to 1 year; Medications were given for this diagnosis	1 2023 2023
						Patient c/o numbness, tingling and weakness in upper and lower extremities. Patient c/o loss	
						of grip in her hands. Has t/f muscle relaxants and other medications. X-Rays do not indicate	
						what the underlying cause of radiculopathy pain could be. Will consid; This study is being	
						ordered for something other than: known trauma or injury, metastatic disease, a	
						neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular	
						disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is	
				72148 Magnetic resonance (eg, proton)	Radiology Services	NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -		Anesthesiolo)	imaging, spinal canal and contents,	Denied Not	Oncology; This case was created via RadMD.; The primary symptoms began less than 6	Apr-Jun
6/30/2023 4/1	1/2023	6/30/2023 gy	Disapproval	lumbar; without contrast material	Medically Necessary	months ago; Medications were given for this diagnosis	1 2023 2023
						Patient has tried physical therapy and continues at home exercises, has tried medications.	
				72148 Magnetic resonance (eg, proton)		Office note will be attached; There has been treatment or conservative therapy.; This case	
4/1/2023 -		Anesthesiolo)	imaging, spinal canal and contents,	Denied Not	was created via RadMD.; This study is being ordered for Other; The primary symptoms	Apr-Jun
6/30/2023 4/1	1/2023	6/30/2023 gy	Disapproval	lumbar; without contrast material	Medically Necessary	began more than 1 year ago; Physical Therapy was completed for this diagnosis	1 2023 2023
						She complains of an exacerbation of neck pain, not currently being managed with activity	
						modification, home; exercise program, over the counter NSAIDs and current treatment	
						regimen. Pain often associated with;numbness, and pins and needle sensation. She ; There	
				72148 Magnetic resonance (eg, proton)	Radiology Services	has not been any treatment or conservative therapy.; This case was created via RadMD.; This	
4/1/2023 -		Anesthesiolo)	imaging, spinal canal and contents,	Denied Not	study is being ordered for Neurological Disorder; The primary symptoms began more than 1	Apr-Jun
6/30/2023 4/1	1/2023	6/30/2023 gy	Disapproval	lumbar; without contrast material	Medically Necessary	year ago	1 2023 2023
				72148 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -		Anesthesiolo)	imaging, spinal canal and contents,	Denied Not	The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic	Apr-Jun
6/30/2023 4/1	1/2023	6/30/2023 gy	Disapproval	lumbar; without contrast material	Medically Necessary	back pain.; This study is being requested for None of the above	1 2023 2023
						The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
				72148 Magnetic resonance (eg, proton)	Radiology Services	This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is	
4/1/2023 -		Anesthesiolo)	imaging, spinal canal and contents,	Denied Not	NOT General/Family Practice, Internal Medicine, Unknown, Other, Advanced Practice	Apr-Jun
6/30/2023 4/1	1/2023	6/30/2023 gy	Disapproval	lumbar; without contrast material	Medically Necessary	Registered Nurse or Preventative Medicine	1 2023 2023

			721	148 Magnetic resonance (eg, proton)	Radiology Services	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -		Anesthesiolo		aging, spinal canal and contents,	Denied Not	This study is being requested for 6 weeks of completed conservative care in the past 6	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 gy Disa	pproval lum	nbar; without contrast material	Medically Necessary	months	32 2023 2023
			721	148 Magnetic resonance (eg, proton)	Radiology Services	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -		Anesthesiolo		aging, spinal canal and contents,	Denied Not	This study is being requested for 6 weeks of completed conservative care in the past 6	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 gy Disa	pproval lum	nbar; without contrast material	Medically Necessary	months	35 2023 2023
4/1/2023 -		Anesthesiolo		148 Magnetic resonance (eg, proton)	Radiology Services Denied Not	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal nerve study (EMG) involving the lumbar	Apr-Jun
6/30/2023	4/1/2023			aging, spinal canal and contents, nbar; without contrast material		spine; This is NOT a Medicare member.	2 2023 2023
0/30/2023	4/1/2023	0/30/2023 gy Disa	pprovar ian	mour, without contrast material	Wiculcully Weeessury	spine, mis is not a measure member.	2 2023 2023
			721	148 Magnetic resonance (eg, proton)	Radiology Services	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -		Anesthesiolo		aging, spinal canal and contents,	Denied Not	This study is being requested for an Abnormal x-ray indicating a complex fracture or severe	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 gy Disa	pproval lum	nbar; without contrast material	Medically Necessary	anatomic derangement of the lumbar spine; This is NOT a Medicare member.	1 2023 2023
			721	148 Magnetic resonance (eg, proton)	Radiology Services	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -		Anesthesiolo		aging, spinal canal and contents,	Denied Not	This study is being requested for an Abnormal x-ray indicating a complex fracture or severe	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 gy Disa	pproval lum	nbar; without contrast material	Medically Necessary	anatomic derangement of the lumbar spine; This is NOT a Medicare member.	3 2023 2023
4/4/2022				148 Magnetic resonance (eg, proton)	Radiology Services	The state of the s	
4/1/2023 - 6/30/2023	4/1/2022	Anesthesiolo 6/30/2023 gy Disa		aging, spinal canal and contents,	Denied Not	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow up to spine injection in the past 6 months.	Apr-Jun 4 2023 2023
0/30/2023	4/1/2023	0/30/2023 gy Disa	pproval lum	nbar; without contrast material	Medically Necessary	This study is being requested for Follow-up to spine injection in the past 6 months	4 2023 2023
			721	148 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -		Anesthesiolo	ima	aging, spinal canal and contents,	Denied Not	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 gy Disa	pproval lum	nbar; without contrast material	Medically Necessary	This study is being requested for Neurological deficit(s); The patient has None of the above	1 2023 2023
			721	149 Magnetic reconance (eg. proten)	Padialogy Consisos	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -		Anesthesiolo		148 Magnetic resonance (eg, proton) aging, spinal canal and contents,	Radiology Services Denied Not	This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr-Jun
6/30/2023	4/1/2023			nbar; without contrast material	Medically Necessary		1 2023 2023
		<u> </u>		•			
				148 Magnetic resonance (eg, proton)	Radiology Services	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -	4/4/2022	Anesthesiolo		aging, spinal canal and contents,	Denied Not	This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 gy Disa	pproval lum	nbar; without contrast material	Medically Necessary	The patient has Dermatomal sensory changes on physical examination	1 2023 2023
			721	148 Magnetic resonance (eg, proton)	Radiology Services	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -		Anesthesiolo	ima	aging, spinal canal and contents,	Denied Not	This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 gy Disa	pproval lum	nbar; without contrast material	Medically Necessary	The patient has Focal extremity weakness	2 2023 2023
			724	140.14	Badialan Candara	The study assessment of the Lambur Color MADL. The section has a section of the section	
4/1/2023 -		Anesthesiolo		148 Magnetic resonance (eg, proton) aging, spinal canal and contents,	Radiology Services Denied Not	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr-Jun
6/30/2023	4/1/2023			nbar; without contrast material		The patient has New symptoms of bowel or bladder dysfunction	1 2023 2023
-,,	, -,	.,,	rp see. Idea	. ,	, , , , , , , , , , , , , , , , , , , ,		
			721	148 Magnetic resonance (eg, proton)	Radiology Services	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -		Anesthesiolo		aging, spinal canal and contents,	Denied Not	This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 gy Disa	pproval lum	nbar; without contrast material	Medically Necessary	The patient has Physical exam findings consistent with myelopathy	1 2023 2023
			721	148 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -		Anesthesiolo		aging, spinal canal and contents,	Denied Not	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	Apr-Jun
6/30/2023	4/1/2023			nbar; without contrast material		This study is being requested for None of the above	8 2023 2023
. /. /				148 Magnetic resonance (eg, proton)	Radiology Services	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; A Physician	
4/1/2023 -	4/1/2022	Anesthesiolo		aging, spinal canal and contents,	Denied Not	supervised home exercise program has been completed for the patient's back pain; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 gy Disa	pproval lum	nbar; without contrast material	iviedically Necessary	procedure is being ordered for acute or chronic back pain	1 2023 2023

4/1/2023 -		Anesthesiolo		72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not	There has not been any treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Multiple Sclerosis; The primary symptoms began less than 6	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 gy	Disapproval	lumbar; without contrast material	Medically Necessary		1 2023 2023
4/4/2022		A		72148 Magnetic resonance (eg, proton)		This case was created via BBI.; This study is being ordered for Trauma / Injury; The ordering	A man Island
4/1/2023 - 6/30/2023	4/1/2022	Anesthesiolo 6/30/2023 gy	Disapproval	imaging, spinal canal and contents, lumbar; without contrast material	Denied Not	MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	Apr-Jun 1 2023 2023
6/30/2023	4/1/2023	6/30/2023 gy	Disapprovai	lumbar; without contrast material	iviedically necessary	; This study is being ordered for something other than: known trauma or injury, metastatic	1 2023 2023
						disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
						vascular disease.; There has been treatment or conservative therapy.; The ordering MDs	
				73221 Magnetic resonance (eg, proton)	0,	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
4/1/2023 -	. /. /2022	Anesthesiolo		imaging, any joint of upper extremity;	Denied Not	Radiation Oncology; This case was created via RadMD.; The primary symptoms began more	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 gy	Disapproval	without contrast material(s)	Medically Necessary	than 1 year ago; Physical Therapy was completed for this diagnosis The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	1 2023 2023
				73221 Magnetic resonance (eg, proton)	Radiology Services	described as chronic; The physician has directed conservative treatment for the past 4	
4/1/2023 -		Anesthesiolo		imaging, any joint of upper extremity;	Denied Not	weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 gy	Disapproval	without contrast material(s)	Medically Necessary	member.	1 2023 2023
						The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	
						described as chronic; The physician has directed conservative treatment for the past 4	
				73221 Magnetic resonance (eg, proton)	Radiology Services	weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic	
4/1/2023 -		Anesthesiolo		imaging, any joint of upper extremity;	Denied Not	care.; The physician has not directed a home exercise program for at least 4 weeks.; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 gy	Disapproval	without contrast material(s)		patient received oral analgesics.	1 2023 2023
		•		· ·			
				73221 Magnetic resonance (eg, proton)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a	
4/1/2023 -	4/4/2022	Anesthesiolo		imaging, any joint of upper extremity;	Denied Not	recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 gy	Disapproval	without contrast material(s)	Medically Necessary	Surgery or arthrscopy is not scheduled in the next 4 weeks.	1 2023 2023
				73720 Magnetic resonance (eg, proton)		continued bilateral knee pain, severe, after knee surgery. swelling in knees/warm to touch.;	
				imaging, lower extremity other than		This study is being ordered for trauma or injury.; There has been treatment or conservative	
				joint; without contrast material(s),	Radiology Services	therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery,	
4/1/2023 -		Anesthesiolo		followed by contrast material(s) and	Denied Not	Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 gy	Disapproval	further sequences 73720 Magnetic resonance (eg, proton)	Medically Necessary	primary symptoms began more than 1 year ago; Medications were given for this diagnosis	2 2023 2023
				imaging, lower extremity other than			
				joint; without contrast material(s),	Radiology Services		
4/1/2023 -		Anesthesiolo		followed by contrast material(s) and	Denied Not	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 gy	Disapproval	further sequences	Medically Necessary	physician supervised home exercise in the past 3 months	2 2023 2023
				73720 Magnetic resonance (eg, proton)			
				imaging, lower extremity other than	Padiology Soniess	This is a request for an Ankla MDI . The study is requested for ankla pain . There is a	
4/1/2023 -		Anesthesiolo		joint; without contrast material(s), followed by contrast material(s) and	Radiology Services Denied Not	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; It is not know if surgery or arthrscopy is scheduled	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 gy	Disapproval	further sequences		in the next 4 weeks.	1 2023 2023
				·		This study is being ordered for something other than: known trauma or injury, metastatic	
						disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
				72720 Marrardia na		vascular disease.; There has been treatment or conservative therapy.; The ordering MDs	
				73720 Magnetic resonance (eg, proton) imaging, lower extremity other than		specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
				joint; without contrast material(s),	Radiology Services	Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.;	
4/1/2023 -		Anesthesiolo		followed by contrast material(s) and	Denied Not	The primary symptoms began more than 1 year ago; Medications were given for this	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 gy	Disapproval	further sequences	Medically Necessary		2 2023 2023
						; This study is being ordered for Inflammatory/ Infectious Disease.; There has been	
				72724 Maranakia na	Dedictor C	treatment or conservative therapy.; The ordering MDs specialty is NOT	
4/1/2023 -		Anesthesiolo		73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity;	Radiology Services Denied Not	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 gy	Disapproval	without contrast material		year; Medications were given for this diagnosis	2 2023 2023
		. ,	- P. P		,,	,	

						; This study is being ordered for Inflammatory/ Infectious Disease.; There has been	
						treatment or conservative therapy.; The ordering MDs specialty is NOT	
				73721 Magnetic resonance (eg, proton)	Radiology Services	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -		Anesthesic	olo	imaging, any joint of lower extremity;	Denied Not	Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1	Apr-Jun
6/30/2023 4	/1/2023	6/30/2023 gy	Disapproval	without contrast material	Medically Necessary	year; Physical Therapy was completed for this diagnosis	2 2023 2023
				73721 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -		Anesthesic	olo	imaging, any joint of lower extremity;	Denied Not	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The	Apr-Jun
6/30/2023 4	/1/2023	6/30/2023 gy	Disapproval	without contrast material	Medically Necessary	member has failed a 4 week course of conservative management in the past 3 months.	1 2023 2023
				70498 Computed tomographic			
				angiography, neck, with contrast			
				material(s), including noncontrast		This case was created via BBI.; The procedure is planned in 6 months or less; This procedure	
4/1/2023 -		Cardiac		images, if performed, and image		is being requested for pre-procedural evaluation; The ordering provider's specialty is NOT	Apr-Jun
6/30/2023 4	/1/2023	6/30/2023 Surgery	Approval	postprocessing		Vascular Surgery, Neurological Surgery or Surgery	1 2023 2023
				70498 Computed tomographic			
				angiography, neck, with contrast			
				material(s), including noncontrast		This case was created via RadMD.; Agree; This procedure is being requested for evaluation	
4/1/2023 -		Cardiac		images, if performed, and image		for vascular disease; Asymptomatic with abnormal ultrasound showing severe stenosis (70%	Apr-Jun
6/30/2023 4	/1/2023	6/30/2023 Surgery	Approval	postprocessing		or more) best describes the clinical indication for requesting this procedure	1 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, -,	-,,		70498 Computed tomographic			
				angiography, neck, with contrast			
				material(s), including noncontrast			
4/1/2023 -		Cardiac		images, if performed, and image			Apr-Jun
6/30/2023 4	/1 /2022		Approval			This procedure is being requested for comothing other than listed	1 2023 2023
6/30/2023 4	/1/2023	6/30/2023 Surgery	Approval	postprocessing 70547 Magnetic resonance		This procedure is being requested for something other than listed	1 2023 2023
4/1/2022		Cardiac		•		This is a very cost for a Neel NAD Augic growth The motions had an ulture and (dampler) of the	A I
4/1/2023 -	/4 /2022		A	angiography, neck; without contrast		This is a request for a Neck MR Angiography.; The patient had an ultrasound (doppler) of the	Apr-Jun
6/30/2023 4	/1/2023	6/30/2023 Surgery	Approval	material(s)		neck or carotid arteries.; The ultrasound showed stenosis (narrowing) of the artery.	1 2023 2023
4/1/2023 -	4 10000	Cardiac		71250 Computed tomography, thorax;		A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is	Apr-Jun
6/30/2023 4	/1/2023	6/30/2023 Surgery	Approval	without contrast material		being ordered for suspected pulmonary Embolus.	1 2023 2023
. /. /						A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is	
4/1/2023 -		Cardiac		71250 Computed tomography, thorax;		being ordered for work-up for suspicious mass.; There is NO radiographic evidence of lung,	Apr-Jun
6/30/2023 4	/1/2023	6/30/2023 Surgery	Approval	without contrast material		mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	1 2023 2023
4/1/2023 -		Cardiac		71250 Computed tomography, thorax;		Abnormal imaging test describes the reason for this request.; This is a request for a Chest	Apr-Jun
6/30/2023 4	/1/2023	6/30/2023 Surgery	Approval	without contrast material		CT.; Yes this is a request for a Diagnostic CT	1 2023 2023
4/1/2023 -		Cardiac		71250 Computed tomography, thorax;		Post-operative evaluation describes the reason for this request.; This is a request for a Chest	Apr-Jun
6/30/2023 4	/1/2023	6/30/2023 Surgery	Approval	without contrast material		CT.; Yes this is a request for a Diagnostic CT	1 2023 2023
						Surgery is scheduled within the next 30 days.; A Chest/Thorax CT is being ordered.; The	
						patient is having an operation on the chest or lungs.; This study is being ordered for a pre-	
4/1/2023 -		Cardiac		71250 Computed tomography, thorax;		operative evaluation.; Yes this is a request for a Diagnostic CT; The study is being ordered	Apr-Jun
6/30/2023 4	/1/2023	6/30/2023 Surgery	Approval	without contrast material		for none of the above.	1 2023 2023
				71275 Computed tomographic			
				angiography, chest (noncoronary), with		; This study is not requested to evaluate suspected pulmonary embolus.; This study will not	
				contrast material(s), including		be performed in conjunction with a Chest CT.; This study is being ordered for Suspected	
4/1/2023 -		Cardiac		noncontrast images, if performed, and		Vascular Disease.; There are new signs or symptoms indicative of a dissecting aortic	Apr-Jun
6/30/2023 4	/1/2023	6/30/2023 Surgery	Approval	image postprocessing		aneurysm.; Yes, this is a request for a Chest CT Angiography.	1 2023 2023
				71275 Computed tomographic			
				angiography, chest (noncoronary), with			
				contrast material(s), including		6 month recheck of known aortic aneurysm; This study is not requested to evaluate	
4/1/2023 -		Cardiac		noncontrast images, if performed, and		suspected pulmonary embolus.; This study will be performed in conjunction with a Chest	Apr-Jun
6/30/2023 4	/1/2023	6/30/2023 Surgery	Approval	image postprocessing		CT.; Yes, this is a request for a Chest CT Angiography.	1 2023 2023
, ,	. ,	, ,	P.P. 3.44.	3-11		, , , , , , , , , , , , , , , , , , , ,	

4/1/2023 - 6/30/2023 4/1/2023	Cardiac 6/30/2023 Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Cpt code 71275 and 74174 ordered as a pre-op evaluation.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Cardiac 6/30/2023 Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Patient had motor vehicle accident and at ER a scan discovered a traumatic aortic injury with a small mediastinal hematoma. They further found partial tear at the descending thoracic aorta just distal to the left subclavian with small hematoma. patient un; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Cardiac 6/30/2023 Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is being ordered for Other not listed; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA, Chest CTA and Pelvis CTA ordered in combination	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Cardiac 6/30/2023 Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is being ordered for Vascular Disease; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA, Chest CTA and Pelvis CTA ordered in combination	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Cardiac 6/30/2023 Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Cardiac 6/30/2023 Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Cardiac 6/30/2023 Surgery	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	To monitor thoracic aortic aneurysm, last measuring 4.3 CM on 07/21/22.; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; This is a pre-operative evaluation.; It is not known whether surgery is scheduled/ planned.; Yes, this is a request for a Chest CT Angiography.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Cardiac 6/30/2023 Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This is a request for CT Angiography of the Abdomen and Pelvis.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Cardiac 6/30/2023 Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is being ordered for Other not listed; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA, Chest CTA and Pelvis CTA ordered in combination	Apr-Jun 2 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Cardiac 6/30/2023 Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is being ordered for Vascular Disease; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an Abdomen CTA, Chest CTA and Pelvis CTA ordered in combination	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Cardiac 6/30/2023 Surgery	Approval	75557 Cardiac magnetic resonance imaging for morphology and function without contrast material;	This case was created via BBI.; This Heart MRI is being requested for pre or post procedural evaluation; Something other than listed was or is being performed; The ordering provider's specialty is Cardiac Surgery	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Cardiac 6/30/2023 Surgery	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	This is a request for CTA Coronary Arteries.; The patient has not had other testing done.; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Cardiac 6/30/2023 Surgery	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		Cardiac 6/30/2023 Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This case was created via RadMD.; Agree; The ordering provider's specialty is NOT Vascular Surgery or Surgery; This procedure is being requested for pre-procedural evaluation; Atherosclerosis is known or suspected; The procedure is planned in 6 months or less	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Cardiac 6/30/2023 Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the stomach or legs; The patient had a Doppler Ultrasound; The study was abnormal	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Cardiac 6/30/2023 Surgery	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	Apr-Jun 6 2023 2023

4/1/2023 - 6/30/2023 4/1/202	Cardiac 3 6/30/2023 Surgery	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; The health carrier is NOT CareSource	Apr-Jun 2 2023 2023
4/1/2023 -	Cardiac		78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other	Apr-Jun
6/30/2023 4/1/202		Approval	localization imaging; whole body	solid tumor.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2023 2023
4/1/2023 - 6/30/2023 4/1/202	Cardiac	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiac Surgery; This study is being ordered for Chest pain of suspected cardiac etiology; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/202	Cardiac 3 6/30/2023 Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiac Surgery; This study is being ordered for Chest pain of suspected cardiac etiology; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram; The health carrier is NOT HealthNet of California	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/202	Cardiac 3 6/30/2023 Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiac Surgery; This study is being ordered for evaluation related to chemotherapy (initial evaluation or follow-up).	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023 4/1/202	Cardiac 3 6/30/2023 Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/202	Cardiac 3 6/30/2023 Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	Apr-Jun 9 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Cardiac 6/30/2023 Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Cardiac 6/30/2023 Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Cardiac 6/30/2023 Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	Apr-Jun 8 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Cardiac 6/30/2023 Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Cardiac 6/30/2023 Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of a recent myocardial infarction (heart attack).	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Cardiac 6/30/2023 Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023		Cardiac 6/30/2023 Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023		Cardiac 6/30/2023 Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Atrial fibrillation and/or atrial flutter best describes the reason for ordering this study.	Apr-Jun 2 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	Cardiac 6/30/2023 Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; New onset murmur best describes the reason for ordering this study.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Cardiac 6/30/2023 Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; Congestive heart failure best describes the reason for ordering this study	Apr-Jun 8 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Cardiac 6/30/2023 Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; A previous TTE (Transthoracic Echocardiogram) has not been completed	Apr-Jun 6 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Cardiac 6/30/2023 Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; The last TTE (Transthoracic Echocardiogram) was more than 3 months ago	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Cardiac 6/30/2023 Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; Unknown or other than listed above best describes the reason for ordering this study	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Cardiac 6/30/2023 Surgery	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M- mode recording); including probe placement, image acquisition, interpretation and report	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of atrial fibrillation or flutter to determine the presence or absence of left atrial thrombus or evaluate for radiofrequency ablation procedure.; The patient is 18 years of age or older.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Cardiac 6/30/2023 Surgery	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M- mode recording); including probe placement, image acquisition, interpretation and report	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for pre-operative evaluation of mitral valve regurgitation; The patient is 18 years of age or older.	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Cardiac 6/30/2023 Surgery	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; This case was created via RadMD.; Agree; The ordering MDs specialty is Cardiac Surgery; The patient is On continuous oxygen therapy	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Cardiac 6/30/2023 Surgery	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; This case was created via RadMD.; Agree; The ordering MDs specialty is Cardiology; The patient is On continuous oxygen therapy	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Cardiac 6/30/2023 Surgery	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Cardiac 6/30/2023 Surgery	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Cardiac 6/30/2023 Surgery	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is requested for evaluation of the heart prior to non cardiac surgery.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Cardiac 6/30/2023 Surgery	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Enter answer here - persistent angina with both typical and atypical features despite recent normal regular treadmill-Worsening chest pain of longer duration. premature cardiovascular disease with sudden cardiac death of his father at age 44 or Type In Un; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Cardiac 6/30/2023 Surgery	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Enter answer here He returns today as a work in appointment with complaints of ongoing intermittent chest pressure. This tends to come on suddenly and is happened at rest as well as when he is up walking around or Type In Unknown If No Info Given.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Cardiac 6/30/2023 Surgery	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Enter answer here Persistent chest pain with strong family history of coronary artery disease- or Type In Unknown If No Info Given.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		Cardiac 6/30/2023 Surgery	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not	The patient did NOT have a prior CABG.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; It is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block; The patient has NOT had a prior stent; The patient does NOT have documented ejection fraction on prior TTE (Transthoracic Echocardiogram) of less than 40%	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		Cardiac 6/30/2023 Surgery	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Don't know or Other than listed above best describes the reason for ordering this study	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Cardiac 6/30/2023 Surgery	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Cardiac 6/30/2023 Surgery	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Denied Not	Enter answer here - persistent angina with both typical and atypical features despite recent normal regular treadmill-Worsening chest pain of longer duration. premature cardiovascular disease with sudden cardiac death of his father at age 44 or Type In Un; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	Apr-Jun 1 2023 2023
0,00,2020	., 1, 2020	0/00/2020 00.86.7	э ізаррі ота	or color poppier conocaralography	medically recessary	Enter answer here He returns today as a work in appointment with complaints of ongoing	1 2020 2020
4/1/2023 - 6/30/2023	4/1/2023	Cardiac 6/30/2023 Surgery	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Denied Not	intermittent chest pressure. This tends to come on suddenly and is happened at rest as well as when he is up walking around or Type In Unknown If No Info Given.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	Apr-Jun 1 2023 2023
0,00,2020	., 1, 2020	0/00/2020 00.86.7	э ізаррі отаі	cr color poppier conocaralography	medically recessary	Enter answer here Persistent chest pain with strong family history of coronary artery disease-	1 2023 2023
4/1/2023 -		Cardiac		93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral		or Type In Unknown If No Info Given.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less	Apr-Ju n
6/30/2023	4/1/2023	6/30/2023 Surgery	Disapproval	or color Doppler echocardiography	Medically Necessary		1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Cardiac 6/30/2023 Surgery	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or don't know.; This study is being ordered for symptoms of a heart problem	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Cardiac 6/30/2023 Surgery	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patient's cardiac symptoms.; It has been at least 24 months since the last echocardiogram was performed.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Cardiac 6/30/2023 Surgery	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Denied Not	This is a request for a Transthoracic Echocardiogram.; Unknown or other than listed above best describes the reason for ordering this study	Apr-Jun 1 2023 2023
4/1/2023 -				70450 Computed tomography, head or		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	brain; without contrast material		on anticoagulation or blood thinner treatments	1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; This is a Medicare member.; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test. This is a request for a brain/head CT.; This is a Medicare member.; Known or suspected TIA	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	70450 Computed tomography, head or brain; without contrast material		(stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.	Apr-Jun 1 2023 2023

				70496 Computed tomographic		
				angiography, head, with contrast	; This study is being ordered for Vascular Disease.; There has been treatment or conservative	
				material(s), including noncontrast	therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery,	
4/1/2023 -	. /. /	- / /		images, if performed, and image	Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	postprocessing	primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1 2023 2023
					1. Questionable history of stroke/TIA. As above she is a very poor, vague, and tangential	
					historian. It is unclear if her symptoms are truly TIAs or part of a syndrome from migraine	
				70496 Computed tomographic	headaches or other neurological disorder. We will get an MRI of the b; This study is being	
				angiography, head, with contrast	ordered for Vascular Disease.; There has been treatment or conservative therapy.; The	
				material(s), including noncontrast	ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,	
4/1/2023 -				images, if performed, and image	Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	postprocessing	symptoms began less than 6 months ago; Medications were given for this diagnosis	1 2023 2023
					68 year old female with carotid stenosis. Previously high grade left sided carotid stenosis.	
					Carotid has not been managed for some time now and she is having a lot of dizziness.; This	
					study is being ordered for something other than: known trauma or injury, metastatic	
				70496 Computed tomographic	disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
				angiography, head, with contrast	vascular disease.; There has not been any treatment or conservative therapy.; There are 2	
				material(s), including noncontrast	exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist,	
4/1/2023 -				images, if performed, and image	Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	postprocessing	via RadMD.; The primary symptoms began less than 6 months ago	1 2023 2023
				70496 Computed tomographic	ABNORMAL EKG, ATHEROSCLEROTIC HEART DISEASE,; This study is being ordered for	
				angiography, head, with contrast	Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs	
				material(s), including noncontrast	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
4/1/2023 -				images, if performed, and image	Radiation Oncology; This case was created via RadMD.; The primary symptoms began less	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	postprocessing	than 6 months ago; Medications were given for this diagnosis	1 2023 2023
				70496 Computed tomographic	Bilateral carotid artery stenosis; This study is being ordered for Vascular Disease.; There has	
				angiography, head, with contrast	been treatment or conservative therapy.; The ordering MDs specialty is NOT	
				material(s), including noncontrast	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -				images, if performed, and image	Oncology; This case was created via RadMD.; The primary symptoms began less than 6	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	postprocessing	months ago; Medications were given for this diagnosis	1 2023 2023
					Left ventricular diastolic dysfunction;Left carotid bruit;Hypertensive heart disease with	
					chronic diastolic congestive heart failure; Essential hypertension; Peripheral vascular	
				70496 Computed tomographic	disease; Nonrheumatic mitral valve regurgitation; Nonrheumatic tricuspid va; This study is	
				angiography, head, with contrast	being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The	
				material(s), including noncontrast	ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,	
4/1/2023 -				images, if performed, and image	Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	postprocessing	symptoms began less than 6 months ago; Home Exercise was done for this diagnosis	1 2023 2023
					Neck pain; Chest pain, unspecified type; Bilateral carotid artery disease, unspecified	
					type;Coronary artery disease of native artery of native heart with stable angina	
				70496 Computed tomographic	pectoris;Shortness of breath;Bilateral carotid artery stenosis; This study is being ordered for	
				angiography, head, with contrast	Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs	
				material(s), including noncontrast	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
4/1/2023 -				images, if performed, and image	Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	postprocessing	months to 1 year; Medications were given for this diagnosis	1 2023 2023
		, ,		70496 Computed tomographic	, ,	
				angiography, head, with contrast		
				material(s), including noncontrast	This case was created via RadMD.; Agree; The procedure is planned in 6 months or less; This	
4/1/2023 -				images, if performed, and image	procedure is being requested for pre-procedural evaluation; The ordering provider's	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	postprocessing	specialty is NOT Neurological Surgery	2 2023 2023
2, 22, 2023	, _, _0_0	,, ca. a.o.ogy		70496 Computed tomographic	,,	
				angiography, head, with contrast		
				material(s), including noncontrast		
4/1/2023 -				images, if performed, and image	This procedure is being requested for evaluation for vascular disease; Other best describes	Apr-Jun
6/30/2023	4/1/2022	6/30/2023 Cardiology	Annroval	postprocessing	the clinical indication for requesting this procedure	1 2023 2023
0/ 30/ 2023	7/1/2023	0/30/2023 Caluididgy	Approvai	postprocessing	are connect material for requesting this procedure	1 2023 2023

	70498 Computed tomographic		
	angiography, neck, with contrast	; This study is being ordered for Vascular Disease.; There has been treatment or conservative	
	material(s), including noncontrast	therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery,	
4/1/2023 -	images, if performed, and image	Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Cardiology Appl	roval postprocessing	primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1 2023 2023
		1. Questionable history of stroke/TIA. As above she is a very poor, vague, and tangential	
		historian. It is unclear if her symptoms are truly TIAs or part of a syndrome from migraine	
	70498 Computed tomographic	headaches or other neurological disorder. We will get an MRI of the b; This study is being	
	angiography, neck, with contrast	ordered for Vascular Disease.; There has been treatment or conservative therapy.; The	
	material(s), including noncontrast	ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,	
4/4/2022			A I
4/1/2023 -	images, if performed, and image	Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Cardiology Appr	roval postprocessing	symptoms began less than 6 months ago; Medications were given for this diagnosis	1 2023 2023
		68 year old female with carotid stenosis. Previously high grade left sided carotid stenosis.	
		Carotid has not been managed for some time now and she is having a lot of dizziness.; This	
		study is being ordered for something other than: known trauma or injury, metastatic	
	70498 Computed tomographic	disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
	angiography, neck, with contrast	vascular disease.; There has not been any treatment or conservative therapy.; There are 2	
	material(s), including noncontrast	exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist,	
4/1/2023 -	images, if performed, and image	Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Cardiology Appl		via RadMD.; The primary symptoms began less than 6 months ago	1 2023 2023
5,55,2555 1,2,2555 5,55,255 53. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3	70498 Computed tomographic	ABNORMAL EKG, ATHEROSCLEROTIC HEART DISEASE,; This study is being ordered for	
	angiography, neck, with contrast	Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs	
	material(s), including noncontrast	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
4/1/2023 -		Radiation Oncology; This case was created via RadMD.; The primary symptoms began less	Apr lup
	images, if performed, and image	, , , , ,	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Cardiology Appr		than 6 months ago; Medications were given for this diagnosis	1 2023 2023
	70498 Computed tomographic	Bilateral carotid artery stenosis; This study is being ordered for Vascular Disease.; There has	
	angiography, neck, with contrast	been treatment or conservative therapy.; The ordering MDs specialty is NOT	
	material(s), including noncontrast	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -	images, if performed, and image	Oncology; This case was created via RadMD.; The primary symptoms began less than 6	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Cardiology Appr	roval postprocessing	months ago; Medications were given for this diagnosis	1 2023 2023
	70498 Computed tomographic		
	angiography, neck, with contrast		
	material(s), including noncontrast	It is uknown when the procedure is planned; This procedure is being requested for pre-	
4/1/2023 -	images, if performed, and image	procedural evaluation; The ordering provider's specialty is NOT Vascular Surgery,	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Cardiology Appl		Neurological Surgery or Surgery	1 2023 2023
, , , , , , , , , , , , , , , , , , , ,	, , , ,	Left ventricular diastolic dysfunction; Left carotid bruit; Hypertensive heart disease with	
		chronic diastolic congestive heart failure; Essential hypertension; Peripheral vascular	
	70498 Computed tomographic	disease;Nonrheumatic mitral valve regurgitation;Nonrheumatic tricuspid va; This study is	
	angiography, neck, with contrast	being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The	
	material(s), including noncontrast	ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,	
4/1/2023 -			A 1
• •	images, if performed, and image	Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Cardiology Appr	roval postprocessing	symptoms began less than 6 months ago; Home Exercise was done for this diagnosis	1 2023 2023
		Neck pain;Chest pain, unspecified type;Bilateral carotid artery disease, unspecified	
		type;Coronary artery disease of native artery of native heart with stable angina	
	70498 Computed tomographic	pectoris;Shortness of breath;Bilateral carotid artery stenosis; This study is being ordered for	
	angiography, neck, with contrast	Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs	
	material(s), including noncontrast	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
4/1/2023 -	images, if performed, and image	Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Cardiology Appr	roval postprocessing	months to 1 year; Medications were given for this diagnosis	1 2023 2023
	70498 Computed tomographic		
	angiography, neck, with contrast		
	material(s), including noncontrast	This case was created via RadMD.; Agree; The procedure is planned in 6 months or less; This	
4/1/2023 -	images, if performed, and image	procedure is being requested for pre-procedural evaluation; The ordering provider's	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Cardiology Appl		specialty is NOT Vascular Surgery, Neurological Surgery or Surgery	6 2023 2023
0,00,2020 4,1,2020 0,00,2020 cardiology Appl	ova. postprocessing	specially is the reasonal surgery, recursion surgery or surgery	0 2023 2023

		70400 C		
		70498 Computed tomographic		
		angiography, neck, with contrast		
. /. /		material(s), including noncontrast	This case was created via RadMD.; Agree; This procedure is being requested for evaluation	
4/1/2023 -		images, if performed, and image	for vascular disease; Asymptomatic with abnormal ultrasound showing severe stenosis (70%	Apr-Jun
6/30/2023 4/1/2023 6/30	/2023 Cardiology Approval	postprocessing	or more) best describes the clinical indication for requesting this procedure	6 2023 2023
		70498 Computed tomographic		
		angiography, neck, with contrast		
		material(s), including noncontrast	This case was created via RadMD.; Agree; This procedure is being requested for evaluation	
4/1/2023 -		images, if performed, and image	for vascular disease; Other best describes the clinical indication for requesting this	Apr-Jun
6/30/2023 4/1/2023 6/30	/2023 Cardiology Approval	postprocessing	procedure	1 2023 2023
		70498 Computed tomographic		
		angiography, neck, with contrast		
		material(s), including noncontrast	This case was created via RadMD.; Agree; This procedure is being requested for evaluation	
4/1/2023 -		images, if performed, and image	for vascular disease; Symptomatic with abnormal ultrasound showing moderate stenosis	Apr-Jun
6/30/2023 4/1/2023 6/30	/2023 Cardiology Approval	postprocessing	(50% or more) best describes the clinical indication for requesting this procedure	1 2023 2023
		70498 Computed tomographic		
		angiography, neck, with contrast		
		material(s), including noncontrast		
4/1/2023 -		images, if performed, and image		Apr-Jun
6/30/2023 4/1/2023 6/30	/2023 Cardiology Approval	postprocessing	This procedure is being requested for something other than listed	1 2023 2023
, , , , , , , , , , , , , , , , , , , ,	J, FF		CAD, Bradycardia; There is not an immediate family history of aneurysm.; The patient does	
		70544 Magnetic resonance	not have a known aneurysm.; The patient has not had a recent MRI or CT for these	
4/1/2023 -		angiography, head; without contrast	symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request	Apr-Jun
1 ' '	/2023 Cardiology Approval	material(s)	for a Brain MRA.	1 2023 2023
0,00,2020 1,2,2020 0,00	, zeze carareregy , ipprova.	ace.rai(s)	This is a request for a Neck MR Angiography.; It is unknown if the patient had an onset of	1 2023 2023
			neurologic symptoms within the last two weeks.; The patient has NOT been diagnosed with	
			Coarctation of the aorta, Marfan's syndrome, Neurofibromatosis, or Moya-moya disease.;	
		70547 Magnetic resonance	The patient had an ultrasound (doppler) of the neck or carotid arteries.; It is unknown if the	
4/1/2023 -		angiography, neck; without contrast	the ultrasound showed dissection, stenosis or a glomus tumor.; The patient does not have	Apr-Jun
	/2023 Cardiology Approval	material(s)	carotid (neck) artery surgery.	1 2023 2023
0/30/2023 4/1/2023 0/30	72023 Cardiology Approval	material(s)	carotia (neck) artery surgery.	1 2023 2023
		70551 Magnetic resonance (eg, proton)		
4/1/2023 -		imaging, brain (including brain stem);	This request is for a Brain MRI; Known or suspected TIA (stroke) best describes the reason	Apr-Jun
1 ' '	/2023 Cardiology Approval	without contrast material	that I have requested this test.; There are documented localizing neurologic findings.	1 2023 2023
0/30/2023 4/1/2023 0/30	72023 Cardiology Approval	Without Contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	1 2023 2023
		70551 Magnetic resonance (eg, proton)	headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.;	
4/1/2023 -		imaging, brain (including brain stem);	This is a new/initial evaluation; The patient has NOT had a memory assessment for cognitive	Apr-Jun
	/2022 Cardialage Agaraga		· · · · · · · · · · · · · · · · · · ·	1 2023 2023
6/30/2023 4/1/2023 6/30	/2023 Cardiology Approval	without contrast material	impairment completed	1 2023 2023
4/4/2022		713F0 Committed to magnerably thereon	; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days.";	A 1
4/1/2023 -	/2022 Condinton Annual	71250 Computed tomography, thorax;	A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious	Apr-Jun
6/30/2023 4/1/2023 6/30	/2023 Cardiology Approval	without contrast material	mass.; Yes this is a request for a Diagnostic CT	1 2023 2023
			'None of the above' describes the reason for this request.; Abnormal finding on physical	
			examination was relevant in the diagnosis or suspicion of inflammatory lung disease; This	
. /. /			study is being requested for known or suspected inflammatory disease such as sarcoidosis,	
4/1/2023 -		71250 Computed tomography, thorax;	pneumoconiosis, asbestosis, silicosis; This is a request for a Chest CT.; This study is being	Apr-Jun
6/30/2023 4/1/2023 6/30	/2023 Cardiology Approval	without contrast material	requested for none of the above.; Yes this is a request for a Diagnostic CT	1 2023 2023
			'None of the above' describes the reason for this request.; This study is being requested for a	
4/1/2023 -		71250 Computed tomography, thorax;	congenital abnormality; This is a request for a Chest CT.; This study is being requested for	Apr-Jun
	/2023 Cardiology Approval	without contrast material	none of the above.; Yes this is a request for a Diagnostic CT	1 2023 2023
4/1/2023 -		71250 Computed tomography, thorax;	A Chest/Thorax CT is being ordered.; This study is being ordered for non of the above.; Yes	Apr-Jun
	/2023 Cardiology Approval	without contrast material	this is a request for a Diagnostic CT; The study is being ordered for none of the above.	4 2023 2023
4/1/2023 -		71250 Computed tomography, thorax;	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is	Apr-Jun
6/30/2023 4/1/2023 6/30	/2023 Cardiology Approval	without contrast material	being ordered for known tumor.	1 2023 2023
4/1/2023 -		71250 Computed tomography, thorax;	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is	Apr-Jun
6/30/2023 4/1/2023 6/30	/2023 Cardiology Approval	without contrast material	being ordered for suspected pulmonary Embolus.	8 2023 2023

4/1/2023 -		71250 Computed tomography, thorax;	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Cardiology Approval	without contrast material	for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1 2023 2023
4/1/2023 -		71250 Computed tomography, thorax;	Abnormal imaging test describes the reason for this request.; This is a request for a Chest	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Cardiology Approval	without contrast material	CT.; Yes this is a request for a Diagnostic CT	2 2023 2023
			Chest pain describes the reason for this request.; An abnormal finding on physical	
			examination led to the suspicion of infection.; This is a request for a Chest CT.; This study is	
4/1/2023 -		71250 Computed tomography, thorax;	being requested for known or suspected infection (pneumonia, abscess, empyema).; Yes this	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Cardiology Approval	without contrast material	is a request for a Diagnostic CT	1 2023 2023
			It is not known if there is radiologic evidence of mediastinal widening.; A Chest/Thorax CT is	
4/1/2023 -		71250 Computed tomography, thorax;	being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Cardiology Approval	without contrast material	vascular disease other than cardiac.	1 2023 2023
4/1/2023 -		71250 Computed tomography, thorax;	Pre-operative evaluation describes the reason for this request.; This is a request for a Chest	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Cardiology Approval	without contrast material	CT.; Yes this is a request for a Diagnostic CT	2 2023 2023
			Surgery is scheduled within the next 30 days.; A Chest/Thorax CT is being ordered.; The	
			patient is having an operation on the chest or lungs.; This study is being ordered for a pre-	
4/1/2023 -		71250 Computed tomography, thorax;	operative evaluation.; Yes this is a request for a Diagnostic CT; The study is being ordered	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Cardiology Approval	without contrast material	for none of the above.	3 2023 2023
4/1/2023 -		71250 Computed tomography, thorax;	This is a request for a Thorax (Chest) CT.; Pre-operative evaluation describes the reason for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Cardiology Approval	without contrast material	this request.; Yes this is a request for a Diagnostic CT	1 2023 2023
			This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low	
			Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient	
			is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The	
			patient has a 20 pack per year history of smoking.; The patient is NOT presenting with	
		71271 Computed tomography, thorax,	pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive	
4/1/2023 -		low dose for lung cancer screening,	of lung cancer.; The patient has not quit smoking.; The health carrier is NOT Virginia Premier	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Cardiology Approval	without contrast material(s)	Health Plan	3 2023 2023
		7127F Committed to many while	This should is not you could be a calculate a consequent of the group of the late. This should could not	
		71275 Computed tomographic	; This study is not requested to evaluate suspected pulmonary embolus.; This study will not	
		angiography, chest (noncoronary), with	be performed in conjunction with a Chest CT.; This study is being ordered for Known	
4/4/2022		contrast material(s), including	Vascular Disease.; It is not known if this is a pre-operative evaluation, post operative	Ame I.m
4/1/2023 -	6/20/2022 Cardialana Aranasal	noncontrast images, if performed, and	evaluation or follow up to a previous angiogram or MR angiogram.; Yes, this is a request for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Cardiology Approval	image postprocessing	a Chest CT Angiography.	1 2023 2023
		71275 Computed tomographic		
			Agric angulator. This study is not requested to avaluate suspected pulmonary embelus.	
		angiography, chest (noncoronary), with contrast material(s), including	Aortic aneurysm; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered	
4/1/2023 -			· · · · · · · · · · · · · · · · · · ·	Ang lun
	6/20/2022 Cardiology Approval	noncontrast images, if performed, and	for another reason besides Known or Suspected Congenital Abnormality, Known or	Apr-Jun 1 2023 2023
6/30/2023 4/1/2023	6/30/2023 Cardiology Approval	image postprocessing	suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	1 2023 2023
		71275 Computed tomographic		
		angiography, chest (noncoronary), with		
			Diastalis heart failure. This study is not requested to evaluate suspected nulmonary	
4/4/2022		contrast material(s), including	Diastolic heart failure; This study is not requested to evaluate suspected pulmonary	Ame Ive
4/1/2023 -	6/20/2022 Cardialana Aranasal	noncontrast images, if performed, and	embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Cardiology Approval	image postprocessing	for a Chest CT Angiography.	1 2023 2023
			Judith M Larson is a 82 y.o. female who presented to the emergency room with complaint of	
			· · · · · · · · · · · · · · · · · · ·	
		7127F Committed to manuschie	chest pressure, shortness of breath, hypertension and bilateral leg swelling x 1 week.	
		71275 Computed tomographic	Patient reported increased blood pressure since yesterday and reports the pai; This study is	
		angiography, chest (noncoronary), with	not requested to evaluate suspected pulmonary embolus.; This study will not be performed	
. /. /2022		contrast material(s), including	in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; It is	
4/1/2023 -	6/20/2020 6 ***	noncontrast images, if performed, and	not known if this is a pre-operative evaluation, post operative evaluation or follow up to a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Cardiology Approval	image postprocessing	previous angiogram or MR angiogram.; Yes, this is a request for a Chest CT Angiography.	1 2023 2023

					PRE-OP EVAL FOR AORTIC VALVE REPLACEMENT SURGERY, TAVR; This study is being ordered	
					for something other than: known trauma or injury, metastatic disease, a neurological	
				71275 Computed tomographic	disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There	
				angiography, chest (noncoronary), with	has been treatment or conservative therapy.; The ordering MDs specialty is NOT	
				contrast material(s), including	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -				noncontrast images, if performed, and	Oncology; This case was created via RadMD.; The primary symptoms began less than 6	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	image postprocessing	months ago; Medications were given for this diagnosis	1 2023 2023
0,00,2020	., 1, 2020	0,00,2020 00.0.0.08	7.66.010.	mage postprocessing	Previous CT shows aortic root ectasia - 3,5 cm. No aneurysm; Pulmonary nodules noted 3-4	1 2023 2023
					mm.; This study is not requested to evaluate suspected pulmonary embolus.; This study will	
				71275 Computed tomographic	not be performed in conjunction with a Chest CT.; This study is being ordered for Known	
				angiography, chest (noncoronary), with	Vascular Disease.; This is a Follow-up to a previous angiogram or MR angiogram.; There are	
. /. /				contrast material(s), including	no new signs or symptoms indicative of a dissecting aortic aneurysm.; There are no signs or	
4/1/2023 -				noncontrast images, if performed, and	symptoms indicative of a progressive vascular stenosis.; Yes, this is a request for a Chest CT	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	image postprocessing	Angiography.	1 2023 2023
				71275 Computed tomographic	TAVR; This study is being ordered for Vascular Disease.; There has not been any treatment or	
				angiography, chest (noncoronary), with	conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is	
				contrast material(s), including	NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -				noncontrast images, if performed, and	Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	image postprocessing	year	1 2023 2023
					The ordering MDs specialty is Cardiology; The patient is NOT scheduled for a TAVR	
				71275 Computed tomographic	(Transcatheter Aortic Valve Replacement) procedure within the next 6 weeks or it is	
				angiography, chest (noncoronary), with	unknown; The member has a known Thoracic and or Abdominal Aortic Aneurism	
				contrast material(s), including	documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This	
4/1/2023 -				noncontrast images, if performed, and	imaging request is for preoperative planning for Aortic Aneurysm repair surgery; This is a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	image postprocessing	request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	1 2023 2023
				71275 Computed tomographic		
				angiography, chest (noncoronary), with	The ordering MDs specialty is Cardiology; The patient is scheduled for a TAVR (Transcatheter	
				contrast material(s), including	Aortic Valve Replacement) procedure within the next 6 weeks; This is a request for an	
4/1/2023 -				noncontrast images, if performed, and	Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination; The patient has NOT had	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	image postprocessing	an Abdomen CTA, Chest CTA and or Pelvis CTA in the last 6 months	3 2023 2023
					This is a request for an Abdomen CTA and Chest CTA ordered in combination; The ordering	
				71275 Computed tomographic	MDs specialty is Cardiology; The patient is NOT scheduled for a TAVR (Transcatheter Aortic	
				angiography, chest (noncoronary), with	Valve Replacement) procedure within the next 6 weeks or it is unknown; The member has a	
				contrast material(s), including	known Thoracic and or Abdominal Aortic Aneurism documented by other imaging such as CT	
4/1/2023 -				noncontrast images, if performed, and	scan, MRI, or Transthoracic Echocardiography; This imaging request is for preoperative	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	image postprocessing	planning for Aortic Aneurysm repair surgery	2 2023 2023
				71275 Computed tomographic		
				angiography, chest (noncoronary), with	This is a request for an Abdomen CTA and Chest CTAordered in combination; The ordering	
				contrast material(s), including	MDs specialty is Cardiology; The patient is scheduled for a TAVR (Transcatheter Aortic Valve	
4/1/2023 -				noncontrast images, if performed, and	Replacement) procedure within the next 6 weeks; The patient has NOT had an Abdomen CTA	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	image postprocessing	and or Chest CTA in the last 6 months	1 2023 2023
					This study is being ordered for Vascular Disease; The ordering MDs specialty is Cardiology;	
					The patient is NOT scheduled for a TAVR (Transcatheter Aortic Valve Replacement)	
				71275 Computed tomographic	procedure within the next 6 weeks or it is unknown; The member has a known Thoracic and	
				angiography, chest (noncoronary), with	or Abdominal Aortic Aneurism documented by other imaging such as CT scan, MRI, or	
				contrast material(s), including	Transthoracic Echocardiography; This imaging request is NOT for preoperative planning for	
4/1/2023 -				noncontrast images, if performed, and	Aortic Aneurysm repair surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Cardiology	Annroval	image postprocessing	CTA ordered in combination	2 2023 2023
3/30/2023	.7 17 2023	5/30/2023 Cardiology	Арргочаг	age postprocessing	This study is not requested to evaluate suspected pulmonary embolus.; It is not known if this	L 2023 2023
				71275 Computed tomographic	study will be performed in conjunction with a Chest CT.; This study is being ordered for	
					, , ,	
				angiography, chest (noncoronary), with	Known Vascular Disease.; This is a Follow-up to a previous angiogram or MR angiogram.; It is	
4/4/2022				contrast material(s), including	not known whether there are new signs or symptoms indicative of a dissecting aortic	
4/1/2023 -	. /. /	c /20 /2025 - " '		noncontrast images, if performed, and	aneurysm.; There are signs or symptoms indicative of a progressive vascular stenosis.; Yes,	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	image postprocessing	this is a request for a Chest CT Angiography.	1 2023 2023

				71275 Computed tomographic		
				angiography, chest (noncoronary), with		
				contrast material(s), including	This study is not requested to evaluate suspected pulmonary embolus.; This study will not	
4/1/2023 -				noncontrast images, if performed, and	be performed in conjunction with a Chest CT.; This study is being ordered for Known or	Apr-Jun
6/30/2023 4/	/1/2023	6/30/2023 Cardiology	Approval	image postprocessing	Suspected Congenital Abnormality.; Yes, this is a request for a Chest CT Angiography.	2 2023 2023
				71275 Computed tomographic		
				angiography, chest (noncoronary), with		
. /. /				contrast material(s), including		
4/1/2023 -	/1 /2022	C/20/2022 Candialam.	A	noncontrast images, if performed, and	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for	Apr-Jun
6/30/2023 4/	/1/2023	6/30/2023 Cardiology	Approvai	image postprocessing	a Chest CT Angiography. ; This study is being ordered for Congenital Anomaly.; There has been treatment or	21 2023 2023
				71555 Magnetic resonance	conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
				angiography, chest (excluding	Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via	
4/1/2023 -				myocardium), with or without contrast	RadMD.; The primary symptoms began more than 1 year ago; Medications were given for	Apr-Jun
6/30/2023 4/	/1/2023	6/30/2023 Cardiology	Approval	material(s)	this diagnosis	1 2023 2023
, , ,		, ,	1.1.	71555 Magnetic resonance	congenital heart disease known. to assess left ventricular volume & company function, hemi	
				angiography, chest (excluding	fontan & amp; fontan connections, differential pulmonary blood flow branch pilmonary	
4/1/2023 -				myocardium), with or without contrast	arteries & amp; quantify mitral & amp; aortic valve regurgitation if any; This is a request for	Apr-Jun
6/30/2023 4/	/1/2023	6/30/2023 Cardiology	Approval	material(s)	an MR Angiogram of the chest or thorax	1 2023 2023
					DX: D-transposition of the great arteries. ;S/P Arterial Switch Operation;Mild main	
					pulmonary artery narrowing with a peak gradient of 25 mmHg;Von Willebrand disease; This	
				71555 Magnetic resonance	study is being ordered for Congenital Anomaly.; There has been treatment or conservative	
4/1/2023 -				angiography, chest (excluding	therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery,	Ame I
4/1/2023 - 6/30/2023 4/	/1 /2022	6/20/2022 Cardiology	Annroyal	myocardium), with or without contrast	Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The	Apr-Jun 1 2023 2023
0/30/2023 4/	/1/2023	6/30/2023 Cardiology	Арргочаг	material(s)	primary symptoms began more than 1 year ago; Medications were given for this diagnosis This study is being ordered for Congenital Anomaly.; There has been treatment or	1 2023 2023
				71555 Magnetic resonance	conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
				angiography, chest (excluding	Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.;	
4/1/2023 -				myocardium), with or without contrast	The primary symptoms began more than 1 year ago; Medications were given for this	Apr-Jun
6/30/2023 4/	/1/2023	6/30/2023 Cardiology	Approval	material(s)	diagnosis	1 2023 2023
					The patient does have neurological deficits.; This study is not to be part of a Myelogram.;	
					This is a request for a Cervical Spine CT; This study is being ordered for chronic neck pain or	
					suspected degenerative disease.; There is a reason why the patient cannot have a Cervical	
4/1/2023 -				72125 Computed tomography, cervical	Spine MRI.; The patient is experiencing or presenting symptoms of Radiculopathy	Apr-Jun
6/30/2023 4/	/1/2023	6/30/2023 Cardiology	Approval	spine; without contrast material	documented on EMG or nerve conduction study.	1 2023 2023
					The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic	
4/1/2022				72148 Magnetic resonance (eg, proton)	back pain.; This study is being requested for Pre-operative evaluation; The ordering MDs	A
4/1/2023 -	/1 /2022	C/20/2022 Candialam.	A	imaging, spinal canal and contents,	specialty is NOT General/Family Practice, Internal Medicine, Unknown, Other, Advanced	Apr-Jun
6/30/2023 4/	/1/2023	6/30/2023 Cardiology	Approvai	lumbar; without contrast material	Practice Registered Nurse or Preventative Medicine	1 2023 2023
				73206 Computed tomographic		
				angiography, upper extremity, with		
				contrast material(s), including		
4/1/2023 -				noncontrast images, if performed, and		Apr-Jun
6/30/2023 4/	/1/2023	6/30/2023 Cardiology	Approval	image postprocessing	Yes, this is a request for CT Angiography of the upper extremity.	1 2023 2023
,				73720 Magnetic resonance (eg, proton)		
				imaging, lower extremity other than		
				joint; without contrast material(s),		
4/1/2023 -				followed by contrast material(s) and		Apr-Jun
6/30/2023 4/	/1/2023	6/30/2023 Cardiology	Approval	further sequences	This is a request for a foot MRI.; The study is being oordered for infection.	1 2023 2023

				72720 Magnetic recommendation meeting		
				73720 Magnetic resonance (eg, proton) imaging, lower extremity other than		
				joint; without contrast material(s),		
4/1/2023 -				followed by contrast material(s) and	This is a request for a Knee MRI.; Blood or abnormal fluid in the knee joint was noted as an	Apr-Jun
6/30/2023 4/1	1/2023	6/30/2023 Cardiology	Approval	further sequences	indication for knee imaging	1 2023 2023
0,00,000	_,	2,20,200	pp. e	73720 Magnetic resonance (eg, proton)		
				imaging, lower extremity other than	This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a	
				joint; without contrast material(s),	fracture which does not show healing (non-union fracture).; This is a pre-operative study for	
4/1/2023 -				followed by contrast material(s) and	planned surgery.; Non Joint is being requested.; A Total Hip or Knee Arthroplasty is NOT	Apr-Jun
6/30/2023 4/1	1/2023	6/30/2023 Cardiology	Approval	further sequences	being planned nor has one already been performed.	1 2023 2023
					PRE-OP EVAL FOR AORTIC VALVE REPLACEMENT SURGERY, TAVR; This study is being ordered	
					for something other than: known trauma or injury, metastatic disease, a neurological	
				74174 Computed tomographic	disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There	
				angiography, abdomen and pelvis, with	has been treatment or conservative therapy.; The ordering MDs specialty is NOT	
				contrast material(s), including	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -				noncontrast images, if performed, and	Oncology; This case was created via RadMD.; The primary symptoms began less than 6	Apr-Jun
6/30/2023 4/1,	1/2023	6/30/2023 Cardiology	Approval	image postprocessing	months ago; Medications were given for this diagnosis	1 2023 2023
				74174 Computed tomographic	TAVR; This study is being ordered for Vascular Disease.; There has not been any treatment or	
				angiography, abdomen and pelvis, with	conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is	
. /. /2022				contrast material(s), including	NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -	. /2222	c/20/2022 C 1: 1		noncontrast images, if performed, and	Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1	Apr-Jun
6/30/2023 4/1,	1/2023	6/30/2023 Cardiology	Approval	image postprocessing	year	1 2023 2023
				74174 Computed tomographic		
				angiography, abdomen and pelvis, with	The ordering MDs specialty is Cardiology; The patient is scheduled for a TAVR (Transcatheter	
				contrast material(s), including	Aortic Valve Replacement) procedure within the next 6 weeks; This is a request for an	
4/1/2023 -				noncontrast images, if performed, and	Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination; The patient has NOT had	Apr-Jun
6/30/2023 4/1	1/2023	6/30/2023 Cardiology	Approval	image postprocessing	an Abdomen CTA, Chest CTA and or Pelvis CTA in the last 6 months	3 2023 2023
	,	, ,	•••			
				74174 Computed tomographic		
				angiography, abdomen and pelvis, with		
				contrast material(s), including		
4/1/2023 -				noncontrast images, if performed, and		Apr-Jun
6/30/2023 4/1,	1/2023	6/30/2023 Cardiology	Approval	image postprocessing	This is a request for CT Angiography of the Abdomen and Pelvis.	10 2023 2023
					This study is being ordered for Vascular Disease; The ordering MDs specialty is Cardiology;	
					The patient is NOT scheduled for a TAVR (Transcatheter Aortic Valve Replacement)	
				74174 Computed tomographic	procedure within the next 6 weeks or it is unknown; The member has a known Thoracic and	
				angiography, abdomen and pelvis, with	or Abdominal Aortic Aneurism documented by other imaging such as CT scan, MRI, or	
4/4/2022				contrast material(s), including	Transthoracic Echocardiography; This imaging request is NOT for preoperative planning for	A 1
4/1/2023 -	1/2022	6/20/2022 Cardiolas	Approval	noncontrast images, if performed, and	Aortic Aneurysm repair surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	Apr-Jun 2 2023 2023
6/30/2023 4/1,	1/2023	6/30/2023 Cardiology	Approvai	image postprocessing	This is a request for an Abdomen CTA and Chest CTAordered in combination; The ordering	2 2023 2023
				74175 Computed tomographic	MDs specialty is Cardiology; The patient is NOT scheduled for a TAVR (Transcatheter Aortic	
				angiography, abdomen, with contrast	Valve Replacement) procedure within the next 6 weeks or it is unknown; The member has a	
				material(s), including noncontrast	known Thoracic and or Abdominal Aortic Aneurism documented by other imaging such as CT	
4/1/2023 -				images, if performed, and image	scan, MRI, or Transthoracic Echocardiography; This imaging request is for preoperative	Apr-Jun
6/30/2023 4/1	1/2023	6/30/2023 Cardiology	Approval	postprocessing	planning for Aortic Aneurysm repair surgery	2 2023 2023
3, 22, 2323 4, 1,	,	., .,	pp 70.	74175 Computed tomographic	h = 0 = everyweer/enviseben eerder/	
				angiography, abdomen, with contrast	This is a request for an Abdomen CTA and Chest CTA ordered in combination; The ordering	
				material(s), including noncontrast	MDs specialty is Cardiology; The patient is scheduled for a TAVR (Transcatheter Aortic Valve	
4/1/2023 -				images, if performed, and image	Replacement) procedure within the next 6 weeks; The patient has NOT had an Abdomen CTA	Apr-Jun
6/30/2023 4/1,	1/2023	6/30/2023 Cardiology	Approval	postprocessing	and or Chest CTA in the last 6 months	1 2023 2023
		0,				

		744.75 Commuted to manuality		
		74175 Computed tomographic		
		angiography, abdomen, with contrast material(s), including noncontrast		
4/1/2023 -		images, if performed, and image		Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Cardiology Approva		Yes, this is a request for CT Angiography of the abdomen.	2 2023 2023
0/30/2023 4/1/2023	6/30/2023 Cardiology Approva	74176 Computed tomography,	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the	2 2023 2023
4/1/2022				A 1
4/1/2023 -	C/20/2022 Condinion Annual	abdomen and pelvis; without contrast	listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The	Apr-Jun 1 2023 2023
6/30/2023 4/1/2023	6/30/2023 Cardiology Approva	material	study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2023 2023
		74176 Computed tomography,	This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The	
4/1/2023 -				A I
6/30/2023 4/1/2023	6/30/2023 Cardiology Approva	abdomen and pelvis; without contrast material	study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	Apr-Jun 1 2023 2023
0/30/2023 4/1/2023	6/30/2023 Cardiology Approva	Illaterial	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	1 2023 2023
		74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical	
4/1/2023 -		abdomen and pelvis; without contrast	exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Cardiology Approva	·	Diagnostic CT	1 2023 2023
0/30/2023 4/1/2023	6/30/2023 Cardiology Approva	Illaterial	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	1 2023 2023
		74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/1/2023 -		abdomen and pelvis; without contrast	this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Cardiology Approva	·	NOT performed.; Yes this is a request for a Diagnostic CT	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Cardiology Approva	Illaterial	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	1 2023 2023
		74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/1/2023 -		abdomen and pelvis; without contrast	this complaint.; There has been a physical exam.; The patient is female.; It is not known if a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Cardiology Approva		pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Cardiology Approva	material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for	1 2023 2023
		74176 Computed tomography,	abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request	
4/1/2023 -		abdomen and pelvis; without contrast	for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Cardiology Approva	·	diagnosis or treatment.	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Cardiology Approva	74185 Magnetic resonance	ulagnosis of deathletic.	1 2023 2023
4/1/2023 -		angiography, abdomen, with or without		Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Cardiology Approva		This is a request for a MR Angiogram of the abdomen.	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Cardiology Approva	contrast material(s)	; This study is being ordered for Congenital Anomaly.; There has been treatment or	1 2023 2023
			conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
		75557 Cardiac magnetic resonance	Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via	
4/1/2023 -		imaging for morphology and function	RadMD.; The primary symptoms began more than 1 year ago; Medications were given for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Cardiology Approva		this diagnosis	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Cardiology Approva	without contrast material,	tilis diagnosis	1 2023 2023
			DX: D-transposition of the great arteries. ;S/P Arterial Switch Operation;Mild main	
			pulmonary artery narrowing with a peak gradient of 25 mmHg; Von Willebrand disease; This	
			study is being ordered for Congenital Anomaly.; There has been treatment or conservative	
		75557 Cardiac magnetic resonance	therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery,	
4/1/2023 -		imaging for morphology and function	Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Cardiology Approva		primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Cardiology /tpprova	without contrast material,	primary symptoms began more than 1 year ago, meateations were given for this diagnosis	1 2023 2023
		75557 Cardiac magnetic resonance	This case was created via BBI.; This Heart MRI is being requested for heart failure and/or	
4/1/2023 -		imaging for morphology and function	cardiomyopathy (including hypertrophic cardiomyopathy); The condition was diagnosed 6	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Cardiology Approva		months ago or less	1 2023 2023
.,,	.,,			
		75557 Cardiac magnetic resonance		
4/1/2023 -		imaging for morphology and function	This case was created via RadMD.; Agree; This Heart MRI is being requested for Congenital	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Cardiology Approva		Heart Disease (CHD); The ordering provider's specialty is Cardiology	1 2023 2023
-,, 2020 ., 2, 2020	-,, 2020 ca. a.o.og, //ppiova			1 2020 2020
		75557 Cardiac magnetic resonance	This case was created via RadMD.; Agree; This Heart MRI is being requested for heart failure	
4/1/2023 -		imaging for morphology and function	and/or cardiomyopathy (including hypertrophic cardiomyopathy); The condition was	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Cardiology Approva		diagnosed 6 months ago or less	8 2023 2023
, , , , , , , , , , , , , , , , , , , ,	, ,		Ŭ	

				75557 Cardiac magnetic resonance	This case was created via RadMD.; Agree; This Heart MRI is being requested for valvular heart disease; The ordering provider's specialty is NOT Pediatrics, Hematologist/Oncologist,	
4/1/2023 -				imaging for morphology and function	Cardiac Surgery or Thoracic Surgery; The TTE was performed 6 months ago or less; The	Apr-Jun
6/30/2023	4/1/2022	6/30/2023 Cardiology	Approval	without contrast material;	results were inconclusive	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Cardiology	Арргочаг	without contrast material,	results were inconclusive	1 2023 2023
				75557 Cardiac magnetic resonance		
4/1/2023 -				imaging for morphology and function		Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Cardiology	Annroval	without contrast material;	This Heart MRI is being requested for Other	2 2023 2023
0,00,2020	., 2, 2020	0,00,2020 caraiology	7.66.010.	William Contract Material,	This fred child is seeing requested for oure.	2 2020 2020
				75557 Cardiac magnetic resonance		
4/1/2023 -				imaging for morphology and function	This is a Medicare member.; This case was created via RadMD.; Agree; This Heart MRI is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	without contrast material;	being requested for Coronary Artery Disease evaluation (CAD)	1 2023 2023
		•,				
				75557 Cardiac magnetic resonance		
4/1/2023 -				imaging for morphology and function		Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	without contrast material;	This is a request for a heart or cardiac MRI	1 2023 2023
				75557 Cardiac magnetic resonance		
4/1/2023 -				imaging for morphology and function	This is NOT a Medicare member.; This Heart MRI is being requested for Coronary Artery	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	without contrast material;	Disease evaluation (CAD)	2 2023 2023
					This is NOT a Medicare member.; This Heart MRI is being requested for heart failure and/or	
				75557 Cardiac magnetic resonance	cardiomyopathy (including hypertrophic cardiomyopathy); It is unknown when the condition	
4/1/2023 -				imaging for morphology and function	was diagnosed; The ordering provider's specialty is NOT Pediatrics,	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	without contrast material;	Hematologist/Oncologist, Cardiac Surgery or Thoracic Surgery	2 2023 2023
					This is NOT a Medicare member.; This Heart MRI is being requested for heart failure and/or	
				75557 Cardiac magnetic resonance	cardiomyopathy (including hypertrophic cardiomyopathy); The condition was diagnosed	
4/1/2023 -				imaging for morphology and function	more than 6 months ago; The ordering provider's specialty is NOT Pediatrics,	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	without contrast material;	Hematologist/Oncologist, Cardiac Surgery or Thoracic Surgery	1 2023 2023
					This study is being ordered for Congenital Anomaly.; There has been treatment or	
					conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
				75557 Cardiac magnetic resonance	Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.;	
4/1/2023 -				imaging for morphology and function	The primary symptoms began more than 1 year ago; Medications were given for this	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	without contrast material;	diagnosis	1 2023 2023
				75572 Computed tomography, heart,	PRE-OP EVAL FOR AORTIC VALVE REPLACEMENT SURGERY, TAVR; This study is being ordered	
				with contrast material, for evaluation of	for something other than: known trauma or injury, metastatic disease, a neurological	
				cardiac structure and morphology	disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There	
				(including 3D image postprocessing,	has been treatment or conservative therapy.; The ordering MDs specialty is NOT	
				assessment of cardiac function, and	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -		- / /		evaluation of venous structures, if	Oncology; This case was created via RadMD.; The primary symptoms began less than 6	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	performed)	months ago; Medications were given for this diagnosis	1 2023 2023
				75572 Computed tomography, heart,		
				with contrast material, for evaluation of		
				cardiac structure and morphology	TAVR; This study is being ordered for Vascular Disease.; There has not been any treatment or	
				(including 3D image postprocessing,	conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is	
4/4/2022				assessment of cardiac function, and	NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -	4/4/2022	c/20/2022 C !! !	•	evaluation of venous structures, if	Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	performed)	year	1 2023 2023
				75572 Computed tomography, heart,		
				with contrast material, for evaluation of		
				cardiac structure and morphology		
				(including 3D image postprocessing,		
4/4/2022				assessment of cardiac function, and		A 1
4/1/2023 -	4/4/2022	C/20/2022 C		evaluation of venous structures, if	This is a second for a Head CT	Apr-Jun
h/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	performed)	This is a request for a Heart CT.	6 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Cardiology	Approval	75572 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)	This is a request for a Heart CT.	Apr-Jun 7 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Cardiology	Approval	75573 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of left ventricular [LV] cardiac function, right ventricular [RV] structure and function and evaluation of vascular structures, if performed)	This is a request for Heart CT Congenital Studies.	Apr-Jun 5 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)		Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	; This is a request for CTA Coronary Arteries.; The patient has had a stress echocardiogram; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	; This is a request for CTA Coronary Arteries; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	73 yo patient who presents with chest pain, hypertension, hyperlipidemia and TIA, need CCTA for further evaluation; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Enter answer here - or Type In Unknown If No Info Given. This is a request for CTA Coronary Arteries.; The patient had a recent CCTA to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Episodes of chest pain with dizziness, SOB, and tightness in jaw.; This is a request for CTA Coronary Arteries.; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	History of Present Illness; HPI:; Mr. Smith is here for evaluation of syncope. He was seen in the ER at Baptist for his complaint. MRI of the brain was normal. CT head was negative for acute intracranial findings. Labs obtained were WNL except f; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Hx of syncope with positive tilt and chest pain with cardiac stress test.; This is a request for CTA Coronary Arteries.; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023 4/1/	/2023 6/30/2023 Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Ms. Brown is a new patient referred by Jennifer Anderson for murmur heard during annual appointment. No medical history. She saw a cardiologist before for palpitations - now 11 or 12 years ago. +dyspnea occasional and sharp chest pan, worse with stress.; This is a request for CTA Coronary Arteries.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are not new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	Apr-Jun 1 2023 2023
			75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology,	Multiple episodes of chest pain associated with diaphoresis and dyspnea. Need evaluation for CAD; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septial defects, or valve	
4/1/2023 - 6/30/2023 4/1/	/2023 6/30/2023 Cardiology	Approval	assessment of cardiac function, and evaluation of venous structures, if performed)	disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/	/2023 6/30/2023 Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	PAD and swollen; This is a request for CTA Coronary Arteries.; The patient has had a stress echocardiogram; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/	/2023 6/30/2023 Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Patient has history of shortness of breath, risk factors for CAD, left atrium is mildly enlarged. Mitral doppler flow pattern and tissue doppler suggest Stage 1 diastolic dysfunction. EF is 65%; This is a request for CTA Coronary Arteries.; The patient has had a stress echocardiogram; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/	¹ 2023 6/30/2023 Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Patient referred to cardiology for extreme fatigue and bradycardia. A treadmill exercise study was ordered to see if he is chronotropically competent. Stress test was diagnostically submaximal. CTA coronaries ordered to for further evaluation to determi; This is a request for CTA Coronary Arteries.; A study not listed has be completed.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Cardiology	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if	Precordial chest pain; This is a request for CTA Coronary Arteries.; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Cardiology	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if	This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Cardiology	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if Approval performed)	This is a request for CTA Coronary Arteries.; The patient has not had other testing done.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	Apr-Jun 10 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Cardiology	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if Approval	This is a request for CTA Coronary Arteries.; The patient has not had other testing done.; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	Apr-Jun 16 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Cardiology	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if Approval	This is a request for CTA Coronary Arteries.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the member has known or suspected coronary artery disease.	Apr-Jun 2 2023 2023

4/1/2023 - 6/30/2023 4/1,	/2023 6/30/20	023 Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	This is a request for CTA Coronary Arteries.; The study is requested for congestive heart failure.; The member does not have known or suspected coronary artery disease	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/	/2023 6/30/20	023 Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	This is a request for CTA Coronary Arteries.; The study is requested for evaluation of the heart prior to non cardiac surgery.	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023 4/1 _/	/2023 6/30/20	023 Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	This is a request for CTA Coronary Arteries.; The study is requested for known or suspected cardiac septal defect.	Apr-Jun 5 2023 2023
4/1/2023 - 6/30/2023 4/1,	/2023 6/30/20	023 Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.	Apr-Jun 13 2023 2023
4/1/2023 - 6/30/2023 4/1,	/2023 6/30/20	023 Cardiology	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	This is a request for CTA Coronary Arteries.; The study is requested to evaluate a suspected cardiac mass.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/	/2023 6/30/20	023 Cardiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	The ordering provider's specialty is NOT Vascular Surgery or Surgery; This procedure is being requested for pre-procedural evaluation; Atherosclerosis is known or suspected; It is uknown when the procedure is planned	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023 4/1/202	3 6/30/2023 Cardiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This case was created via BBI.; This procedure is being requested for evaluation of vascular disease in the stomach or legs; The patient had a Doppler Ultrasound; The study was abnormal	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/202:	3 6/30/2023 Cardiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This case was created via BBI.; This procedure is being requested for evaluation of vascular disease in the stomach or legs; The patient had an Ankle Brachial Index (ABI); The study was abnormal	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/202	3 6/30/2023 Cardiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This case was created via RadMD.; Agree; The ordering provider's specialty is NOT Vascular Surgery or Surgery; This procedure is being requested for pre-procedural evaluation; Atherosclerosis is known or suspected; The procedure is planned in 6 months or less	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/202:	3 6/30/2023 Cardiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This case was created via RadMD.; Agree; The ordering provider's specialty is NOT Vascular Surgery or Surgery; This procedure is being requested for pre-procedural evaluation; Thromboembolism is known or suspected; The procedure is planned in 6 months or less	Apr-Jun 4 2023 2023
4/1/2023 - 6/30/2023 4/1/202:	3 6/30/2023 Cardiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the stomach or legs; The patient had a Doppler Ultrasound; The study was abnormal	Apr-Jun 5 2023 2023
4/1/2023 - 6/30/2023 4/1/202	3 6/30/2023 Cardiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the stomach or legs; The patient had a Pulse Volume Recording; The study was abnormal	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/202	3 6/30/2023 Cardiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the stomach or legs; The patient had an Ankle Brachial Index (ABI); The study was abnormal	Apr-Jun 27 2023 2023
4/1/2023 - 6/30/2023 4/1/202:	3 6/30/2023 Cardiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This procedure is being requested for evaluation of vascular disease in the stomach or legs; It is unknown if the patient had any other studies	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This procedure is being requested for evaluation of vascular disease in the stomach or legs; No other study was performed	Apr-Jun 4 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This procedure is being requested for evaluation of vascular disease in the stomach or legs; The patient had an Ankle Brachial Index (ABI); The results of the study are unknown	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This procedure is being requested for evaluation of vascular disease in the stomach or legs; The patient had an Ankle Brachial Index (ABI); The study was normal	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This procedure is being requested for something other than listed	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023		6/30/2023 Cardiology		78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	58-year-old male with a past medical history of hypertension, hyperlipidemia; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		6/30/2023 Cardiology		78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Cannot walk on TM due to DDD. Obsese for SPECT; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023 4/1/2	2023 6/30/2023 Cardiology	Approval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Cannot walk on TM due to hip OA and PMR. Severe leg pain. No SPECT due obesity; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/:	2023 6/30/2023 Cardiology	Approval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	has issues with her foot and unable to walk on a treadmill or exercise; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/:	2023 6/30/2023 Cardiology	Approval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	He has multiple cardiac risk factors and a bi fascicular block on his EKG. He thinks he can walk on the treadmill, but he does have some back issues.; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2	2023 6/30/2023 Cardiology	Approval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Mr. Greene is a 53 y/o male who was last seen on 7/26/21. He is here today for hospital follow up. He was seen at Encore due to chest discomfort. He is followed for HTN & DOE he relates to being out of shape and overweight. ;; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2	2023 6/30/2023 Cardiology	Approval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	na; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/:	2023 6/30/2023 Cardiology	Approval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	No TMST due to DDD; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023 4/	/1/2023	6/30/2023 Cardiology	Approval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Patient recently had EKG performed which showed heart block, EKG from that visit has been reviewed which shows 2-1 AV block.; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/	/1/2023	6/30/2023 Cardiology	Approval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Reports right and left sided chest pain. Lasts for 15 minutes. Sharp. Not worse with exertion.; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/	/1/2023	6/30/2023 Cardiology	Approval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	She admits to chest pain, substernal, occurs at rest and with exertion, daily, lasts for a few minutes; She has dyspnea on exertion and restrictive lung disease, sees a pulmonologist; she reports her leg weakness from lupus will prevent her; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/	/1/2023	6/30/2023 Cardiology	Approval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	This is a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.; This case was created via RadMD.; Agree; New symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study; The symptoms began or changed within the last year; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed	Apr-Jun 15 2023 2023
4/1/2023 - 6/30/2023 4/	/1/2023	6/30/2023 Cardiology	Approval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	This is a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.; This case was created via RadMD.; Agree; Other cardiac stress testing was completed More than 6 months ago; New symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study; The symptoms began or changed within the last year; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/	/1/2023	6/30/2023 Cardiology	Approval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	TMST- The test was stopped due to dyspnea; Non diagnostic exercise treadmill stress test due to inadequate peak heart rate; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 6 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is not know	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is less than 20	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 2 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 4 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	53 YO female with a hx of HTN and HLD who is being seen today to establish care. Reports episodes of syncope for the last 3 weesk. One syncopal episode, she was unconcious for about an hour. She is unsure how long the second episode. She will occasionally; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Acute Systolic (congestive) Heart Failure; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Angina in a patient with hyperlipidemia and diabetes. Squeezing discomfort that radiates down arms and relieved with rest. Experiences jaw/tooth discomfort and dyspnea when walking uphill with exertion.; This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Atypical chest pain, still ongoing. Unfortunately she was unable to reach target heart rate during exercise treadmill stress test. We will have to evaluate further with pharmacologic stress test.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Cardiovascular risk factors include history of smoking, hypertension, hyperlipidemia, family history of CAD. Therefore, recommend proceeding with myocardial perfusion imaging study using pharmacological stimulation to rule out underlying ischemia. Due to; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Cardiovascular risk factors include hypertension, hyperlipidemia, diabetes and family history of CAD. Therefore, recommend proceeding with myocardial perfusion imaging study using pharmacological stimulation to rule out underlying ischemia. Due to inabil; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	CHEST PAIN; Duration; for few years; Course since onset: intermittent; Location: entire chest; Severity: mild; Quality/Character of Chest Pain: aching; Aggravating factor/s; emotional stress and strenuous activity; Relieving factor/s: none; Radiation;; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	Apr-Jun 1 2023 2023

CHEST PAIN ; Duration; last 3 months ; Course since onset: gradually worsening; Location:	
entire chest;Severity: moderate;Quality/Character of Chest Pain: Tightness,	
78451 Myocardial perfusion imaging, pressure.;Aggravating factor/s; minimal activity;Relieving factor/s: rest;Radiati; This is a	
tomographic (SPECT) (including request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not	
attenuation correction, qualitative or had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac	
quantitative wall motion, ejection risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal	_
fraction by first pass or gated defects, or valve disorders.; There are new or changing cardiac symptoms including atypica	l
technique, additional quantification, chest pain (angina) and/or shortness of breath.; The study is requested for suspected	
4/1/2023 - when performed); single study, at rest coronary artery disease.; The member has known or suspected coronary artery disease.; The	
6/30/2023 4/1/2023 6/30/2023 Cardiology Approval or stress (exercise or pharmacologic) BMI is 30 to 39	1 2023 2023
78451 Myocardial perfusion imaging,	
tomographic (SPECT) (including chest pain and sob; This study is being ordered for something other than: known trauma or	
attenuation correction, qualitative or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease,	
quantitative wall motion, ejection congenital anomaly, or vascular disease; There has not been any treatment or conservative	e
fraction by first pass or gated therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT	
technique, additional quantification, Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 - when performed); single study, at rest Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Cardiology Approval or stress (exercise or pharmacologic) year	1 2023 2023
Chest pain consistent with myocardial ischemia. Status post PCI. Will obtain echocardiogram	n
78451 Myocardial perfusion imaging, and a nuclear perfusion study. Continue medications; This is a request for Myocardial	
tomographic (SPECT) (including Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology	
attenuation correction, qualitative or Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing	
quantitative wall motion, ejection symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal	
fraction by first pass or gated defects, or valve disorders.; There are new or changing cardiac symptoms including atypica	I
technique, additional quantification, chest pain (angina) and/or shortness of breath.; There is known coronary artery disease,	
4/1/2023 - when performed); single study, at rest history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Cardiology Approval or stress (exercise or pharmacologic) member has known or suspected coronary artery disease.	1 2023 2023
78451 Myocardial perfusion imaging,	
tomographic (SPECT) (including	
attenuation correction, qualitative or chest pain, dyspnea, fatigue, lower extremity edema. Plan: 1. She is s/p reinsertion of her	
quantitative wall motion, ejection PPM; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The	
fraction by first pass or gated patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation,	
technique, additional quantification, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected	
4/1/2023 - when performed); single study, at rest coronary artery disease.; The member has known or suspected coronary artery disease.; The	
6/30/2023 4/1/2023 6/30/2023 Cardiology Approval or stress (exercise or pharmacologic) BMI is not know	1 2023 2023
78451 Myocardial perfusion imaging,	
tomographic (SPECT) (including	
attenuation correction, qualitative or chest pain, dyspnea, hyperlipidemia, peripheral vascular disease, hypertension, diabetic,	
quantitative wall motion, ejection syncope, pacemaker implant; This is a request for Myocardial Perfusion Imaging (Nuclear	
fraction by first pass or gated Gardiology Study), The patient has 3 or more cardiac risk factors; The study is not requeste	d
technique, additional quantification, for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is	
4/1/2023 - when performed); single study, at rest requested for suspected coronary artery disease.; The member has known or suspected	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Cardiology Approval or stress (exercise or pharmacologic) coronary artery disease.; The BMI is 20 to 29	1 2023 2023
78451 Myocardial perfusion imaging,	
tomographic (SPECT) (including	
attenuation correction, qualitative or	
quantitative wall motion, ejection chest pain, dyspnea, syncope, bmi of 37, family hx of cad, hypertension; This is a request for	
fraction by first pass or gated Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiology study).; The patient has 3 or more cardiology study.	ac
technique, additional quantification, risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal	
4/1/2023 - when performed); single study, at rest defects, or valve disorders.; The study is requested for suspected coronary artery disease.;	Apr-Jun 1 2023 2023
6/30/2023 4/1/2023 6/30/2023 Cardiology Approval or stress (exercise or pharmacologic) The member has known or suspected coronary artery disease.; The BMI is 30 to 39	

4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Cardiology Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	chest pain, tachycardia, diabetes, hypertension, bmi of 37, hyperlipidemia; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Cardiology Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	CHEST PRESSURE; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Cardiology Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Disc disease, degenerative, lumbar or lumbosacral; Dyspnea; Shortness of breath; Cervical stenosis of spinal canal; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Cardiology Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	dizziness, SOB, chest pain, chest tightness; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Cardiology Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Enter answer here We will perform echocardiogram to assess her ejection fraction and valvular status. Lexiscan nuclear stress test given her orthopedic issues to her knee limiting walking on inclines or Type In Unknown If No Info Given.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Cardiology Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Enter answer here - Has been having some vague chest discomfort from time to time. Cardiolite stress test to assess for ischemia or Type In Unknown If No Info Given.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is not know	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Cardiology Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Enter answer here - or Type In UnChad A Ausley is a 52 y.o. male who presents to establish care and for evaluation of chest pain. known IfDuration; for some time/for few months; Course since onset: intermittent; Location: entire chest; Severity: severe;; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 1 2023 2023
6/30/2023 4/1/2023	6/30/2023 Cardiology Approval	or stress (exercise or pharmacologic)	BIVIT IS 30 to 39	1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Cardiology Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Enter answer here - or Type In Unknown If No Info Given. This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 1 2023 2023
4/1/2023 -		78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest	Enter answer here - or Type In UnWesley R Henthorn is a 48 y.o. male who presents to the clinic today for a routine follow up. He is an established patient of Dr. Igbokidi. He has a known history of CAD s/p PCI, HTN, HLD, OSA, and tobacco use disorder. O; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Cardiology Approval	or stress (exercise or pharmacologic)	disease.; The BMI is 30 to 39	1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Cardiology Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Enter answer here Abnormal CT imaging with increased calcium score, new onset angina, systolic murmur- or Type In Unknown If No Info Given.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Cardiology Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Episodes of chest pressure and shoulder pain. Not very active. Unable to walk on TM. DOE noted. EKG showed T wave changes. BP runs well at home.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Cardiology Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	episodes of cp, doe, sob, palpitations without syncope. MPI recommended to evaluate suspected CAD.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Exertional chest pain in patient with a history of STEMI requiring PCI.; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	FAILED TREADMILL STRESS TEST; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Given the patients complaint of chest pain relieved with nitroglycerin, recommend proceeding with myocardial perfusion imaging study using pharmacological stimulation given patients shortness of breath with minimal exertion, left bundle branch block. Pat; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Having episodes of chest pain with history of CAD s/p RCA stent. Some SOB at times. Denies palpitations. BP controlled.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	He's due for DOT clearance and needs a stress test. He doesn't believe he can walk on a TM due to bad knees.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing card symptoms including atypical chest pain (angina) and/or shortness of breath.; Therea is known coronary artery disease, history of heart attack (MII), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	HISTORY OF COVID; PALPITATIONS; DYSNEA; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	hypertension, type 2 diabetes, palpitations, dyslipidemia, obesity BMI 37, echo shows asymmetrical septal hypertrophy, mild diastolic dysfunction, trace, tricuspid regurgitation, and ef of 60%, increased fatigue, dyspnea with exertion, chest discomfort; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 1 2023 2023
4/1/2023 -				78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest	Increased dyspnea, hypertension, history of SVT, history of elevated troponin levels with no follow-up per pt, hyperlipidemia, needing cardiac clearance.; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	or stress (exercise or pharmacologic)	months to 1 year; Medications were given for this diagnosis	1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Known non-obstructive cad in past with worsening symptoms of DOE and fatigue. He is unable to walk on treadmill due to knee pain.; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023				78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest	last echocardiogram showed EF=40-45%, will check another echocardiogram, will check Lexiscan stress test to rule out ischemic etiology. Will transition his lisinopril over to Entresto. Patient has been given samples of Entresto and he needs to start them; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; There has been treatment or conservative therapy; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year	Apr-Jun 1 2023 2023
3,30/2023	7, 1, 2023	6/30/2023 Cardiology	Арргоча	or stress (exercise or pharmacologic) 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	ago; Medications were given for this diagnosis Mr. Cawley is a 65 year old male with a past medical history of HTN, hyperlipidemia, tobacco dependency, and crack/cocaine use. He is referred by Michelle Bagby, APRN, for a cardiac evaluation. His BP is 142/90, he has not had his medication today. He re; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	1 2023 2023
4/1/2023 -	. /. /	-11		when performed); single study, at rest	Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via	Apr-Jun
6/30/2023 4/1/2023 - 6/30/2023		6/30/2023 Cardiology 6/30/2023 Cardiology		or stress (exercise or pharmacologic) 78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Mrs. Jackson returns today for eval of CAD, HTN, hyperlipidemia, dyspnea. She has known CAD by cardiac cath in 3/3/20 which showed moderate stenosis of 65% in the mid-RCA with only minimal disease in the left coronary system. Medical mgmt was advised. She; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1 2023 2023 Apr-Jun 1 2023 2023

					Ms. Wilson is a 60 year old female with a past medical history of hypertension, obesity,	
				78451 Myocardial perfusion imaging,	GERD, osteoarthritis, degenerative disc disease, vitamin B12 deficiency and vitamin D	
				tomographic (SPECT) (including	deficiency. She is referred by Dr. Firmatura for lower extremity edema. She rep; This study is	
				attenuation correction, qualitative or	being ordered for something other than: known trauma or injury, metastatic disease, a	
				quantitative wall motion, ejection	neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular	
				fraction by first pass or gated	disease.; There has not been any treatment or conservative therapy.; There are 2 exams are	
4 /4 /2022				technique, additional quantification,	being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	A see Lean
4/1/2023 -	4/4/2022	C/20/2022 C	A	when performed); single study, at rest	Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	or stress (exercise or pharmacologic)	RadMD.; The primary symptoms began less than 6 months ago	1 2023 2023
				78451 Myocardial perfusion imaging,	Myocardial ischemia suspected. In light of her left bundle branch block pharmacological	
				tomographic (SPECT) (including	stress test will be scheduled; This is a request for Myocardial Perfusion Imaging (Nuclear	
				attenuation correction, qualitative or	Cardiology Study).; The patient has not had other testing done to evaluate new or changing	
				quantitative wall motion, ejection	symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre	
				fraction by first pass or gated	op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or	
				technique, additional quantification,	changing cardiac symptoms including atypical chest pain (angina) and/or shortness of	
4/1/2023 -				when performed); single study, at rest	breath.; The study is requested for suspected coronary artery disease.; The member has	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Cardiology	Annroval	or stress (exercise or pharmacologic)	known or suspected coronary artery disease.; The BMI is 20 to 29	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Cardiology	Арргочаг	or stress (exercise or pharmacologic)	NEW ONSET OF CHEST PAIN INCREASING FREQUENCY AND DURATION;;S/P RCA STENT 5-27-	1 2023 2023
				78451 Myocardial perfusion imaging,	2020; PAD S/P RIGHT COMMON ILIAC STENT 6-19-2020; This is a request for Myocardial	
				tomographic (SPECT) (including	Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to	
				attenuation correction, qualitative or	evaluate new or changing symptoms.; The study is not requested for pre op evaluation,	
				quantitative wall motion, ejection	cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac	
				• •		
				fraction by first pass or gated	symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known	
				technique, additional quantification,	coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary	
4/1/2023 -	. /. /	-//		when performed); single study, at rest	angioplasty or stent.; The member has known or suspected coronary artery disease.; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	or stress (exercise or pharmacologic)	BMI is less than 20	1 2023 2023
				70454 Managardial and rates to a sign		
				78451 Myocardial perfusion imaging,	Newtonian and annual the Old Mile 2 lead in Newtonian 2024. This is a second for	
				tomographic (SPECT) (including	Nonischemic cardiomyopathy.;Old MI x 3, last in November 2021.; This is a request for	
				attenuation correction, qualitative or	Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other	
				quantitative wall motion, ejection	testing done to evaluate new or changing symptoms.; The study is requested for congestive	
				fraction by first pass or gated	heart failure.; There are new or changing cardiac symptoms including atypical chest pain	
				technique, additional quantification,	(angina) and/or shortness of breath.; There is known coronary artery disease, history of	
4/1/2023 -				when performed); single study, at rest	heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	or stress (exercise or pharmacologic)	known or suspected coronary artery disease.; The BMI is 20 to 29	1 2023 2023
					Noted recurrence, will plan for repeat non-invasive cardiac morphologic and ischemic	
				78451 Myocardial perfusion imaging,	evaluation.; After full consideration, the patient elects to proceed with aforementioned	
				tomographic (SPECT) (including	noninvasive cardiovascular imaging.; This is a request for Myocardial Perfusion Imaging	
				attenuation correction, qualitative or	(Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or	
				quantitative wall motion, ejection	changing symptoms.; The study is requested for congestive heart failure.; There are new or	
				fraction by first pass or gated	changing cardiac symptoms including atypical chest pain (angina) and/or shortness of	
				technique, additional quantification,	breath.; There is known coronary artery disease, history of heart attack (MI), coronary	
4/1/2023 -				when performed); single study, at rest	bypass surgery, coronary angioplasty or stent.; The member has known or suspected	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	or stress (exercise or pharmacologic)	coronary artery disease.; The BMI is 30 to 39	1 2023 2023
		. ,				
				78451 Myocardial perfusion imaging,	Past Medical History: Hypertension; Hypertrophic cardiomyopathy, apical variety; Left	
				tomographic (SPECT) (including	Ventricular hypertrophy;Cardiac Arrythimia;;Cardiac catheterization; This is a request for	
				attenuation correction, qualitative or	Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other	
				quantitative wall motion, ejection	testing done to evaluate new or changing symptoms.; The study is requested for congestive	
				fraction by first pass or gated	heart failure.; There are new or changing cardiac symptoms including atypical chest pain	
				technique, additional quantification,	(angina) and/or shortness of breath.; There is known coronary artery disease, history of	
4/1/2023 -				when performed); single study, at rest	heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has	Apr-Jun
	1/1/2022	6/20/2022 Cardiala	Approval			1 2023 2023
6/30/2023	4/1/2023	6/30/2023 Cardiology	Abbrovai	or stress (exercise or pharmacologic)	known or suspected coronary artery disease.; The BMI is 20 to 29	1 2023 2023

				78451 Myocardial perfusion imaging,		
				tomographic (SPECT) (including		
				attenuation correction, qualitative or		
				quantitative wall motion, ejection		
				fraction by first pass or gated	patient also had abnormal ekg; This is a request for Myocardial Perfusion Imaging (Nuclear	
				technique, additional quantification,	Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for	
4/1/2023 -				when performed); single study, at rest	congestive heart failure.; The study is requested for suspected coronary artery disease.; The	Apr-Jun
6/30/2023 4	1/1/2023	6/30/2023 Cardiology	Approval	or stress (exercise or pharmacologic)	member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2023 2023
				78451 Myocardial perfusion imaging,		
				tomographic (SPECT) (including	Patient experiencing chest pain and shortness of breath with exertion. She has multiple risk	
				attenuation correction, qualitative or	factors including hypertension, hyperlipidemia, family history, obesity, and she has a	
				quantitative wall motion, ejection	pacemaker and is unable to walk on a treadmill to achieve target heart rat; This is a request	
				fraction by first pass or gated	for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more	
				technique, additional quantification,	cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF,	
4/1/2023 -				when performed); single study, at rest	septal defects, or valve disorders.; The study is requested for suspected coronary artery	Apr-Jun
6/30/2023 4	1/1/2023	6/30/2023 Cardiology	Approval	or stress (exercise or pharmacologic)	disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2023 2023
					Patient experiencing recently worsening shortness of breath with exertion. Occasionally	
					accompanied with left-sided chest pain. She has known coronary artery disease with	
				78451 Myocardial perfusion imaging,	previous stent and MI. She is unable to walk on a treadmill due to arthritis/join; This is a	
				tomographic (SPECT) (including	request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not	
				attenuation correction, qualitative or	had other testing done to evaluate new or changing symptoms.; The study is not requested	
				quantitative wall motion, ejection	for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new	
				fraction by first pass or gated	or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of	
				technique, additional quantification,	breath.; There is known coronary artery disease, history of heart attack (MI), coronary	
4/1/2023 -				when performed); single study, at rest	bypass surgery, coronary angioplasty or stent.; The member has known or suspected	Apr-Jun
6/30/2023 4	1/1/2023	6/30/2023 Cardiology	Approval	or stress (exercise or pharmacologic)	coronary artery disease.; The BMI is 20 to 29	1 2023 2023
.,,	, ,	.,,	1-1	μ		
				78451 Myocardial perfusion imaging,		
				tomographic (SPECT) (including	Patient has COPD, back pain, CHF therefore she is unable to walk a treadmill.; This is a	
				attenuation correction, qualitative or	request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not	
				quantitative wall motion, ejection	had other testing done to evaluate new or changing symptoms.; The study is requested for	
				fraction by first pass or gated	congestive heart failure.; There are new or changing cardiac symptoms including atypical	
				technique, additional quantification,	chest pain (angina) and/or shortness of breath.; There is known coronary artery disease,	
4/1/2023 -				when performed); single study, at rest	history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The	Apr-Jun
6/30/2023 4	1/1/2023	6/30/2023 Cardiology	Approval	or stress (exercise or pharmacologic)	member has known or suspected coronary artery disease.; The BMI is less than 20	1 2023 2023
5,00,000	., _,	.,,		c. c. c. (c. c. c. p. c. p. c. c. c. q. c. c. c. q. c.	Patient has diabetes mellitus and shortness of breath possibly due to ischemic	
				78451 Myocardial perfusion imaging,	cardiomyopathy. This will prevent patient from being able to run on a treadmill thus why we	
				tomographic (SPECT) (including	are requesting a MPI.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology	
				attenuation correction, qualitative or	Study).; The patient has not had other testing done to evaluate new or changing symptoms.;	
				quantitative wall motion, ejection	The study is requested for congestive heart failure.; There are new or changing symptoms.	
				fraction by first pass or gated	symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known	
				technique, additional quantification,	coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary	
4/1/2023 -				when performed); single study, at rest	angioplasty or stent.; The member has known or suspected coronary artery disease.; The	Apr-Jun
6/30/2023	1/1/2023	6/30/2023 Cardiology	Annroval	or stress (exercise or pharmacologic)	BMI is 20 to 29	1 2023 2023
0,30,2023 4	1, 1, 2023	0/30/2023 Caraiology	πρριοναί	or stress (exercise or priarriacologic)	Jim 15 20 to 23	1 2023 2023
				78451 Myocardial perfusion imaging,		
				tomographic (SPECT) (including	Patient has hypertension, longstanding history of tobacco use, chest pain and worsening	
				attenuation correction, qualitative or	exertional shortness of breath. She is unable to walk on a treadmill due to a metal rod in her	
				quantitative wall motion, ejection	right leg. Patient also has atherosclerosis of bilateral leg arteries,; This is a request for	
				fraction by first pass or gated	Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac	
				,		
4/1/2022				technique, additional quantification,	risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal	A 1,
4/1/2023 -	1/1/2022	6/20/2022 Candials	Annrous	when performed); single study, at rest	defects, or valve disorders.; The study is requested for suspected coronary artery disease.;	Apr-Jun
6/30/2023 4	+/1/2023	6/30/2023 Cardiology	Approval	or stress (exercise or pharmacologic)	The member has known or suspected coronary artery disease.; The BMI is less than 20	1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Patient having chest pain, substernal radiating into her left arm and her neck. She is also experiencing exertional shortness of breath. She has a positive family history of CAD, hypertension, untreated hyperlipidemia, and an abnormal ECG. She cannot wal; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	patient in crical condtion; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is less than 20	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	patient uses a walker therefore cannot complete the exercise portion; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Patient w hx of CAD, early MI, cardiac stent, & Description and so by a moderate exertion. Unable to walk a tm due to these symptoms.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		6/30/2023 Cardiology	·	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Patient was referred from the ED after he presented with one episode of syncope in April 2023.;Today at the clinic the patient had another episode of syncope in the waiting room. He mentioned he walked from parking garage 3 to the clinic and was about to; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Patient went to the er and had an elevated troponin level and congestive heart disease; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	Apr-Jun 1 2023 2023

		Patient with history of CAD post MI and PCI in 2017 complains of worsening shortness of	
		breath with exertion and a previous episode of chest pain for which she did not seek medical	
	78451 Myocardial perfusion imaging,	attention. Multiple risk factors including hyperlipidemia, smoking, and o; This is a request	
	tomographic (SPECT) (including	for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other	
	attenuation correction, qualitative or	testing done to evaluate new or changing symptoms.; The study is not requested for pre op	
	quantitative wall motion, ejection	evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing	
	fraction by first pass or gated	cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is	
	technique, additional quantification,	known coronary artery disease, history of heart attack (MI), coronary bypass surgery,	
4/1/2023 -	when performed); single study, at rest	coronary angioplasty or stent.; The member has known or suspected coronary artery	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Cardio	ology Approval or stress (exercise or pharmacologic)	disease.; The BMI is 30 to 39	1 2023 2023
	7045444	Patient with known history of coronary artery disease having chest pain with exertion,	
	78451 Myocardial perfusion imaging,	dyspnea with exertion, and decreased exercise tolerance.; This is a request for Myocardial	
	tomographic (SPECT) (including	Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to	
	attenuation correction, qualitative or	evaluate new or changing symptoms.; The study is not requested for pre op evaluation,	
	quantitative wall motion, ejection fraction by first pass or gated	cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known	
	technique, additional quantification,	coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary	
4/1/2023 -	when performed); single study, at rest	angioplasty or stent.; The member has known or suspected coronary artery disease.; The	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Cardio		BMI is 30 to 39	1 2023 2023
6/30/2023 4/1/2023 6/30/2023 Cardio	ology Approval of stress (exercise of pharmacologic)	DIVII 15 30 (0 33	1 2025 2025
	78451 Myocardial perfusion imaging,	Patient with severe CAD, hx of CABG and stents, c/o dyspnea on mild exertion and chest	
	tomographic (SPECT) (including	pain; unable to walk a treadmill due to weakness; This is a request for Myocardial Perfusion	
	attenuation correction, qualitative or	Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate	
	quantitative wall motion, ejection	new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass,	
	fraction by first pass or gated	CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms	
	technique, additional quantification,	including atypical chest pain (angina) and/or shortness of breath.; There is known coronary	
4/1/2023 -	when performed); single study, at rest	artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Cardio		stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	1 2023 2023
	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification,	patient with unknown cause of syncope; unable to walk tm due to pending shoulder replacement surgery; patient smokes and has htn; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve	
4/1/2023 -	when performed); single study, at rest	disorders.; The study is requested for suspected coronary artery disease.; The member has	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Cardio	ology Approval or stress (exercise or pharmacologic)	known or suspected coronary artery disease.; The BMI is 20 to 29	1 2023 2023
	78451 Myocardial perfusion imaging,		
	tomographic (SPECT) (including	Persistent atrial fibrillation (not longstanding):;ECG image reviewed today demonstrates	
	attenuation correction, qualitative or	atrial fibrillation with rapid ventricular response. Currently on diltiazem 240 mg daily with	
	quantitative wall motion, ejection	metoprolol succinate 50 mg twice daily. Will gently increase metoprol; This is a request for	
	fraction by first pass or gated	Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac	
	technique, additional quantification,	risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal	
4/1/2023 -	when performed); single study, at rest	defects, or valve disorders.; The study is requested for suspected coronary artery disease.;	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Cardio	ology Approval or stress (exercise or pharmacologic)	The member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2023 2023
		Pertinent history includes: CAD, hx STEMI, HTN, HLD, smoking. Other past medical history is	
	704E4 My accepted a confinction income	noted below.;;Here for problem visit. Last seen by Karen Horton, APRN on 6/6/23 with c/o	
	78451 Myocardial perfusion imaging,	edema. Echo was ordered but he states his insurance denied it. ;Here ; This is a request for	
	tomographic (SPECT) (including	Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other	
	attenuation correction, qualitative or quantitative wall motion, ejection	testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing	
	fraction by first pass or gated	cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is	
	technique, additional quantification,	known coronary artery disease, history of heart attack (MI), coronary bypass surgery,	
4/1/2023 -	when performed); single study, at rest	coronary angioplasty or stent.; The member has known or suspected coronary artery	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Cardio	, , , ,	disease.; The BMI is 20 to 29	1 2023 2023
0,00,2020 4,1,2020 0,00,2020 Cardio	5.567 Approval of Stress (exercise of pharmacologic)	discuse, the sim is 20 to 25	1 2023 2023

4/1/2023 - 6/30/2023 4,	1/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	PT HAD A CALCIUM SCORE OF 820, IS PREDIABETIC, MIXED HYPERLIPIDEMIA.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are not new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4,	s/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Pt had an abnormal treadmill stress test and developed inferior and apical ST depression of 1 to 2 mm with exercise and experienced shortness of breath with exertion.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4,	1/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	PT HAD BYPASS GRAFTING 4 YEARS AGO.;PT HAS PAROXYSMAL ATRIAL FIBRILLATION;PT WORE AN EVENT NONITOR AND HAD A FEW EPISODES OF NONSUSTAINED VENTRICULAR TACHYCARDIA; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4,	1/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Pt is having worsening shortness of breath on exertion. He has an abnormal EKG with inferolateral ST and T wave changes. He has multiple risk factors for coronary artery disease including male gender, positive family history, diabetes, hypertension, and h; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4,	1/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Pt walks with walker, so unable to walk on TMST.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4,	1/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Pt was seen in ER. Referred here today for follow up for cardiac eval. Past medical history of HTN.;;Pt is having shortness of breath with chest pain also with lightheadness.; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Recommend proceeding with myocardial perfusion imaging study using pharmacological stimulation given patient's chronic back pain limiting level of physical activity.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Recommend proceeding with myocardial perfusion imaging study using pharmacological stimulation given patient's dyspnea, chronic back pain makes ambulation difficult.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Recommend proceeding with myocardial perfusion imaging study using pharmacological stimulation given patient's dyspnea. Rule out underlying ischemia; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Recommend proceeding with myocardial perfusion imaging study using pharmacological stimulation given patient's moderate to severe dyspnea on mild exertion; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Recommend proceeding with myocardial perfusion imaging study using pharmacological stimulation given patient's moderate to severe dyspnea on mild-to-moderate exertion, degenerative disc disease of the lumbar spine with chronic back pain.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Recommend proceeding with myocardial perfusion imaging study using pharmacological stimulation given patient's moderate to severe dyspnea on mild-to-moderate exertion. Rule out underlying ischemia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Cardiology Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Recommend proceeding with myocardial perfusion imaging study using pharmacological stimulation given patient's moderate to severe dyspnea on mild-to-moderate exertion. Rule out underlying ischemia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Cardiology Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Recommend proceeding with myocardial perfusion imaging study using pharmacological stimulation given patient's severe dyspnea on mild exertion.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Cardiology Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	RESING ECG - SHOWS LEFT BUNDLE BRANCH BLOCK; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Cardiology Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	She is c/o cramping in left chest last up to a day, better when she rests, no shortness of breath. BP elevated; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Cardiology Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Since she cannot walk or walks with cane due to degenerative arthritis, we will get a Lexi nuc. She has severe depression, type 2 diabetes for more than a decade - so risk of stroke and heart attack is same as somebody who has already had one. She has a; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Cardiology Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	SOB with exertion related to COPD. Frequent CP, worse with walking or any activity; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 1 2023 2023

					STEMI on d 8/13/19 CAD - LHC demonstrated a thrombotic total RCA occlusion with 40%	
				7045444	mLAD and 20% pLCX lesions Thrombectomy and revascularization attempts failed. LVEF is	
				78451 Myocardial perfusion imaging,	visually estimated at 40% with a dyskinetic inferior wall. We have recommende; This is a	
				tomographic (SPECT) (including	request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not	
				attenuation correction, qualitative or	had other testing done to evaluate new or changing symptoms.; The study is not requested	
				quantitative wall motion, ejection	for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new	
				fraction by first pass or gated	or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of	
				technique, additional quantification,	breath.; There is known coronary artery disease, history of heart attack (MI), coronary	
4/1/2023 -	. / . /	- / /		when performed); single study, at rest	bypass surgery, coronary angioplasty or stent.; The member has known or suspected	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	or stress (exercise or pharmacologic)	coronary artery disease.; The BMI is 20 to 29	1 2023 2023
				7045444	The patient is concerned regarding family history of CAD in her family. Twelve-lead EKG with	
				78451 Myocardial perfusion imaging,	poor R wave progression. Therefore, recommend proceeding with myocardial perfusion	
				tomographic (SPECT) (including	imaging study using pharmacological stimulation to rule out underlying ischem; This is a	
				attenuation correction, qualitative or	request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not	
				quantitative wall motion, ejection	had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac	
				fraction by first pass or gated	risk factors; The study is requested for congestive heart failure.; There are new or changing	
4 /4 /2022				technique, additional quantification,	cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The	
4/1/2023 -	. /. /2022	c/20/2022 C 1: 1		when performed); single study, at rest	study is requested for suspected coronary artery disease.; The member has known or	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	or stress (exercise or pharmacologic)	suspected coronary artery disease.; The BMI is 20 to 29	1 2023 2023
				70454 Managed to Language at the state of		
				78451 Myocardial perfusion imaging,		
				tomographic (SPECT) (including		
				attenuation correction, qualitative or		
				quantitative wall motion, ejection		
				fraction by first pass or gated		
				technique, additional quantification,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Changing	
4/1/2023 -	. /. /2022	s /20 /2022 S . II I		when performed); single study, at rest	symptoms of chest pain or shortness of breath best describes the reason for ordering this	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	or stress (exercise or pharmacologic)	study; The symptoms began or changed More than 6 months ago	2 2023 2023
				70454 Museeudial weekusien insering		
				78451 Myocardial perfusion imaging, tomographic (SPECT) (including		
				attenuation correction, qualitative or quantitative wall motion, ejection		
				fraction by first pass or gated		
				technique, additional quantification,		
4/1/2023 -				when performed); single study, at rest	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Don't know	Apr lup
6/30/2023	4/1/2022	6/30/2023 Cardiology	Annroyal	or stress (exercise or pharmacologic)	or Other than listed above best describes the reason for ordering this study	Apr-Jun 9 2023 2023
0/30/2023	4/1/2023	6/30/2023 Cardiology	Approvai	or stress (exercise or pharmacologic)	or Other than listed above best describes the reason for ordering this study	9 2023 2023
				78451 Myocardial perfusion imaging,		
				tomographic (SPECT) (including		
				attenuation correction, qualitative or		
				quantitative wall motion, ejection		
				fraction by first pass or gated		
4/1/2023 -				technique, additional quantification,	This is a request for Muscardial Perfusion Imaging (Nuclear Cardialogy Study) - Doc't Imaging	Apr lus
6/30/2023	1/1/2022	6/30/2023 Cardiology	Approval	when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Don't know or Other than listed above best describes the reason for ordering this study	Apr-Jun 10 2023 2023
0/30/2023	4/1/2023	0/30/2023 Cardiology	Арріочаі	of stress (exercise of pharmacologic)	of Other than listed above best describes the reason for ordering this study	10 2023 2023
				78451 Myocardial perfusion imaging,		
				tomographic (SPECT) (including		
				attenuation correction, qualitative or		
				quantitative wall motion, ejection		
				fraction by first pass or gated	This is a vacuus of fault to consider Daufusian Inspire (Number Condition Charles A. No.	
4/4/2022				technique, additional quantification,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New	
4/1/2023 -	4/4/2022	C/20/2022 C!	A	when performed); single study, at rest	symptoms of chest pain or shortness of breath best describes the reason for ordering this	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	or stress (exercise or pharmacologic)	study; It is unknown when the symptoms began or changed	2 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed More than 6 months ago	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; It is unknown if the patient had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; This case was created via RadMD.; Agree; The ordering MDs specialty is Cardiology; Ambulates using assistive device such as crutches, cane, walker, or wheelchair	Apr-Jun 15 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; This case was created via RadMD.; Agree; The ordering MDs specialty is Cardiology; The patient had a Recent surgery, within the last 3 months, involving a lower extremity, such as hip, knee replacement or repair	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; This case was created via RadMD.; Agree; The ordering MDs specialty is Cardiology; The patient is On continuous oxygen therapy	Apr-Jun 5 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has a known revascularization by insertion of a stent; The vessel that had the stent inserted is Left Anterior Descending	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; This case was created via RadMD.; The patient has a history of Coronary Artery Bypass Surgery (CABG); The last Myocardial Perfusion Imaging procedure was performed greater than 12 months; Agree; The ordering MDs specialty is Cardiology	Apr-Jun 2 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other than listed above best describes the patients clinical presentation.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; Other cardiac stress testing was completed less than one year ago	Apr-Jun 8 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; Other cardiac stress testing was completed less than one year ago	Apr-Jun 7 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; It is unknown when Other cardiac stress testing was completed	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed; Changing symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; Other cardiac stress testing was completed less than one year ago	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; This case was created via RadMD.; The patient has a known revascularization by insertion of a stent; The last Myocardial Perfusion Imaging procedure was performed greater than 12 months; Agree; The ordering MDs specialty is Cardiology; The vessel that had the stent inserted is Left Main Coronary Artery	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023 4/1/2	2023 6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other than listed above best describes the patients clinical presentation.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2	2023 6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Routine follow up of patient with previous history of ischemic/ coronary artery disease without new or changing symptoms best describes the patients clinical presentation.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2	2023 6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	Apr-Jun 59 2023 2023
4/1/2023 - 6/30/2023 4/1/2	2023 6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	Apr-Jun 60 2023 2023
4/1/2023 - 6/30/2023 4/1/2	2023 6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	Apr-Jun 17 2023 2023
4/1/2023 - 6/30/2023 4/1/2	2023 6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	Apr-Jun 18 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	Apr-Jun 14 2023 2023
				78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary	
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	Apr-Jun 11 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The study is requested for congestive heart failure; There are not new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are not new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	Apr-Jun 4 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for congestive heart failure.; It is not known if the member has known or suspected coronary artery disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for congestive heart failure.; The member does not have known or suspected coronary artery disease	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.	Apr-Jun 12 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected cardiac septal defect.	Apr-Jun 7 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected cardiac septal defect.	Apr-Jun 8 2023 2023

4/1/2023 - 6/30/2023 4/	/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	Apr-Jun 19 2023 2023
4/1/2023 - 6/30/2023 4/	/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	Apr-Jun 20 2023 2023
4/1/2023 - 6/30/2023 4/	/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via BBI.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; Other cardiac stress testing was completed more than one year ago	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/	/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via BBI.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; The health carrier is NOT CareSource	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023 4/	/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed; Changing symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; Other cardiac stress testing was completed more than one year ago	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/	/1/2023	6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; Other cardiac stress testing was completed more than one year ago	Apr-Jun 3 2023 2023

4/1/2023 - 6/30/2023 4/1/20	023 6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; Changing symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; The health carrier is NOT CareSource	Apr-Jun 13 2023 2023
4/1/2023 - 6/30/2023 4/1/20	023 6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; The health carrier is NOT CareSource	Apr-Jun 131 2023 2023
4/1/2023 - 6/30/2023 4/1/20		Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; The health carrier is NOT CareSource	Apr-Jun 133 2023 2023
4/1/2023 - 6/30/2023 4/1/20	023 6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This patient is experiencing worsening effort tolerance and dizziness/near syncope.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/20	023 6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/20	023 6/30/2023 Cardiology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; It is unknown when the primary symptoms began	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Cardiology Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began 6 months to 1 year	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Cardiology Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began less than 6 months ago	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Cardiology Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Unknown; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Cardiology Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Unknown; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Cardiology Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Cardiology Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood pressure	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Cardiology Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has high blood pressure	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 24 months or more since the last echocardiogram.	Apr-Jun 1 2023 2023
.,,	, ,	.,,		,		
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	2 year follow up; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	·	6/30/2023 Cardiology	·	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Angina in a patient with hyperlipidemia and diabetes. Squeezing discomfort that radiates down arms and relieved with rest. Experiences jaw/tooth discomfort and dyspnea when walking uphill with exertion.; This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Bicuspid aortic valve; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Bradycardia; Syncope; dizziness; Abnormal EKG; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	CAD monitoring. last tests are over 2 years old; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Chest Pain; HTN; DM2; Dyslipidemia; This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	chest pain and sob; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year	Apr-Jun 1 2023 2023
4/1/2023 -			·	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral	Chest with shortness of breath; Abnormal EKG Hypertension; Blurred Vision; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist, Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary	Apr-Jun
6/30/2023 4/1/2023 - 6/30/2023		6/30/2023 Cardiology 6/30/2023 Cardiology		93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	symptoms began less than 6 months ago; Medications were given for this diagnosis cloNIDine HCL 0.1 mg tablet;TAKE 1 TABLET BY MOUTH EVERY 6 HOURS AS NEEDED FOR BLOOD PRESSURE GREATER 160/100.;01/10/23 filledsurescripts;levothyroxine 25 mcg tablet;TAKE 1 TABLET BY MOUTH EVERY DAY.;12/27/22 filledsurescripts;Nitrostat 0.4 mg; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1 2023 2023 Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Darnell Paul presents to clinic as a new patient to establish cardiovascular follow up. He has a history of intellectual disability secondary to premature birth at 23 weeks gestation, in utero drug exposure, and medical neglect as a newborn. He underwent; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Enter answer here Abnormal CT imaging with increased calcium score, new onset angina, systolic murmur- or Type In Unknown If No Info Given.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	Apr-Jun 1 2023 2023

		Enter answer here Echo to evaluate LV function; Cardiolite stress test to assess for ischemia. Proceed with pharmacologic protocol as patient ambulates with a cane.; - or Type In	
		Unknown If No Info Given.; This study is being ordered for something other than: known	
	93307 Echocardiography, transthoracic,	trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or	
	real-time with image documentation	conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is	
	(2D), includes M-mode recording, when	NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -	performed, complete, without spectral	Oncology; This case was created via RadMD.; The primary symptoms began less than 6	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Cardiology Approval	or color Doppler echocardiography	months ago	1 2023 2023
	93307 Echocardiography, transthoracic,	Exertional chest pain in patient with a history of STEMI requiring PCI.; This study is being	
	real-time with image documentation	ordered for Vascular Disease.; There has been treatment or conservative therapy.; The	
4/4/2022	(2D), includes M-mode recording, when	ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,	A see to see
4/1/2023 - 6/30/2023 Cardiology Approval	performed, complete, without spectral or color Doppler echocardiography	Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
0/30/2023 4/1/2023 0/30/2023 Caldiology Approval	or color poppier echocardiography	symptoms begainess than o months ago, wedications were given for this diagnosis	1 2023 2023
		Follow up for congenital heart disease for further treatment planning.; This a request for an	
	93307 Echocardiography, transthoracic,	echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being	
	real-time with image documentation	ordered for Evaluation of Congenital Heart Defect.; This is fora routine follow up of	
4/1/2023 -	(2D), includes M-mode recording, when performed, complete, without spectral	congenital heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Cardiology Approval	or color Doppler echocardiography	performed.	1 2023 2023
· · · · · · · · · · · · · · · · · · ·			
		Follow up for Marfan's Syndrome with history of mildly dilated aortic root.; This a request	
	93307 Echocardiography, transthoracic,	for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is	
	real-time with image documentation (2D), includes M-mode recording, when	being ordered for Evaluation of Congenital Heart Defect.; This is for a routine follow up of congenital heart disease.; There has NOT been a change in clinical status since the last	
4/1/2023 -	performed, complete, without spectral	echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Cardiology Approval	or color Doppler echocardiography	performed.	1 2023 2023
		Mr. Cawley is a 65 year old male with a past medical history of HTN, hyperlipidemia, tobacco dependency, and crack/cocaine use. He is referred by Michelle Bagby, APRN, for a cardiac	
		evaluation. His BP is 142/90, he has not had his medication today. He re; This study is being	
		ordered for something other than: known trauma or injury, metastatic disease, a	
	93307 Echocardiography, transthoracic,	neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular	
	real-time with image documentation	disease.; There has not been any treatment or conservative therapy.; There are 2 exams are	
4/4/2000	(2D), includes M-mode recording, when	being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
4/1/2023 - 6/30/2023 Cardiology Approval	performed, complete, without spectral or color Doppler echocardiography	Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	Apr-Jun 1 2023 2023
0/30/2023 4/1/2023 0/30/2023 Cardiology Approval	or color poppier echocardiography	Radivid., The primary symptoms degan less than o months ago	1 2023 2023
		Mr. Smallwood is a 63 year old WM with a past medical history of hypertension,	
		hyperthyroidism, GERD, Barrett's esophageus and tobacco dependence. He is here today for	
		a follow up. Since his last visit, he reports having a brain biopsy on the lining of; This study	
	93307 Echocardiography, transthoracic,	is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular	
	real-time with image documentation	disease.; There has not been any treatment or conservative therapy.; There are 2 exams are	
	(2D), includes M-mode recording, when	being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
4/1/2023 -	performed, complete, without spectral	Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Cardiology Approval	or color Doppler echocardiography	RadMD.; The primary symptoms began less than 6 months ago	1 2023 2023

4/1/2023 - 6/30/2023 4/1/20	023 6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Mrs. Jackson returns today for eval of CAD, HTN, hyperlipidemia, dyspnea. She has known CAD by cardiac cath in 3/3/20 which showed moderate stenosis of 65% in the mid-RCA with only minimal disease in the left coronary system. Medical mgmt was advised. She; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis Ms. Harris is a 50 year old AAW with a past medical history of smoking, HTN and HLD who	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/20	023 6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	was referred here for chest pains. She says she has chest pains 3 or 4 times a week. She says that these can come on at random. She says that their usually sharp pains; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/20	023 6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Ms. Wilson is a 60 year old female with a past medical history of hypertension, obesity, GERD, osteoarthritis, degenerative disc disease, vitamin B12 deficiency and vitamin D deficiency. She is referred by Dr. Firmatura for lower extremity edema. She rep; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/20	023 6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	patient is s/p right ventricular foreign body removal (gunshot); This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/20	023 6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Right lower extremity cellulitis and abnormal recent EKG; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/20	023 6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	s/p heart transplant; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/20	023 6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Suggest echocardiogram to evaluate left ventricular systolic function as well as valvular anatomy Would also proceed with myocardial perfusion imaging to rule out ischemic focus.; This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Supraventricular Tachycardia I47.1; Fatty (change Of) Liver, Not Elsewhere Classified K76.0; Chronic Kidney Disease (ckd) N18; Tachycardia, Unspecified R00.0; Anemia, Unspecified D64.9; Type 1 Diabetes Mellitus With Hyperglycemia E10.65; Obesity, Un; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 3 or younger.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; This study is being ordered as a post operative evaluation.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; This study is being ordered as a post operative evaluation.; The health carrier is NOT HealthNet of California	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for an infection of the heart.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for Chest pain of suspected cardiac etiology; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed in the past 6 weeks; Results of other testing completed failed to confirm chest pain was of cardiac origin	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	· .	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for Chest pain of suspected cardiac etiology; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram	Apr-Jun 40 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for Chest pain of suspected cardiac etiology; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram; The health carrier is NOT HealthNet of California	Apr-Jun 13 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for evaluation related to chemotherapy (initial evaluation or follow-up).	Apr-Jun 4 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for evaluation related to chemotherapy (initial evaluation or follow-up).; The health carrier is NOT HealthNet of California	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for Follow-up to a prior test; EKG has been completed; The EKG was considered abnormal; The abnormality was Q Wave changes	Apr-Jun 8 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for Follow-up to a prior test; EKG has been completed; The EKG was considered abnormal; The abnormality was Q Wave changes; The health carrier is NOT HealthNet of California	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for Follow-up to a prior test; Exercise Treadmill Testing has been completed; Results of the Exercise Stress Test indicate other cardiac imaging tests were needed; Exercise Treadmill testing was completed less than 6 Weeks ago	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of an abnormal heart rhythm.	Apr-Jun 6 2023 2023
4/1/2023 - 6/30/2023		6/30/2023 Cardiology		93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of an abnormal heart rhythm.; The health carrier is NOT HealthNet of California	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023		6/30/2023 Cardiology		93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of congenital heart disease.; The health carrier is NOT HealthNet of California	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Cardiology Ap	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral oproval or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is Cardiology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of possible or known pulmonary hypertension.; The health carrier is NOT HealthNet of California	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Cardiology Ap	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for a history of heart valve disease.; Mild stenosis or mild regurgitation of the mitral or aortic valve is present; This is an initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are NO new symptoms suggesting worsening of heart valve disease	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Cardiology Ap	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for a history of heart valve disease.; Mild stenosis or mild regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Cardiology Ap	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral oproval or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for a history of heart valve disease.; Mild stenosis or mild regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are NO new symptoms suggesting worsening of heart valve disease	Apr-Jun 1 2023 2023
4/1/2023 -	•	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for a history of heart valve disease.; Mild stenosis or mild regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are NO new symptoms suggesting worsening of heart valve disease; The health carrier is NOT HealthNet of	Apr-Jun
6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Cardiology Ap	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral	California This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for a history of heart valve disease.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1 year since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease; The health carrier is NOT HealthNet of California	1 2023 2023 Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Cardiology Ap	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for a history of heart valve disease.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Cardiology Ap	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for a history of heart valve disease.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are NO new symptoms suggesting worsening of heart valve disease	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023 4/1/202	3 6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for a history of heart valve disease.; Severe stenosis or severe regurgitation of the mitral or aortic valve is present; This is an initial evaluation after aortic or mitral valve surgery.; It has been less than 1 year since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease; The health carrier is NOT HealthNet of California	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/202	3 6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for a history of heart valve disease.; Severe stenosis or severe regurgitation of the mitral or aortic valve is present; This is an initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/202	3 6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for a history of heart valve disease.; Severe stenosis or severe regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease; The health carrier is NOT HealthNet of California	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/202	3 6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for Chest pain of suspected cardiac etiology; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed in the past 6 weeks; It is unknown if Results of other testing completed fail to confirm chest pain was of cardiac origin	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/202			93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for Chest pain of suspected cardiac etiology; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/202		•	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	Apr-Jun 10 2023 2023
4/1/2023 - 6/30/2023 4/1/202	3 6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of congestive heart failure (CHF); The health carrier is NOT HealthNet of California	Apr-Jun 6 2023 2023
4/1/2023 - 6/30/2023 4/1/202	3 6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease	Apr-Jun 9 2023 2023

4/1/2023 - 6/30/2023 -	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease; The health carrier is NOT HealthNet of California	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are NO new symptoms suggesting worsening of heart valve disease; The health carrier is NOT HealthNet of California	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 -	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for Follow-up to a prior test; EKG has been completed; The EKG was considered abnormal; The abnormality was Non Specific EKG Changes	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 -	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for Follow-up to a prior test; EKG has been completed; The EKG was considered abnormal; The abnormality was Rhythm abnormalities; The health carrier is NOT HealthNet of California	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 -	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or don't know.; This study is being ordered for none of the above or don't know.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 -	4/1/2023	6/30/2023 Cardiology		93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or don't know.; This study is being ordered for none of the above or don't know.; The health carrier is NOT HealthNet of California	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 -	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or don't know.; This study is being ordered for symptoms of a heart problem	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023 -	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or don't know.; This study is being ordered for symptoms of a heart problem; The health carrier is NOT HealthNet of California	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023 4/1/202	3 6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 14 years old.; Congenital heart defect, congenital syndrome or acquired syndrome best describes my reason for ordering this study.; This is an initial evaluation of a patient not seen in this office before.; The ordering provider's specialty is Cardiology	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/202	3 6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 14 years old.; Kawasaki Disease best describes my reason for ordering this study.; This is an initial evaluation of a patient not seen in this office before.; The ordering provider's specialty is Cardiology	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/202	.3 6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	Apr-Jun 10 2023 2023
4/1/2023 -		·	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.;	Apr-Jun
6/30/2023 4/1/202 4/1/2023 -	3 6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral	The patient has high blood pressure This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.;	1 2023 2023 Apr-Jun
6/30/2023 4/1/202 4/1/2023 -	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral	The patient has high blood pressure This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical	1 2023 2023 Apr-Jun
6/30/2023 4/1/202 4/1/2023 -		·	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral	exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease. This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical	1 2023 2023 Apr-Jun
6/30/2023 4/1/202 4/1/2023 - 6/30/2023 4/1/202			93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease. This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood pressure	1 2023 2023 Apr-Jun 4 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Cardiology Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Known or suspected left ventricular disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Cardiology Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has high blood pressure	Apr-Jun 4 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Cardiology Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected left ventricular disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Cardiology Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood pressure	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Cardiology Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Known or suspected left ventricular disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Cardiology Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood pressure	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Cardiology Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Known or suspected left ventricular disease.	Apr-Jun 1 2023 2023

			This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	
			This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG)	
		93307 Echocardiography, transthoracic,	indicative of heart disease.; The patient has a history of hypertensive heart disease.; There is	
		real-time with image documentation	NOT a change in the patient's cardiac symptoms.; This is for the initial evaluation of	
		(2D), includes M-mode recording, when	abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG)	
4/1/2023 -		performed, complete, without spectral	indicative of heart disease.; It has been at least 24 months since the last echocardiogram was	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Cardiology Approva	or color Doppler echocardiography	performed.; The patient has high blood pressure	1 2023 2023
			This a vacuant for an ash according on a This is a vacuant for a Transhbassais Fab according on a	
			This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of	
			abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG)	
		93307 Echocardiography, transthoracic,	indicative of heart disease.; The patient has a history of hypertensive heart disease.; There is	
		real-time with image documentation	NOT a change in the patient's cardiac symptoms.; This is for the initial evaluation of	
		(2D), includes M-mode recording, when	abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG)	
4/1/2023 -		performed, complete, without spectral	indicatvie of heart disease.; It has been at least 24 months since the last echocardiogram was	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Cardiology Approva	or color Doppler echocardiography	performed.; The patient has high blood pressure	1 2023 2023
			This could be a substitute of the substitute of	
		93307 Echocardiography, transthoracic,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of	
		real-time with image documentation	abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG)	
		(2D), includes M-mode recording, when	indicative of heart disease.; There has been a change in clinical status since the last	
4/1/2023 -		performed, complete, without spectral	echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Cardiology Approva		findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	7 2023 2023
			This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	
		93307 Echocardiography, transthoracic,	This study is being ordered for another reason; This study is being ordered for evaluation of	
		real-time with image documentation	abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG)	
4/1/2023 -		(2D), includes M-mode recording, when performed, complete, without spectral	indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Cardiology Approva	or color Doppler echocardiography	findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.	7 2023 2023
0,00,2020 1,1,2020	o, so, rees caraining, hipping	C. Co.o. Boppier conocaranography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	, 2020 2020
			This study is being ordered for another reason; This study is being ordered for evaluation of	
			abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG)	
		93307 Echocardiography, transthoracic,	indicative of heart disease.; There has been a change in clinical status since the last	
		real-time with image documentation	echocardiogram.; This is NOT for the initial evaluation of heart failure.; This is for the initial	
. /. /2022		(2D), includes M-mode recording, when	evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray	
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Cardiology Approva	performed, complete, without spectral or color Doppler echocardiography	or EKG) indicative of heart disease.; The patient has shortness of breath; Known or suspected Congestive Heart Failure.	Apr-Jun 1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Cardiology Approva	от соют воррнет еспосатогодгартту	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	1 2023 2023
			This study is being ordered for another reason; This study is being ordered for evaluation of	
			abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG)	
		93307 Echocardiography, transthoracic,	indicative of heart disease.; There has been a change in clinical status since the last	
		real-time with image documentation	echocardiogram.; This is NOT for the initial evaluation of heart failure.; This is for the initial	
		(2D), includes M-mode recording, when	evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray	
4/1/2023 -	C/20/2022 Cardialam. Account	performed, complete, without spectral	or EKG) indicative of heart disease.; The patient has shortness of breath; Known or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Cardiology Approva	or color Doppler echocardiography	suspected Congestive Heart Failure. This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	1 2023 2023
			This study is being ordered for another reason; This study is being ordered for evaluation of	
			abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG)	
		93307 Echocardiography, transthoracic,	indicative of heart disease.; There has been a change in clinical status since the last	
		real-time with image documentation	echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for	
		(2D), includes M-mode recording, when	follow up of a known murmur.; This is for the initial evaluation of abnormal symptoms,	
4/1/2023 -		performed, complete, without spectral	physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Cardiology Approva	or color Doppler echocardiography	The patient has abnormal heart sounds	1 2023 2023

		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	
		This study is being ordered for another reason; This study is being ordered for evaluation of	
		abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG)	
	93307 Echocardiography, transthoracic,	indicative of heart disease.; There has been a change in clinical status since the last	
	real-time with image documentation	echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for	
	(2D), includes M-mode recording, when	follow up of a known murmur.; This is for the initial evaluation of abnormal symptoms,	
4/1/2023 -	performed, complete, without spectral	physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.;	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Cardiology Approval	or color Doppler echocardiography	The patient has abnormal heart sounds	1 2023 2023
		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	
	93307 Echocardiography, transthoracic,	This study is being ordered for another reason; This study is being ordered for evaluation of	
	real-time with image documentation	abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG)	
	(2D), includes M-mode recording, when	indicative of heart disease.; There has NOT been a change in clinical status since the last	
4/1/2023 -	performed, complete, without spectral	echocardiogram.; It is unknown if this is for the initial evaluation of abnormal symptoms,	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Cardiology Approval	or color Doppler echocardiography	physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	1 2023 2023
		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	
	93307 Echocardiography, transthoracic,	This study is being ordered for another reason; This study is being ordered for evaluation of	
	real-time with image documentation	abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG)	
	(2D), includes M-mode recording, when	indicative of heart disease.; There has NOT been a change in clinical status since the last	
4/1/2023 -	performed, complete, without spectral	echocardiogram.; It is unknown if this is for the initial evaluation of abnormal symptoms,	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Cardiology Approval	or color Doppler echocardiography	physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.	1 2023 2023
, , , , , , , , , , , , , , , , , , ,		, , , ,	
		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	
	93307 Echocardiography, transthoracic,	This study is being ordered for another reason; This study is being ordered for evaluation of	
	real-time with image documentation	abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG)	
	(2D), includes M-mode recording, when	indicative of heart disease.; There has NOT been a change in clinical status since the last	
4/1/2023 -	performed, complete, without spectral	echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Cardiology Approval	or color Doppler echocardiography	findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	4 2023 2023
5/55/2525 5/55/2525 58/5/5/5/5/			. 2020 2020
		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	
	93307 Echocardiography, transthoracic,	This study is being ordered for another reason; This study is being ordered for evaluation of	
	real-time with image documentation	abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG)	
	(2D), includes M-mode recording, when	indicative of heart disease.; There has NOT been a change in clinical status since the last	
4/1/2023 -	performed, complete, without spectral	echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Cardiology Approval	or color Doppler echocardiography	findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.	4 2023 2023
-,,		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	
		This study is being ordered for another reason; This study is being ordered for evaluation of	
	93307 Echocardiography, transthoracic,	abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG)	
	real-time with image documentation	indicative of heart disease.; This is an initial evaluation of suspected valve disease.; This is for	
	(2D), includes M-mode recording, when	the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies	
4/1/2023 -	performed, complete, without spectral	(chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Known	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Cardiology Approval	or color Doppler echocardiography	or suspected valve disease.	1 2023 2023
0/30/2023 4/1/2023 0/30/2023 Cardiology Approval	or color poppici ecitocardiographiy	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	1 2023 2023
		This study is being ordered for another reason; This study is being ordered for evaluation of	
	93307 Echocardiography, transthoracic,	abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG)	
	real-time with image documentation	indicative of heart disease.; This is an initial evaluation of suspected valve disease.; This is for	
	-	•	
4/1/2022	(2D), includes M-mode recording, when	the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies	Amar I
4/1/2023 - 6/20/2023 Cardiology Approval	performed, complete, without spectral	(chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Cardiology Approval	or color Doppler echocardiography	or suspected valve disease.	1 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Cardiology Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if this study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Cardiology Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	Apr-Jun 7 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Cardiology Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Known or suspected pulmonary hypertension	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Cardiology Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	Apr-Jun 19 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Cardiology Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	Apr-Jun 9 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Cardiology Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	Apr-Jun 10 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Cardiology Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	Apr-Jun 3 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Cardiology Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if this study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Cardiology Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	Apr-Jun 7 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Cardiology Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected pulmonary hypertension	Apr-Jun 1 2023 2023
			This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	
		93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The	
4/1/2023 -	5/20/2020 0 1: 1	performed, complete, without spectral	patient has shortness of breath; Shortness of breath is not related to any of the listed	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Cardiology Approval	or color Doppler echocardiography	indications.	19 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Cardiology Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	Apr-Jun 10 2023 2023
			This a various for an ash according on an . This is a various bloom a Transch area is Fabracard in a various	
4/1/2023 -		93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Cardiology Approval	or color Doppler echocardiography	ventricular cardiac arrhythmias.; The patient has an abnormal EKG	3 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Cardiology Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of heart failure.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Known or suspected Congestive Heart Failure.	Apr-Jun 3 2023 2023
0/30/2023 4/1/2023	0/30/2023 Cardiology Approval	or color poppler echocardiography	suspected congestive near training.	3 2023 2023

			93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of heart failure.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest	
4/1/2023 -			performed, complete, without spectral	x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or	Apr-Jun
6/30/2023 4/1/2	023 6/30/2023 Cardiology	Approval	or color Doppler echocardiography	suspected Congestive Heart Failure.	3 2023 2023
4/1/2023 - 6/30/2023 4/1/2	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; It is unknown if this study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2	.023 6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	Apr-Jun 21 2023 2023
4/1/2023 - 6/30/2023 4/1/2	.023 6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	Apr-Jun 4 2023 2023
4/1/2023 - 6/30/2023 4/1/2	.023 6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	Apr-Jun 5 2023 2023
4/1/2023 - 6/30/2023 4/1/2	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of Marfan's syndrome.; This is for the initial evaluation of Marfan's Syndrome.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2	023 6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of Pericardial Disease.; This is for the initial evaluation of a pericardial disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2	.023 6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Embolism.	Apr-Jun 2 2023 2023

				93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Mass.; There has been a change in	
4/1/2023 -				performed, complete, without spectral	clinical status since the last echocardiogram.; This is NOT for the initial evaluation of a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	or color Doppler echocardiography	cardiac mass.	2 2023 2023
			•	· · · · · · · · · · · · · · · · · · ·		
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Mass.; This is for the initial evaluation of a cardiac mass.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; It is unknown if there been a change in clinical status since the last echocardiogram.; It is unknown if this request is for initial evaluation of a murmur.; This is a request for follow up of a known murmur.	Apr-Jun 1 2023 2023
4/1/2023 -				93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; It is unknown if there been a change in clinical status since the last echocardiogram.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; This is a request for	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	or color Doppler echocardiography	follow up of a known murmur.	1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; There has been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur.	Apr-Jun 16 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	Apr-Jun 4 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	Apr-Jun 9 2023 2023

				93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial	
4/1/2023 -				performed, complete, without spectral		Apr.lup
	4/4/2022	C/20/2022 C			evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are clinical	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	or color Doppler echocardiography	symptoms supporting a suspicion of structural heart disease.	16 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; It is unknown what type of cardiac valve conditions apply to this patient.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; The patient has suspected prolapsed mitral valve.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual re-evaluation of artificial heart valves.; It has been at least 12 months since the last echocardiogram was performed.	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 7-9 months since the last echocardiogram.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 12 - 23 months or more since the last echocardiogram.	Apr-Jun 4 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 12 - 23 months or more since the last echocardiogram.	Apr-Jun 5 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 24 months or more since the last echocardiogram.	Apr-Jun 2 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	Apr-Jun 53 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	Apr-Jun 54 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of artificial heart valves.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	Apr-Jun 76 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	Apr-Jun 77 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	Apr-Jun 78 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artificial heart valves.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023		6/30/2023 Cardiology		93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artificial heart valves.	Apr-Jun 2 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for evaluation of change of clinical status.	Apr-Jun 7 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease.	Apr-Jun 6 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; It has been at least 24 months since the last echocardiogram was performed.	Apr-Jun 20 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; It has been at least 24 months since the last echocardiogram was performed.	Apr-Jun 21 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; There has been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.	Apr-Jun 6 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023		6/30/2023 Cardiology	·	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; It is unknown if there been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of heart failure.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		6/30/2023 Cardiology		93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; It is unknown if there been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	Apr-Jun 1 2023 2023

				93307 Echocardiography, transthoracic,		
				real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	
4/4/2022				(2D), includes M-mode recording, when	This study is being ordered for Evaluation of Heart Failure; There has been a change in	A mar I mar
4/1/2023 -	4/1/2022	6/20/2022 Cardiology	Annroyal	performed, complete, without spectral	clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart	Apr-Jun 44 2023 2023
6/30/2023	4/1/2023	6/30/2023 Cardiology	Approvai	or color Doppler echocardiography	failure.	44 2023 2023
				93307 Echocardiography, transthoracic,		
				real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	
4/1/2023 -				(2D), includes M-mode recording, when performed, complete, without spectral	This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	or color Doppler echocardiography	failure.	45 2023 2023
5,55,252	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-,,		от отого дорржи тоготого доргания		
				02207 Fahasaydia ayanbu, hyayathayasia		
				93307 Echocardiography, transthoracic, real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	
				(2D), includes M-mode recording, when	This study is being ordered for Evaluation of Heart Failure; There has NOT been a change in	
4/1/2023 -				performed, complete, without spectral	clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	or color Doppler echocardiography	failure.	4 2023 2023
				93307 Echocardiography, transthoracic,		
				real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	
				(2D), includes M-mode recording, when	This study is being ordered for Evaluation of Heart Failure; There has NOT been a change in	
4/1/2023 -				performed, complete, without spectral	clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	or color Doppler echocardiography	failure.	5 2023 2023
				93307 Echocardiography, transthoracic,		
				real-time with image documentation		
				(2D), includes M-mode recording, when	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	
4/1/2023 -		-//		performed, complete, without spectral	This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	or color Doppler echocardiography	heart failure.	150 2023 2023
				93307 Echocardiography, transthoracic,		
				real-time with image documentation		
4/1/2023 -				(2D), includes M-mode recording, when performed, complete, without spectral	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Cardiology	Annroval	or color Doppler echocardiography	heart failure.	154 2023 2023
0/30/2023	4/1/2023	0/30/2023 Cardiology	прргочи	or color poppier conocaratography	neur Control	134 2023 2023
				02207 Februard's supply Assessed		
				93307 Echocardiography, transthoracic,		
				real-time with image documentation (2D), includes M-mode recording, when	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	
4/1/2023 -				performed, complete, without spectral	This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	or color Doppler echocardiography	patient has a history of a recent heart attack or hypertensive heart disease.	4 2023 2023
				93307 Echocardiography, transthoracic,		
				real-time with image documentation		
				(2D), includes M-mode recording, when	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	
				and and a second	This study is his to a code and for Europeation of Lafe Variation des European. The matter than a set	A mare laum
4/1/2023 - 6/30/2023		6/30/2023 Cardiology		performed, complete, without spectral or color Doppler echocardiography	This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	Apr-Jun 39 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of a recent myocardial infarction (heart attack).	Apr-Jun 11 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	Apr-Jun 145 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patient's cardiac symptoms.; It has been at least 24 months since the last echocardiogram was performed.	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patient's cardiac symptoms.; It has NOT been at least 24 months since the last echocardiogram was performed.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	Apr-Jun 432 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	Apr-Jun 433 2023 2023
4/1/2023 - 6/30/2023		6/30/2023 Cardiology	·	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	Apr-Jun 435 2023 2023
4/1/2023 - 6/30/2023		6/30/2023 Cardiology		93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; Other cardiac stress testing was completed 6 weeks or less ago; Congestive heart failure best describes the reason for ordering this study	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023 -	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms 6 months or less ago.; It is unknown if other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 -	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.	Apr-Jun 11 2023 2023
4/1/2023 - 6/30/2023 -	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; The last TTE (Transthoracic Echocardiogram) was 3 months ago or less	Apr-Jun 7 2023 2023
4/1/2023 - 6/30/2023 -	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms is unknown; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 -	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms was more than 6 months ago.;; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; The last TTE (Transthoracic Echocardiogram) was 3 months ago or less	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 -	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; There is known valvular heart disease.; The patient's valvular heart disease is mild.; Pre-existing murmur best describes the reason for ordering this study.	Apr-Jun 4 2023 2023
4/1/2023 - 6/30/2023 -		6/30/2023 Cardiology		93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; There is no known valvular heart disease.; Pre-existing murmur best describes the reason for ordering this study.	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023 -		6/30/2023 Cardiology		93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; This case was created via BBI.; Atrial fibrillation and/or atrial flutter best describes the reason for ordering this study.	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; This case was created via BBI.; Follow up for known pulmonary hypertension best describes the reason for ordering this study.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; This case was created via BBI.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; Congestive heart failure best describes the reason for ordering this study	Apr-Jun 6 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; This case was created via BBI.; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; A previous TTE (Transthoracic Echocardiogram) has not been completed	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; This case was created via BBI.; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; A previous TTE (Transthoracic Echocardiogram) has not been completed	Apr-Jun 4 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; This case was created via BBI.; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; The last TTE (Transthoracic Echocardiogram) was more than 3 months ago	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; This case was created via BBI.; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; The last TTE (Transthoracic Echocardiogram) was more than 3 months ago	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; This case was created via BBI.; The onset or change in symptoms was more than 6 months ago.;; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; The last TTE (Transthoracic Echocardiogram) was more than 3 months ago	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; This case was created via BBI.; There is known valvular heart disease.; A previous TTE (Transthoracic Echocardiogram) has not been completed; The patient's valvular heart disease is moderate to severe.; Pre-existing murmur best describes the reason for ordering this study.	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; This case was created via BBI.; There is known valvular heart disease.; A previous TTE (Transthoracic Echocardiogram) has not been completed; The patient's valvular heart disease is moderate to severe.; Pre-existing murmur best describes the reason for ordering this study.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; This case was created via BBI.; There is known valvular heart disease.; The last TTE (Transthoracic Echocardiogram) was more than 6 months ago; The patient's valvular heart disease is moderate to severe.; Pre-existing murmur best describes the reason for ordering this study.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Atrial fibrillation and/or atrial flutter best describes the reason for ordering this study.	Apr-Jun 26 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Atrial fibrillation and/or atrial flutter best describes the reason for ordering this study.	Apr-Jun 27 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Follow up for known pulmonary hypertension best describes the reason for ordering this study.	Apr-Jun 132 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; New onset murmur best describes the reason for ordering this study.	Apr-Jun 10 2023 2023
4/1/2023 - 6/30/2023		6/30/2023 Cardiology	·	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; Other cardiac stress testing was completed more than 6 weeks ago; Congestive heart failure best describes the reason for ordering this study	Apr-Jun 8 2023 2023
4/1/2023 - 6/30/2023		6/30/2023 Cardiology		93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; Congestive heart failure best describes the reason for ordering this study	Apr-Jun 54 2023 2023

4/1/2023 - 6/30/2023 4/1/202	3 6/30/2023 Cardiology Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; A previous TTE (Transthoracic Echocardiogram) has not been completed	Apr-Jun 136 2023 2023
4/1/2023 - 6/30/2023 4/1/202	3 6/30/2023 Cardiology Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; The last TTE (Transthoracic Echocardiogram) was more than 3 months ago	Apr-Jun 63 2023 2023
4/1/2023 - 6/30/2023 4/1/202	3 6/30/2023 Cardiology Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms was more than 6 months ago.;; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; The last TTE (Transthoracic Echocardiogram) was more than 3 months ago	Apr-Jun 7 2023 2023
4/1/2023 - 6/30/2023 4/1/202	3 6/30/2023 Cardiology Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; There is known valvular heart disease.; The last TTE (Transthoracic Echocardiogram) was more than 6 months ago; The patient's valvular heart disease is moderate to severe.; Pre-existing murmur best describes the reason for ordering this study.	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023 4/1/202	3 6/30/2023 Cardiology Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; Unknown or other than listed above best describes the reason for ordering this study	Apr-Jun 28 2023 2023
4/1/2023 -	2 6/20/2022 Cardialogy Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began less than 6 months ago; Medications were given for this	Apr-Jun 1 2023 2023
6/30/2023 4/1/202 4/1/2023 - 6/30/2023 4/1/202	•	or color Doppler echocardiography 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	diagnosis This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began 6 months to 1 year	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/202	3 6/30/2023 Cardiology Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began less than 6 months ago	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	valvular disease; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		6/30/2023 Cardiology	·	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M- mode recording); including probe placement, image acquisition, interpretation and report	; This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is NOT for suspected acute aortic pathology, pre-op of mitral valve regurgitation, infective endocarditis, left atrial thrombus, radiofrequency ablation procedure, fever with intracardiac devise or completed NON diagnostic TTE.; The patient is 18 years of age or older.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M- mode recording); including probe placement, image acquisition, interpretation and report	Grade 3 or 4 diastolic dysfunction. Left heart Cath shows several mitral valve regurgitation; This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is NOT for suspected acute aortic pathology, pre-op of mitral valve regurgitation, infective endocarditis, left atrial thrombus, radiofrequency ablation procedure, fever with intracardiac devise or completed NON diagnostic TTE.; The patient is 18 years of age or older.; The health carrier is NOT HealthNet of California	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M- mode recording); including probe placement, image acquisition, interpretation and report	Guidance during PFO Closure procedure; This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is NOT for suspected acute aortic pathology, pre-op of mitral valve regurgitation, infective endocarditis, left atrial thrombus, radiofrequency ablation procedure, fever with intracardiac devise or completed NON diagnostic TTE.; The patient is 18 years of age or older.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M- mode recording); including probe placement, image acquisition, interpretation and report	Her aortic stenosis appears to have worsened. She will need to discuss TEE.; This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is NOT for suspected acute aortic pathology, pre-op of mitral valve regurgitation, infective endocarditis, left atrial thrombus, radiofrequency ablation procedure, fever with intracardiac devise or completed NON diagnostic TTE.; The patient is 18 years of age or older.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M- mode recording); including probe placement, image acquisition, interpretation and report	new finding of vsb; This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is NOT for suspected acute aortic pathology, pre-op of mitral valve regurgitation, infective endocarditis, left atrial thrombus, radiofrequency ablation procedure, fever with intracardiac devise or completed NON diagnostic TTE.; The patient is 18 years of age or older.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M- mode recording); including probe placement, image acquisition, interpretation and report	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested after a completed NON diagnostic transthoracic echocardiogram.; The patient is 18 years of age or older.	Apr-Jun 2 2023 2023

4/1/2023 - 6/30/2023 4/:	/1/2023	6/30/2023 Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M- mode recording); including probe placement, image acquisition, interpretation and report	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested after a completed NON diagnostic transthoracic echocardiogram.; The patient is 18 years of age or older.; The health carrier is NOT HealthNet of California	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/:	/1/2023	6/30/2023 Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M- mode recording); including probe placement, image acquisition, interpretation and report	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for diagnosis and management of infective endocarditis.; The patient is 18 years of age or older.; The health carrier is NOT HealthNet of California	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/:	/1/2023	6/30/2023 Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M- mode recording); including probe placement, image acquisition, interpretation and report	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of atrial fibrillation or flutter to determine the presence or absence of left atrial thrombus or evaluate for radiofrequency ablation procedure.; The patient is 18 years of age or older.	Apr-Jun 38 2023 2023
4/1/2023 - 6/30/2023 4/:	/1/2023	6/30/2023 Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M- mode recording); including probe placement, image acquisition, interpretation and report	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of atrial fibrillation or flutter to determine the presence or absence of left atrial thrombus or evaluate for radiofrequency ablation procedure.; The patient is 18 years of age or older.; The health carrier is NOT HealthNet of California	Apr-Jun 12 2023 2023
4/1/2023 - 6/30/2023 4/:	/1/2023	6/30/2023 Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M- mode recording); including probe placement, image acquisition, interpretation and report	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of suspected acute aortic pathology such as aneurysm or dissection.; The patient is 18 years of age or older.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/:	/1/2023	6/30/2023 Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M- mode recording); including probe placement, image acquisition, interpretation and report	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of suspected acute aortic pathology such as aneurysm or dissection.; The patient is 18 years of age or older.; The health carrier is NOT HealthNet of California	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/:	/1/2023	6/30/2023 Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M- mode recording); including probe placement, image acquisition, interpretation and report	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for pre-operative evaluation of mitral valve regurgitation; The patient is 18 years of age or older.	Apr-Jun 7 2023 2023
4/1/2023 - 6/30/2023 4/:	/1/2023	6/30/2023 Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M- mode recording); including probe placement, image acquisition, interpretation and report	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for pre-operative evaluation of mitral valve regurgitation; The patient is 18 years of age or older.; The health carrier is NOT HealthNet of California	Apr-Jun 3 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M- mode recording); including probe placement, image acquisition, interpretation and report	To rule out clot; This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is NOT for suspected acute aortic pathology, pre-op of mitral valve regurgitation, infective endocarditis, left atrial thrombus, radiofrequency ablation procedure, fever with intracardiac devise or completed NON diagnostic TTE.; The patient is 18 years of age or older.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; Assessment of risk for a patient without symptoms or history of ischemic/coronary artery disease best describes the patients clinical presentation.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; It is unknown if the patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The patient has None of the above physical limitations	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The patient has None of the above physical limitations; The health carrier is NOT HealthNet of California	Apr-Jun 7 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; This case was created via RadMD.; Agree; The ordering MDs specialty is Cardiology; Ambulates using assistive device such as crutches, cane, walker, or wheelchair	Apr-Jun 7 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; This case was created via RadMD.; Agree; The ordering MDs specialty is Cardiology; Ambulates using assistive device such as crutches, cane, walker, or wheelchair; The health carrier is NOT HealthNet of California	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; This case was created via RadMD.; Agree; The ordering MDs specialty is Cardiology; The patient is On continuous oxygen therapy; The health carrier is NOT HealthNet of California	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; This case was created via RadMD.; The patient has known hemodynamically significant Coronary Artery Disease (CAD) (known coronary lesion of greater than 70%); Agree; The ordering MDs specialty is Cardiology	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; This case was created via RadMD.; The patient has known hemodynamically significant Coronary Artery Disease (CAD) (known coronary lesion of greater than 70%); Agree; The ordering MDs specialty is Cardiology; The health carrier is NOT HealthNet of California	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; This case was created via RadMD.; The patient has new or worsening symptoms not medically controlled; Agree; The ordering MDs specialty is Cardiology	Apr-Jun 7 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; This case was created via RadMD.; The patient has new or worsening symptoms not medically controlled; Agree; The ordering MDs specialty is Cardiology; The health carrier is NOT HealthNet of California	Apr-Jun 3 2023 2023

4/1/2023 - 6/30/2023 4/1/20	023 6/30/2023 Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has a known revascularization by insertion of a stent; The vessel that had the stent inserted is Right Coronary Artery; The health carrier is NOT HealthNet of California	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/20	023 6/30/2023 Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; This case was created via BBI.; The patient has a Body Mass Index (BMI) greater than 40; The ordering MDs specialty is Cardiology; The last Stress Echocardiogram or Myocardial Perfusion Imaging procedure was performed greater than 12 months	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/20	023 6/30/2023 Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; This case was created via RadMD.; The patient has a Body Mass Index (BMI) greater than 40; Agree; The ordering MDs specialty is Cardiology; The last Stress Echocardiogram or Myocardial Perfusion Imaging procedure was performed greater than 12 months	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023 4/1/20	023 6/30/2023 Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; This case was created via RadMD.; The patient has a known left bundle branch block as documented on an EKG and has been interpreted by a Cardiologist; Agree; The ordering MDs specialty is Cardiology; The last Stress Echocardiogram or Myocardial Perfusion Imaging procedure was performed greater than 12 months	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/20	023 6/30/2023 Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; This case was created via RadMD.; The patient has a known left bundle branch block as documented on an EKG and has been interpreted by a Cardiologist; Agree; The ordering MDs specialty is Cardiology; The last Stress Echocardiogram or Myocardial Perfusion Imaging procedure was performed greater than 12 months; The health carrier is NOT HealthNet of California	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/20	023 6/30/2023 Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; It is not known if the member has known or suspected coronary artery disease.	Apr-Jun 2 2023 2023

4/1/2023 - 6/30/2023 4,	·/1/2023	6/30/2023 Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; Other than listed above best describes the patients clinical presentation.; The health carrier is NOT HealthNet of California	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 - 4/	./1/2023	6/30/2023 Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; Routine follow up of patient with previous history of ischemic/ coronary artery disease without new or changing symptoms best describes the patients clinical presentation.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4,	./1/2023	6/30/2023 Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; The patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.	Apr-Jun 6 2023 2023
4/1/2023 - 6/30/2023 4,	./1/2023	6/30/2023 Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	Apr-Jun 179 2023 2023
4/1/2023 - 6/30/2023 4,	./1/2023	6/30/2023 Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	Apr-Jun 180 2023 2023
4/1/2023 - 6/30/2023 4,	-/1/2023	6/30/2023 Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; To evaluate a suspected cardiac mass.; The member does not have known or suspected coronary artery disease	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; It is unknown when the primary symptoms began	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; It is unknown when the primary symptoms began	Apr-Jun 1 2023 2023
		•				·	
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Denied Not	This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Surgery is scheduled in the next 30 days.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This case was created via RadMD.; Agree; The procedure is planned in 6 months or less; This procedure is being requested for pre-procedural evaluation; The ordering provider's specialty is NOT Vascular Surgery, Neurological Surgery or Surgery	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Dizziness or Vertigo	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	A Chest/Thorax CT is being ordered.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient does NOT have a 20 pack per year history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT; This study is being ordered for screening of lung cancer.	Apr-Jun 1 2023 2023
4/1/2023 -	·		·	71250 Computed tomography, thorax;	Radiology Services Denied Not	A Chest/Thorax CT is being ordered.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a	Apr-Jun
6/30/2023 4/1/2023 - 6/30/2023		6/30/2023 Cardiology 6/30/2023 Cardiology	Disapproval	without contrast material 71250 Computed tomography, thorax; without contrast material	Denied Not	Diagnostic CT; This study is being ordered for screening of lung cancer. A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for Interstitial Lung disease; A chest x-ray has NOT been completed; Ths Interstitial Lung Disease is suspected	1 2023 2023 Apr-Jun 1 2023 2023

					Radiology Services	Chest pain describes the reason for this request.; This study is being requested for 'none of	
4/1/2023 -				71250 Computed tomography, thorax;	Denied Not	the above'.; This is a request for a Chest CT.; This study is being requested for none of the	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	without contrast material	Medically Necessary	above.; Yes this is a request for a Diagnostic CT There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of	1 2023 2023
						sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung	
						abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung	
						disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks	
					Radiology Services	after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a	
4/1/2023 -	4/4/2022	C/20/2022 Cardialana	Discourse	71250 Computed tomography, thorax;	Denied Not	request for a Diagnostic CT; This study is being ordered for known or suspected	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	without contrast material	iviedically necessary	inflammatory disease or pneumonia. This is a request for cervical spine MRI; This procedure is being requested for Acute / new	1 2023 2023
				72141 Magnetic resonance (eg, proton)	Radiology Services	neck pain; The pain began within the past 6 weeks.; The patient had an abnormal xray	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	indicating a complex fracture or other significant abnormality involving the cervical spine;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	cervical; without contrast material	Medically Necessary	This is NOT a Medicare member.	1 2023 2023
				721.41 Magnetic reconance (eg. proten)	Radiology Convices	This is a request for consist spino MBI. This procedure is being requested for Chronic /	
4/1/2023 -				72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Denied Not	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	cervical; without contrast material		other significant abnormality involving the cervical spine; This is NOT a Medicare member.	1 2023 2023
				73706 Computed tomographic			
				angiography, lower extremity, with contrast material(s), including	Radiology Services		
4/1/2023 -					Denied Not		Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	image postprocessing		Yes, this is a request for CT Angiography of the lower extremity.	1 2023 2023
				73720 Magnetic resonance (eg, proton)			
				imaging, lower extremity other than	5 11 6 1		
4/1/2023 -				joint; without contrast material(s), followed by contrast material(s) and	Radiology Services Denied Not	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; There is a suspicion of fracture not adequately	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	further sequences		determined by x-ray.	1 2023 2023
.,,	, ,	.,,			, , , , , , , , , , , , , , , , , , , ,		
					Radiology Services		
4/1/2023 -	4/4/2022	C/20/2022 Cardialage	Disamment	74150 Computed tomography,	Denied Not	This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	abdomen; without contrast material	iviedically necessary	stone.; This patient is not experiencing hematuria.; Yes this is a request for a Diagnostic CT	1 2023 2023
						This is a request for an Abdomen CT.; This study is being ordered for another reason besides	
						Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or	
					Radiology Services	Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc; There	
4/1/2023 - 6/30/2023	4/1/2022	6/30/2023 Cardiology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Denied Not	are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
0/30/2023	4/1/2023	6/30/2023 Cardiology	Disapprovai	abdomen, without contrast material	ivieuically ivecessary	The ordering MDs specialty is Cardiology; The patient is NOT scheduled for a TAVR	1 2023 2023
				74174 Computed tomographic		(Transcatheter Aortic Valve Replacement) procedure within the next 6 weeks or it is	
				angiography, abdomen and pelvis, with		unknown; The member has a known Thoracic and or Abdominal Aortic Aneurism	
4/1/2022				contrast material(s), including	Radiology Services	documented by other imaging such as CT scan, MRI, or Transthoracic Echocardiography; This	American
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	noncontrast images, if performed, and image postprocessing	Denied Not Medically Necessary	imaging request is for preoperative planning for Aortic Aneurysm repair surgery; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	Apr-Jun 1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Cardiology	ызарргочаг	image postprocessing	ividucally ivecessary	request for an Abdomen CTA, chest CTA and Telvis CTA ordered in combination	1 2023 2023
				74174 Computed tomographic			
				angiography, abdomen and pelvis, with			
4/1/2022				contrast material(s), including	Radiology Services		Amount law-
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	noncontrast images, if performed, and image postprocessing	Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	Apr-Jun 3 2023 2023
0,00,2020	., _, _025	5,55,2525 Caraiology	pp10401	74175 Computed tomographic	carcan, recessary	The state of the graphy of the resource and tests.	3 2323 2023
				angiography, abdomen, with contrast			
. /. /				material(s), including noncontrast	Radiology Services		
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	images, if performed, and image postprocessing	Denied Not	Yes, this is a request for CT Angiography of the abdomen.	Apr-Jun 2 2023 2023
0/30/2023	4/1/2023	U/SU/ZUZS Cardiology	pisahhtovai	hosthioressing	ivieuically Necessary	res, this is a requestror of Angiography of the abdomen.	2 2023 2023

						This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study	
						is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were	
						abnormal.; The urinalysis was positive for something other than billirubin, ketones, nitrites,	
				74176 Computed tomography,	Radiology Services	hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is	
4/1/2023 -				abdomen and pelvis; without contrast	Denied Not	the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	material	Medically Necessary	this is a request for a Diagnostic CT	1 2023 2023
						This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The	
						patient does not have a fever and elevated white blood cell count or abnormal	
						amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The	
				74176 Computed tomography,	Radiology Services	study is not requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative	
4/1/2023 -				abdomen and pelvis; without contrast	Denied Not	Colitis or Diverticulitis.; Yes this is a request for a Diagnostic CT; This is study NOT being	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	material	Medically Necessary	ordered for a concern of cancer such as for diagnosis or treatment.	1 2023 2023
						This is a request for an Abdomen and Pelvis CT.; The reason for the study is vascular	
						disease.; There is not a known or suspicion of an abdominal aortic aneurysm.; There is not	
				74176 Computed tomography,	Radiology Services	an abnormal abdominal/pelvic ultrasound.; This study is not being requested for abdominal	
4/1/2023 -				abdomen and pelvis; without contrast	Denied Not	and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	material	Medically Necessary		1 2023 2023
, ,	.,.	.,,			, , , , , , , , , , , , , , , , , , , ,		
				74185 Magnetic resonance	Radiology Services		
4/1/2023 -				angiography, abdomen, with or without			Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	contrast material(s)		This study is being requested for post-procedure evaluation.	1 2023 2023
0/30/2023	4,1,2023	0/30/2023 Caraiology	Бізаррі очаі	contrast material(s)	Wicalculty Weeessary	This study is being requested for post procedure evaluation.	1 2023 2023
				75557 Cardiac magnetic resonance	Radiology Services		
4/1/2023 -				imaging for morphology and function	Denied Not		Apr-Jun
6/30/2023	4/1/2022	6/30/2023 Cardiology	Dicapproval	without contrast material;		This Heart MDI is being requested for Other	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Cardiology	Disapproval		ivieuically ivecessary	This Heart MRI is being requested for Other	1 2023 2023
				75571 Computed tomography, heart,	Dadialam, Camiasa		
4/4/2022				without contrast material, with	Radiology Services		American
4/1/2023 -	4 /4 /2002	c/20/2022 C 1: 1	5: 1	quantitative evaluation of coronary	Denied Not		Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	calcium	Medically Necessary	; This is a request for a CT scan for evalutation of coronary calcification.	6 2023 2023
				75571 Computed tomography, heart,			
				without contrast material, with	Radiology Services		
4/1/2023 -				quantitative evaluation of coronary	Denied Not	Dizziness, hypertension, history of covid 19, palpitaions; This is a request for a CT scan for	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	calcium	Medically Necessary	evalutation of coronary calcification.	1 2023 2023
				75571 Computed tomography, heart,			
				without contrast material, with	Radiology Services		
4/1/2023 -				quantitative evaluation of coronary	Denied Not	fatique, abnormal Ekg, atrial fibrillaton; This is a request for a CT scan for evalutation of	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	calcium	Medically Necessary	coronary calcification.	1 2023 2023
				75571 Computed tomography, heart,			
				without contrast material, with	Radiology Services		
4/1/2023 -				quantitative evaluation of coronary	Denied Not	hypertension. shortness of breath; This is a request for a CT scan for evalutation of coronary	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	calcium	Medically Necessary	calcification.	1 2023 2023
				75571 Computed tomography, heart,			
				without contrast material, with	Radiology Services		
4/1/2023 -				quantitative evaluation of coronary	Denied Not	hypertension/worsening shortness of breath.; This is a request for a CT scan for evalutation	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	calcium	Medically Necessary	of coronary calcification.	1 2023 2023
				75571 Computed tomography, heart,		Ms. Hanson is a 43-year-old Caucasian woman with a history of obesity, tobacco abuse and	
				without contrast material, with	Radiology Services	family history of heart disease who was referred by primary care physician for preventive	
4/1/2023 -				quantitative evaluation of coronary	Denied Not	cardiac evaluation. The patient denies prior history of MI, CHF, arrhythmia; This is a request	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	calcium		for a CT scan for evalutation of coronary calcification.	1 2023 2023
				75571 Computed tomography, heart,	,	Ms. Lopez is a pleasant 58-year-old female who was last seen in 2017. She comes today with	
				without contrast material, with	Radiology Services	multiple complaints. She has apparently a rash and some kind of cirrhosis of her foot. She	
4/1/2023 -				quantitative evaluation of coronary	Denied Not	says over the last several months she has felt per family fatigued. S; This is a request for a CT	Apr-Jun
	4/1/2023	6/30/2023 Cardiology	Disapproval	calcium		scan for evalutation of coronary calcification.	1 2023 2023
0/30/2023	11 11 2023	5, 50, 2025 Cardiology	Sisappiovai	75571 Computed tomography, heart,	culculty Neccessally	Orthostatic hypotension; History of chest pain; Patient was referred from the ED after he	1 2023 2023
				without contrast material, with	Radiology Services	presented with one episode of syncope in April 2023.;Today at the clinic the patient had	
4/1/2023 -				quantitative evaluation of coronary	Denied Not	another episode of syncope in the waiting room. He mentioned he walked from; This is a	Apr-Jun
	4/1/2022	6/20/2022 Cardiala	Dicapproval				·
6/30/2023	4/1/2023	6/30/2023 Cardiology	וואסוט	calcium	ivieuically Necessary	request for a CT scan for evalutation of coronary calcification.	1 2023 2023

4/1/2023 4/1/2023 6/36/2023 Cardiology Disapproval 4/1/2023 6/36/20								
41/2023 4/1/2023 6/39/2023 Cardiology (5)/2029 4/1/2023 6								
Medical Measure Medi	to any homeophore that the annual form CT and form	and a think to an architecture of the transfer of the contract						4 /4 /2022
A/1/2023			•	•	Dicapproval	6/20/2022 Cardiology	4/1/2022	
4/1/2023 6/30/2023 Cardiology Disapproval 4/1/2023 6/30/2023 Cardiology Disapproval 4/1/2023 6/30/2023 Cardiology Disapproval 5/30/2023 6/30/2023 Cardiology Disapproval 5/30/2023 6/30/2023 Cardiology Disapproval 6/30/2023 6/30/2023 Cardiology Disapproval 7/30/2023 6/30/2023 Cardiology Disapproval 7/30/2023 6/30/2023 Cardiology Disapproval 8/41/2023 6/30/2023 Cardi	on.	evalutation of coronary calcinication.	ivieuically Necessary	** * *	Disappiovai	0/30/2023 Cardiology	4/1/2023	0/30/2023
4/1/2023 6/39/2023 Cardiology Disapproval calcium Addically Necessary Coronary calcification. Medically Necessary Coronary calcification of Death (Note will upload clinicals for review; This is a request for a CT scan for evaluation of George Will upload clinicals for review; This is a request for a CT scan for evaluation of Coronary April 1997 (2014) and the Coronary Calcification of Death (Note will upload clinicals for review; This is a request for a CT scan for evaluation of Coronary Calcification. 4/1/2023 6/39/2023 Cardiology Disapproval Calcium Coronary Calcification of Coronary Calcification. 4/1/2023 6/39/2023 Cardiology Disapproval Calcium Coronary Calcification. 4/1/2023 6/			Radiology Services					
Acciding	eview.: This is a request for a CT scan for evalutation of	Provider will upload clinicals for review.: This is a		,				4/1/2023 -
4/1/2023 6/30/2023 Cardiology Disapproval 75571 Computed tomography, heart, without contrast material, with contrast	,				Disapproval	6/30/2023 Cardiology	4/1/2023	
4/1/2023 4/1/2023		,	, ,	75571 Computed tomography, heart,				
6/30/7023 4/1/203 6/30/7023 Cardiology Disapproval colcium Medically Necessary a CT Scan for evaluation of coronary calcification. A/1/2023 6/30/2023 Cardiology Disapproval Calcium Medically Necessary Calcium Cardio Ca			Radiology Services	without contrast material, with				
4/1/2023 - 6/30/2023 Cardiology Disapproval Although Althoug	claudication of both lower extremities; This is a request f	shortness of breath, palpitations, claudication of	Denied Not s	quantitative evaluation of coronary				4/1/2023 -
4/1/2023 - 6/30/2023 Cardiology Disapproval calcium controlled hypertension; This is a request for a CT scan for evaluation of coronary calcium decident Not uncontrolled hypertension; This is a request for a CT scan for evaluation of coronary calcium decident Not uncontrolled hypertension; This is a request for a CT scan for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed) 4/1/2023 4/1/2023 6/30/2023 Cardiology Disapproval D	ary calcification.	a CT scan for evalutation of coronary calcification	Medically Necessary		Disapproval	6/30/2023 Cardiology	4/1/2023	6/30/2023
4/1/2023 6/30/2023 Cardiology Disapproval Di								
Al/2023 4/1/2023 6/30/2023 Cardiology Disapproval Al/2023-Al/2023 4/1/2023 6/30/2023 Cardiology Disapproval Al/2023-Al/2023 Al/2023 Al/2023 Al/2023 Cardiology Disapproval Al/2023-Al/2023 Al/2023 Al/2023 Al/2023 Cardiology Disapproval Al/2023-Al/2023 Al/2023 Al/2023 Al/2023 Cardiology Disapproval Al/2023-Al/2023 Al/2023 Al/2023 Cardiology Disapproval Al/2023-Al/2023 Al/2023 Al/2023 Al/2023 Al/2023 Cardiology Disapproval Al/2023-Al/2023 Al/2023 Al/2023 Al/2023 Cardiology Disapproval Al/2023-Al/2023 Al/2023 Cardiolo								. /. /2022
75572 Computed tomography, heart, with contrast material, including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed) 841/2023 4/1/2023 6/30/2023 Cardiology Disapproval 841/2023 6/	s a request for a CT scan for evalutation of coronary				Disamenaval	C/20/2022 Candialam.	4/4/2022	
with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of acrdiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of acrdiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of acrdiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of acrdiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of acrdiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of acrdiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of acrdiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of acrdiac structure and morphology in the setting of congenital studies. 4/1/2023 6/30/2023 Cardiology Disapproval 6/30/2023 6/30/2023 Cardiology Disapproval 6/30/2023 6/30/2023 Cardiology Disapproval 75574 Computed tomographic angiography, heart, coronary arteries and byass grafts (when present), with contrast material, including 3D image postprocessing (including advalation of cardiac structure and morphology, assessment of acrdiac structure and morphology, assessment of acrdiac structure, and evaluation of cardiac structure and morphology, assessment of acrdiac structure, and evaluation of cardiac structure and morphology, assessment of acrdiac structure, and evaluation of cardiac structure and morphology, assessment of acrdiac direction, and evaluation of cardiac structure and morphology, assessment of acrdiac function, and evaluation of cardiac structure and morphology, assessment of acrdiac function, and evaluation of cardiac structure and morphology, assessment of acrdiac function, and evaluation of cardiac structu		calcification.	iviedically necessary		Disapprovai	6/30/2023 Cardiology	4/1/2023	6/30/2023
a/1/2023								
4/1/2023 - 6/30/2023 Cardiology Disapproval 75573 Computed tomography, heart, with contrast material, for evaluation of venous structures, if performed) 75574 Computed tomography of vaccinate flag to an displayed postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed) 75574 Computed tomography of vaccinate flag to accordance for cardiac structure and function and evaluation of vaccinate structures and bypass grafts (when present), with contrast material, including 3D image postprocessing, assessment of cardiac function, and evaluation of vaccinate structures and morphology, assessment of cardiac function, and evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of cardiac structures and morphology, assessment of cardiac function, and evaluation of cardiac structures and morphology, assessment of cardiac function, and evaluation of cardiac structures and morphology, assessment of cardiac function, and evaluation of cardiac structures and morphology, assessment of cardiac function, and evaluation of cardiac structures and morphology, assessment of cardiac function, and evaluation of cardiac structures and morphology, assessment of cardiac function, and evaluation of cardiac structures and morphology, assessment of cardiac function, and evaluation of cardiac structures and morphology, assessment of cardiac function, and evaluation of cardiac structures and morphology, assessment of cardiac function, and evaluation of cardiac structures and morphology, assessment of cardiac function, and evaluation of cardiac structures and morphology, assessment of cardiac function, and evaluation of cardiac structures and morphology, assessment of cardiac function, and evaluation of cardiac structures and morphology, assessment of cardiac function, and evaluation of cardiac structures and morphology, assessment of cardiac function, and evaluation of cardiac structures and morphology, assessment of cardiac function, and evaluation of cardiac st								
assessment of cardiac function, and evaluation of evenus structures, if performed) A/1/2023				•				
6/30/2023 4/1/2023 6/30/2023 Cardiology Disapproval performed) A/1/2023 6/30/2023 Cardiology Disapproval A/1/			Radiology Services					
75573 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology, assessment of left ventricular [IV] cardiac function, right ventricular [RV] structure and infunction and evaluation of vascular structures, if performed) 4/1/2023 6/30/2023 Cardiology Disapproval 6/30/2023 4/1/2023 6/30/2023 Cardiology Disapproval 75574 Computed tomographic angiography, heart, coronary atteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac function, and evaluation of venous structures, if performed) 75574 Computed tomographic angiography, heart, coronary atteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac function, and evaluation of venous structures, if performed) 75574 Computed tomographic angiography, heart, coronary atteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structures, if performed) 75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of eft ventricular [IV] articular and morphology. 75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac tructure and morphology, assessment of a function and evaluation of cardiac tructures and morphology, assessment of a function and evaluation of cardiac tructure and morphology. 75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac tructure). The member has known or suspected coronary arteries, if the pate and the paterior of cardiac function, and evaluati			Denied Not	evaluation of venous structures, if				4/1/2023 -
with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of left ventricular [LV] cardiac function, right ventricular [RV] cardiac function, right ventricular [RV] cardiac function, right ventricular [RV] cardiac function, right ventricular flevi flevi cardiac function, right ventricular flevi		This is a request for a Heart CT.	Medically Necessary T	performed)	Disapproval	6/30/2023 Cardiology	4/1/2023	6/30/2023
with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of left ventricular [LV] cardiac function, right ventricular [RV] structure and function and evaluation of vascular structure; in performed) 4/1/2023								
4/1/2023 - 6/30/2023 Cardiology Disapproval 75574 Computed tomographic and bypass grafts (when present), with contrast material, including aphysagrafts (when present), with contrast material, including sevaluation of cardiac structure and morphology, assessment of cardiac function, and bypass grafts (when present), with contrast material, including aphysagrafts (when present), with contrast material, inc				with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease				
4/1/2023 - 6/30/2023 Cardiology Disapproval of vascular structures, if performed) 75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac function, and evaluation of venous structures if performed) 75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac function, and evaluation of venous structures, if performed) 75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of venous structures, if postproval performed) 75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac structure and morphology, assessment of cardiac function, and evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of cardiac function, and evaluatio				assessment of left ventricular [LV]				
6/30/2023 4/1/2023 6/30/2023 Cardiology Disapproval of vascular structures, if performed) Medically Necessary This is a request for Heart CT Congenital Studies. 75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed) 75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including a synthematic processory angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including a synthematic processory) 75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including avaluation of cardiac structure and morphology, assessment of cardiac function, and and bypass grafts (when present), with contrast material, including 3D image postprocessing (including avaluation of cardiac structure and morphology, assessment of cardiac function, and and bypass grafts (when present), with contrast material, including 3D image postprocessing (including avaluation of cardiac structure and morphology, assessment of cardiac function, and and bypass grafts (when present), with contrast material, including avaluation of cardiac function, and and bypass grafts (when present), with contrast material, including avaluation of cardiac function, and and processory and proce			Radiology Services	· •				
75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of versions of coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of versions of the performed) 75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including application of cardiac structure and morphology, assessment of cardiac function, and evaluation of cardiac structure and morphology, assessment of cardiac function, and and other testing done to evaluate new or changing symptoms; The study is nequested for CTA Coronary Arteries.; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including at spical chest pain (angina) and/or shortness of breath.; The member has known or suspected coronary artery disease. 75574 Computed tomographic angioplasty or stent.; The member has known or suspected coronary artery disease. 75574 Computed tomography heart, coronary arteries, if he study is nequested for congestive heart failure. There are new or changing cardiac symptoms including at prical chest pain (angina) and/or shortness of breath.; There are new or changing cardiac armass, CHF, spetal defects, or valve discovers. There are new or changing cardiac symptoms including at prical chest pain (angina) and/or shortness of breath.; There is known or suspected coronary arteries, and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac mass, CHF, spetal			Denied Not	structure and function and evaluation				4/1/2023 -
angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed) 75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including sevaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed) 75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and sexual to coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and sexual to coronary arteries, and bypass grafts (when present), with contrast material, including adulation of cardiac structure and morphology, assessment of cardiac function, and sexual to coronary arteries, and bypass grafts (when present), with contrast material, including adulation of cardiac structure and morphology, assessment of cardiac function, and sexual to coronary arteries, and bypass grafts (when present), with contrast material, including adulation of cardiac function, and sexual to coronary arteries, and bypass grafts (when present), with contrast material, including adulation of cardiac function, and sexual to coronary arteries, and bypass grafts (when present), with contrast material, including adulation of cardiac function, and sexual to coronary arteries, and bypass grafts (when present), with coronar	genital Studies.	This is a request for Heart CT Congenital Studies.	Medically Necessary T	of vascular structures, if performed)	Disapproval	6/30/2023 Cardiology	4/1/2023	6/30/2023
6/30/2023 Cardiology Disapproval performed) Medically Necessary angioplasty or stent.; The member has known or suspected coronary artery disease. 75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and Radiology Services symptoms including at typical chest pain (angina) and/or shortness of breath.; There is known	hoton Emission Computerized Tomography) or Thallium congestive heart failure.; There are new or changing cardi	Imaging including SPECT (single photon Emission Scan.; The study is requested for congestive hear	lı S	angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology,				
75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and Radiology Services 75574 Computed tomographic ; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known								
angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and Radiology Services; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known	er has known or suspected coronary artery disease.	angioplasty or stent.; The member has known or	Medically Necessary	performed)	Disapproval	6/30/2023 Cardiology	4/1/2023	6/30/2023
4/1/2023 - evaluation of venous structures, if Denied Not coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary (Medically Necessary angioplasty or stent.; The member has known or suspected coronary artery disease.	oms.; The study is not requested for pre op evaluation, , or valve disorders.; There are new or changing cardiac st pain (angina) and/or shortness of breath.; There is know of heart attack (MI), coronary bypass surgery, coronary	evaluate new or changing symptoms.; The study cardiac mass, CHF, septal defects, or valve disord symptoms including atypical chest pain (angina) coronary artery disease, history of heart attack (I	Radiology Services s Denied Not c	angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if	Disapproval	6/30/2023 Cardiology	4/1/2023	4/1/2023 - 6/30/2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	; This is a request for CTA Coronary Arteries.; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	Apr-Jun 1 2023 2023
0,00,2020	., 1, 1013	c/co/2023 caraiology	элэарргота.	· · · · · · · · · · · · · · · · · · ·	medically recessary	Suspected colonial, arter, allected	1 2020 2020
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	Chest Pain; HTN; DM2; Dyslipidemia; This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	Indeterminate nuclear stress test in a patient that continues to have chest pain with multiple CAD risk factors.; This is a request for CTA Coronary Arteries.; The patient has had Myocardial Perfusion Imaging including SPECT (single photon Emission Computerized Tomography) or Thallium Scan.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		6/30/2023 Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not	Precordial chest pain; Dyspnea on exertion; Pulmonary hypertension; This is a request for CTA Coronary Arteries.; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The patient has not had other testing done.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	Apr-Jun 2 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The patient has not had other testing done.; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is requested for congestive heart failure.; The member does not have known or suspected coronary artery disease	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		6/30/2023 Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not	This is a request for CTA Coronary Arteries.; The study is requested for evaluation of the heart prior to non cardiac surgery.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is requested for known or suspected cardiac septal defect.	Apr-Jun 2 2023 2023

4/1/2023 6/30/202	- 3 4/1/2023	6/30/2023 Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.	Apr-Jun 10 2023 2023
4/1/2023 6/30/202	- 3 4/1/2023	6/30/2023 Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	This is a request for CTA Coronary Arteries.; The study is requested to evaluate a suspected cardiac mass.	Apr-Jun 1 2023 2023
4/1/2023 6/30/202	- 3 4/1/2023	6/30/2023 Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	will fax clinicals; This is a request for CTA Coronary Arteries.; It is not known if other testing has been done.; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	Apr-Jun 1 2023 2023
4/1/2023		6/30/2023 Cardiology	Disapproval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	Radiology Services Denied Not Medically Necessary	Worsening chest pain symptoms with associated shortness of breath; This is a request for CTA Coronary Arteries.; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	Apr-Jun 1 2023 2023
4/1/2023 6/30/202	- 3 4/1/2023	6/30/2023 Cardiology	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This procedure is being requested for evaluation of vascular disease in the stomach or legs; No other study was performed	Apr-Jun 1 2023 2023
4/1/2023 6/30/202	- 3 4/1/2023	6/30/2023 Cardiology	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	Yes, this is a request for CT Angiography of the abdominal arteries.	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Radiology Services Denied Not Medically Necessary	; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	Apr-Jun 7 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Radiology Services Denied Not Medically Necessary	***ECHO WILL BE THE SAME TIME AS PET***; Ms. Frazie presents as a new patient referred by Dr.Throneberry d/t substernal chest pain. Sharp, twinge-like, left sided, exertional, lasts a few seconds and resolves She has DOE, longstanding BP 150s/80s at home u; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Radiology Services Denied Not Medically Necessary	54-year-old male with a past medical history of hyperlipidemia, hypertension, coronary artery disease, peripheral vascular disease here to see myself to establish his cardiac care.; Patient used to see Dr. Ribero in the past however has not been se; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Radiology Services Denied Not Medically Necessary	Complaints of chest pains that worsened significantly, not related with food, retrosternal, last several minutes, may occur even at rest, subsides upon resting.; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Radiology Services Denied Not Medically Necessary	For the past few months c/o SOB. Worse with exertion. Sometimes associated with chest pain. Had COVID multiple times; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Radiology Services Denied Not Medically Necessary	He has multiple health issues to include intermittent episodes of chest tightness. He has been losing weight about 5 pounds a week. He has myasthenia gravis which has been difficult to treat. He cannot tolerate pyridostigmine due to his gastroparesis. He; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Radiology Services Denied Not Medically Necessary	HPI: 55 yo female with minimal nonobstructive CAD and AI (moderate) here for cardiac eval.; Seen by Dr. Ribeiro 2/2022. Moderate AI on echo. Unremarkable SCA in 2019.; For the past few months c/o SOB and dizziness. Seen at OSH ER and ruled; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Radiology Services Denied Not Medically Necessary	Mr Wiggins presents for followup of bradycardia and sick sinus syndrome with history of neurocardiogenic syncope. He works as a merchandiser and so physically exerts himself at work. He was in Texas last week working when he began having intermittent exer; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Radiology Services Denied Not Medically Necessary	Mrs. Terry is back to re-establish care. She had an episode of syncope with collapse. She was standing up when this episode occurred. Turning to the right caused HR elevation.; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Radiology Services Denied Not Medically Necessary	Ms. Alexander is a 61 yo female with a hx of CAD s/p CAB x4 2020, diastolic dysfunction with EF 50-55% per echo 6/17/22, HLD, DM, PVD (RCFA/prox CIA/prox ext iliac stenosis and left proc ext iliac atery, 20-49%), COVID and GERD who presents for follow up.; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Radiology Services Denied Not Medically Necessary	Ms. Dennia Reese is a 48 year old female with a PMH of GERD referred by Rebecca Brown, NP for further evaluation of syncope and dizziness.; Referring provider notes and patient medications reviewed.; Patient states she has been having spell; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Radiology Services Denied Not Medically Necessary	Ms. Miles is here for evaluation of palpitations and chest pain. She feels her heart beats fast most of the time. Then with activity it is faster and this makes her feel short of breath and has pre-syncope at times. This limits her activity because the fa; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Radiology Services Denied Not Medically Necessary	n/a; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Radiology Services Denied Not Medically Necessary	New patient, new onset afib. Records requested but not received. Onset 2014 - DCCV x2, s/p ablation Dr. Soliman @ Washington Regional. No recent echo/ischemic eval. Triggers - caffeine, steroids. Cardiologist Ft Smith Dr. Adjei @ Baptist 479-709-7325.; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Radiology Services Denied Not Medically Necessary	Paroxysmal atrial fibrillation - I48.0 (Primary) ;2. Dyspnea on exertion - R06.09 ;3. Bilateral lower extremity edema - R60.0 ;4. Abnormal EKG - R94.31 ;5. Essential hypertension - I10 ;6. History of DVT (deep vein thrombosis) - Z86.718 ;7. OSA (obs; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Radiology Services Denied Not Medically Necessary	PCP sent referral due to venous insufficiency. Pt was told of needing a procedure. Pt c/o feet and ankle swelling, occasional chest pain, and back pain, SOB, dizzy spells. Pt admits to smoking.; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Radiology Services Denied Not Medically Necessary	Reason for Appointment ;;1. r/s appt pt refuses to see Sara ;;2. CAD ; ; ;;History of Present Illness ;HPI: ; Mr. Stacy presents for a follow up visit. Patient reports chest pain ~1 month ago where he took 2 SLNG and this pain did not go ; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Radiology Services Denied Not Medically Necessary	She has history of nonobstructive CAD, MVR, TAA, HTN. She admits to fatigue. She is interested in cardiac stress testing but she is unable to walk on a treadmill; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Denied Not	she has several cardiac risk factors and is somewhat limited in her ability to ambulate due to her neurologic issues.; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Radiology Services Denied Not Medically Necessary	The patient developed shortness of breath and; fatigue during the stress exam. The symptoms resolved with rest.; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	-hypertension;-chest pain and dyspnea at rest/exertion;-BMI 32;-Dyslipidemia;-EKG shows NSR with ST/T wave abnormalities and low voltage QRS; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	-stable medical history of recent CVA, syncope, tobacco;;-shortness of breath despite the addition of furosemide to the treatment; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	-Type 2 Diabetes mellitus;-chest discomfort sharp/ intermittent;hx of smoking 2 ppd xs 40yr;-bmi 30;-ekg shows sinus tachycardia rate of 110 incomplete right bundle branch block mild left axis deviation; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 5 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; It is unknown when the primary symptoms began	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023		6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The BMI is less than 20	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; It is unknown when the primary symptoms began; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	•	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	1. Recurrent palpitation with recent heartbeat likely indicative of arrhythmia.;2. Episode of chest discomfort in a patient at intermediate risk for having coronary artery disease likely indicative of angina.;3. Tobacco abuse.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	1. Several-week history of decreased exercise and work tolerances, exertional dyspnea and occasional chest discomfort, likely indicative of angina.;2. Hypertension.;3. Dyslipidemia.;4. Perimenopausal status.;5. Gastroesophageal reflux disease.;;; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Acute and chronic systolic congestive heart failure, ejection fraction around 40% to 45%, New York Heart Association class III symptoms; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Amb event monitor - 30 days; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	chest pain with shortness of breath. eval for CHF or CAD; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	chest pain, hypertension, bradycardia, family hx of cad, vapes occasionally; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Chest pain, Numbness tingling down left arm.; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	chest pain; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	chest pain. abnormal EKG. check LVH function; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	chest pain. nuclear stress test to evaluate for ischemia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Chest with shortness of breath; Abnormal EKG Hypertension; Blurred Vision; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	cloNIDine HCL 0.1 mg tablet;TAKE 1 TABLET BY MOUTH EVERY 6 HOURS AS NEEDED FOR BLOOD PRESSURE GREATER 160/100.;01/10/23 filledsurescripts;levothyroxine 25 mcg tablet;TAKE 1 TABLET BY MOUTH EVERY DAY.;12/27/22 filledsurescripts;Nitrostat 0.4 mg; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	currently having chest pain, shortness of breath, patient almost passed out and just not feeling well; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknoday, she is here to establish care. Notes that she has ongoing kidney disease for past 6 months ago. She is having chest pain and jaw pain since then. Her most recent episode of chest pain was a week ago. She describes; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Enter answer here Cardiolite stress test to assess for ischemia because of abnormal heart saver CT;Echo to evaluate LV function- or Type In Unknown If No Info Given.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Enter answer here Chest pain, dyspnea on exertion.EKG shows T wave abnormalities anteriorly and inferiorly- or Type In Unknown If No Info Given.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Enter answer here Echo to assess ejection fraction and rule out valvular abnormalities because of possible hereditary issues; Cardiolite stress test to assess for ischemia. Proceed with pharmacologic protocol secondary to orthopedic issues or Type In Un; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Enter answer here Echo to evaluate LV function; Cardiolite stress test to assess for ischemia. Proceed with pharmacologic protocol as patient ambulates with a cane.; - or Type In Unknown If No Info Given.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Enter answer here Echocardiogram to evaluate LV function- or Type In Unknown If No Info Given.; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Enter answer here She has been experiencing symptoms of chest discomfort over the past 5 to 6 months. Feels a dull ache in the center of her chest. Comes on with little or no activity. Does have some intermittent tachycardia from time to time as well or; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Enter answer here Would repeat cardiolite stress test to assess for ischemia because of recurrent symptoms and multiple risk factors. She is unable to walk further than 5-10 yards without debilitating back pain, will do cardiolite stress test rather than; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Evaluation of cardiac symptoms.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	fam hx CAD; chest pain; syncope; tobacco use; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	FAX IN CLINICALS; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is not know	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	History of hypertension this gentleman is complaining of chest pain described as tightness not related to exertion with progressive shortness of breath he does have a lot of cough and and palpitation. he cannot exercise on a treadmill we will check echo; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	hypertension, smoker, chest pain associated with nausea; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is not know	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	hypertension; substernal chest discomfort relieved with rest; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	left heart cath and had 2 stents to her proximal LAD. She also had an echocardiogram/11/22 that showed EF 50 to 55%. ;chest tightness, flutters; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Mr. Eddington is 55 year old AAM with a past medical history of GERD, hypertension, chest pain, and smoking, who is here today for a follow up appointment. He was having chest pain in the fall and I tried to get a TMST on him but our treadmill was broke; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not	Mr. Smallwood is a 63 year old WM with a past medical history of hypertension, hyperthyroidism, GERD, Barrett's esophageus and tobacco dependence. He is here today for a follow up. Since his last visit, he reports having a brain biopsy on the lining of; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not	Mr. Townsend is a 64-year-old gentleman with a history of coronary artery disease status post previous non-ST segment elevation myocardial infarction status post coronary intervention who returns to the clinic for a follow-up visit. He has been complaini; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not	Mr. Nelson is a 74 yo AAM with a h/o HTN, Peripheral Arterial disease s/p right iliac stent by Dr. Workman 1/15/2013, nonobstructive CAD (Cath 1/2013), DVT and smoking. He is here today to re-establish cardiac care. He had been having a lot of right sided; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	Apr-Jun 1 2023 2023

						Ms. Davis is a 54 year old BW with a past medical history of dyslipidemia and arthritis. She is	
				78451 Myocardial perfusion imaging,		referred by Michelle Bagby, APN for a cardiac evaluation due to chest pain and syncope. She	
				tomographic (SPECT) (including		reports right sided chest pain with exertion with no associated sym; This study is being	
				attenuation correction, qualitative or		ordered for something other than: known trauma or injury, metastatic disease, a	
				quantitative wall motion, ejection		neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular	
				fraction by first pass or gated		disease.; There has not been any treatment or conservative therapy.; There are 2 exams are	
				technique, additional quantification,	Radiology Services	being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
4/1/2023				when performed); single study, at rest	Denied Not	Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via	Apr-Jun
6/30/202	3 4/1/2023	6/30/2023 Cardiology	Disapproval	or stress (exercise or pharmacologic)	Medically Necessary	RadMD.; The primary symptoms began less than 6 months ago	1 2023 2023
						Ms. Harris is a 50 year old AAW with a past medical history of smoking, HTN and HLD who	
				78451 Myocardial perfusion imaging,		was referred here for chest pains. She says she has chest pains 3 or 4 times a week. She says	
				tomographic (SPECT) (including		that these can come on at random. She says that their usually sharp pains; This study is	
				attenuation correction, qualitative or		being ordered for something other than: known trauma or injury, metastatic disease, a	
				quantitative wall motion, ejection		neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular	
				fraction by first pass or gated		disease.; There has not been any treatment or conservative therapy.; There are 2 exams are	
				technique, additional quantification,	Radiology Services	being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
4/1/2023				when performed); single study, at rest	Denied Not	Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via	Apr-Jun
6/30/202	3 4/1/2023	6/30/2023 Cardiology	Disapproval	or stress (exercise or pharmacologic)	Medically Necessary	RadMD.; The primary symptoms began less than 6 months ago	1 2023 2023
						Ms. Hopkins is a 52 year old woman with a past medical history of anemia, hypertension,	
						hyperlipidemia, CAD, DM, neuropathy, GERD and vitamin D deficiency. She is referred by	
				78451 Myocardial perfusion imaging,		Yolanda Jeffery, APRN, for CAD and hypertension. She is a previous patient of D; This is a	
				tomographic (SPECT) (including		request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not	
				attenuation correction, qualitative or		had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac	
				quantitative wall motion, ejection		risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal	
				fraction by first pass or gated		defects, or valve disorders.; There are new or changing cardiac symptoms including atypical	
. /. /				technique, additional quantification,	Radiology Services	chest pain (angina) and/or shortness of breath.; The study is requested for suspected	
4/1/2023		C /20 /2022 C	D: 1	when performed); single study, at rest	Denied Not	coronary artery disease.; The member has known or suspected coronary artery disease.; The	Apr-Jun
6/30/202	3 4/1/2023	6/30/2023 Cardiology	Disapproval	or stress (exercise or pharmacologic)	Medically Necessary	BMI is 20 to 29	1 2023 2023
						Ma Chalanda FO was ald DM with a seat and disablished a file and a control of	
				70454 84		Ms. Stokes is a 59 year old BW with a past medical history of hypertension, GERD,	
				78451 Myocardial perfusion imaging,		fibromyalgia, arthritis, osteopenia, chronic pain, and tobacco dependency. She is referred by	
				tomographic (SPECT) (including		Carla Devose, APN for a cardiac evaluation. She reports occasional pain under b; This study is	
				attenuation correction, qualitative or		being ordered for something other than: known trauma or injury, metastatic disease, a	
				quantitative wall motion, ejection		neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular	
				fraction by first pass or gated		disease.; There has not been any treatment or conservative therapy.; There are 2 exams are	
. /. /2022				technique, additional quantification,	Radiology Services	being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
4/1/2023		- / /		when performed); single study, at rest	Denied Not	Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via	Apr-Jun
6/30/202	3 4/1/2023	6/30/2023 Cardiology	Disapproval	or stress (exercise or pharmacologic)	Medically Necessary	RadMD.; The primary symptoms began less than 6 months ago	1 2023 2023
				70454 84			
				78451 Myocardial perfusion imaging,			
				tomographic (SPECT) (including			
				attenuation correction, qualitative or			
				quantitative wall motion, ejection		needlelike chest pain intermittently at rest. She has chronic dyspnea on exertion; This is a	
				fraction by first pass or gated		request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or	
				technique, additional quantification,	Radiology Services	more cardiac risk factors; The study is requested for congestive heart failure.; The study is	
4/1/2023				when performed); single study, at rest	Denied Not	requested for suspected coronary artery disease.; The member has known or suspected	Apr-Jun
6/30/202	3 4/1/2023	6/30/2023 Cardiology	Disapproval	or stress (exercise or pharmacologic)	Medically Necessary	coronary artery disease.; The BMI is 30 to 39	1 2023 2023
				70454 Managadial profession '			
				78451 Myocardial perfusion imaging,		No. 1994 design of the state of	
				tomographic (SPECT) (including		New onset dizziness/shortness of breath.; This is a request for Myocardial Perfusion Imaging	
				attenuation correction, qualitative or		(Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or	
				quantitative wall motion, ejection		changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for	
				fraction by first pass or gated		pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or	
				technique, additional quantification,	Radiology Services	changing cardiac symptoms including atypical chest pain (angina) and/or shortness of	
4/1/2023				when performed); single study, at rest	Denied Not	breath.; The study is requested for suspected coronary artery disease.; The member has	Apr-Jun
6/30/202	3 4/1/2023	6/30/2023 Cardiology	Disapproval	or stress (exercise or pharmacologic)	Medically Necessary	known or suspected coronary artery disease.; The BMI is 30 to 39	1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	none; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Other chest pain; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Palpitations; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Patient continues to exhibit cardiac symptoms-chest pain "squeezing like elephant on chest' SOB and at times diaphoresis.Pain radiates to back and neck.Er visits for symptoms. She was started on meds for GERD and her symptoms persist.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Patient has systolic and diastolic heart failure and is having symptoms of shortness of breath with most all activity. Suffers from fatigue and leg swelling propelling him to take additional doses of Lasix.; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Patient is a known smoker with a family cardiac history, she has hyperlipidemia as well as hypertension. Numerous ER visits for chest pain described as "elephant on my chest"; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Patient is a smoker/ has bigeminal rhythm on ECG/worsening cardiac symptoms of chest pain that radiates to shoulder. We cannot rule out myocardial perfusion issues without further work up.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Pertinent history includes: hypertension. Other past medical history is noted below.; ;She was last seen on 4/18/2022. Reported intermittent chest pain, occasional palpitations and lower extremity edema during her last visit.; ;Today she reports dizz; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	pt had abnormal exercise stress test on treadmill, had chest pain during test with exertion; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Pt has chest discomfort, edema and dyspnea on exertion.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Pt has Sinus Tachycardia RBBB 115;bmp. With Chest Pain & Discasses, it is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	PT HAS SOB W/OUT EXERERTION,;HAS HYPERTENSION, ABNORMAL CHEST XRAY, LUNG NODULE, COPD W/EMPHYSEMA, EX SMOKER, HYPERLIPIDEMIA, HYPOTHROID, MOTHER HISTORY OF CAD/ DIABETES/;MOM/MGM HYPERTENSTION; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	PT has some dystolic heart failure, a-fib, worsening edema, LDL 110, cholesterol 207; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Pt presented to the ER with chest pain, weakness, along with nausea. As well as headache. Also Syncope; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	PT UNABLE TO WALK ON TM DUE TO ORTHOPEDIC ISSUES/LEG SWELLING/EDEMA; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Pt with chest pain/tightness which radiates down his left arm and shortness of breath. He cannot walk more than one block without needing to rest. hx of hypertension, hyperlipidemia, COPD, TIA, smoking. Pt also has family history of coronary artery diseas; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Recommend proceeding with myocardial perfusion imaging study using pharmacological stimulation given patient's moderate to severe dyspnea on mild exertion. Rule out underlying ischemia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	referred by PCP, Mindy Farmer APRN, for intermittent chest pain. Has 'an annoying pain' in his chest usually left side, random; ongoing for at least a month, unrelated to activity/exertion, rest or position. Had been driving his Harley recently and when h; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	see previous notes; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	severe chest pains with shortness of breath and palpitations.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Suggest echocardiogram to evaluate left ventricular systolic function as well as valvular anatomy Would also proceed with myocardial perfusion imaging to rule out ischemic focus.; This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	Apr-Jun 1 2023 2023
4/1/2023 -	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not	The patient did NOT have a prior CABG.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above; Ambulates using assistive device such as crutches, cane, walker, or wheelchair; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block; The patient had a prior stent; The patient does NOT have documented ejection fraction on prior TTE (Transthoracic Echocardiogram) of less than 40%	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	The patient did NOT have a prior CABG.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block; The patient has NOT had a prior stent; The patient does NOT have documented ejection fraction on prior TTE (Transthoracic Echocardiogram) of less	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	The patient did NOT have a prior CABG.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block; The patient has NOT had a prior stent; The patient does NOT have documented ejection fraction on prior TTE (Transthoracic Echocardiogram) of less than 40%	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Assessment of risk for a patient without symptoms or history of ischemic/coronary artery disease best describes the patients clinical presentation.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Changing symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed More than 6 months ago	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Don't know or Other than listed above best describes the reason for ordering this study	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; It is unknown if the chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	Apr-Jun 5 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Denied Not	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; It is unknown if the symptoms are new or changing with new EKG changes or if the patient has a left bundle branch block	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; It is unknown if the patient had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	Apr-Jun 4 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; This case was created via RadMD.; Agree; The ordering MDs specialty is Cardiology; Ambulates using assistive device such as crutches, cane, walker, or wheelchair	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has a Body Mass Index (BMI) greater than 40	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; Other cardiac stress testing was completed less than one year ago	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Pre operative evaluation for non cardiac surgery requiring general anesthesia best describes the patients clinical presentation.; This is NOT a Medicare member.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	Apr-Jun 2 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	Apr-Jun 4 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the member has known or suspected coronary artery disease.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	Apr-Jun 12 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for congestive heart failure.; The member does not have known or suspected coronary artery disease	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.	Apr-Jun 5 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected cardiac septal defect.	Apr-Jun 4 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	Apr-Jun 15 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; The health carrier is NOT CareSource	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Denied Not	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; It is unknown when the primary symptoms began	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began less than 6 months ago	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Transthoracic Echocardiogram; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Type 2 Diabetes;Hyperlipidemia;Hypertension;Acute inferior STEMI 4/17;CAD with stents RCA 11/4/1B;Dyspnea;Bradycardia; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	unknown family history as she was adopted; along with current symptoms and her smoking history; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Unknown; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Wilkerson is a morbid obese 58 year old Black/African Amer male with a past medical history of Hypertension, referred here for chest pain. He says that he had an episode back in late January where he woke up in the middle of the night and he was having c; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Will order a nuclear stress test to assess for underlying coronary ischemia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	Denied Not	This is a request for a MUGA scan.; This study is being ordered for Congestive Heart Failure.; The patient has recently been diagnosed with and/or treated for congestive heart failure.; The patient has not had a previous MUGA scan.; The patient is not presenting any new cardiac signs or symptoms.	Apr-Jun 1 2023 2023
						; This study is being ordered for something other than: known trauma or injury, metastatic	
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	Apr-Jun 1 2023 2023
						. This study is being ordered for compething other than known trauma as injury motostatic	
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,	., ,		,	,		
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	Apr-Jun 1 2023 2023

93307 Echocardiography, transthoracic, ; This study is being ordered for Vascular Disease.; It is not known if there has been real-time with image documentation treatment or conservative therapy.; There are 2 exams are being ordered.; The order of the construction specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Order of Vascular Disease.; It is not known if there has been treatment or conservative therapy.; There are 2 exams are being ordered.; The order of Specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Order of Vascular Disease.; It is not known if there has been treatment or conservative therapy.; There are 2 exams are being ordered.; The order of Specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Order of Vascular Disease.; It is not known if there has been treatment or conservative therapy.; There are 2 exams are being ordered.; The order of Specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Order of Vascular Disease.; It is not known if there has been treatment or conservative therapy.; There are 2 exams are being ordered.; The order of Specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Order of Vascular Disease.; It is not known if there has been treatment or conservative therapy.; There are 2 exams are being ordered. The order of Vascular Disease.; It is not known if there has been treatment or conservative therapy.; There are 2 exams are being ordered. The order of Vascular Disease.; It is not known if there has been treatment or conservative therapy.; There are 2 exams are being ordered. The order of Vascular Disease.; It is not known if there has been treatment or conservative therapy.; There are 2 exams are being ordered. The order of Vascular Disease.	dering MDs ncology or
93307 Echocardiography, transthoracic, real-time with image documentation treatment or conservative therapy.; There are 2 exams are being ordered.; The ord ordered. There are 2 exams are being ordered.; The order ordered for Vascular Disease.; It is not known if there has been treatment or conservative therapy.; There are 2 exams are being ordered.; The order ordered for Vascular Disease.; It is not known if there has been treatment or conservative therapy.; There are 2 exams are being ordered.; The order ordered for Vascular Disease.; It is not known if there has been treatment or conservative therapy.; There are 2 exams are being ordered. The order ordered for Vascular Disease.; It is not known if there has been determined for Vascular Disease.; It is not known if there has been determined for Vascular Disease.; It is not known if there has been determined for Vascular Disease.; It is not known if there has been determined for Vascular Disease.; It is not known if there has been determined for Vascular Disease.; It is not known if there has been determined for Vascular Disease.; It is not known if there has been determined for Vascular Disease.; It is not known if there has been determined for Vascular Disease.; It is not known if there has been determined for Vascular Disease.; It is not known if there has been determined for Vascular Disease.; It is not known if there has been determined for Vascular Disease.; It is not known if there has been determined for Vascular Disease.; It is not known if there has been determined for Vascular Disease.; It is not known if there has been determined for Vascular Disease.; It is not known if there has been determined for Vascular Disease.; It is not known if there has been determined for Vascular Disease.; It is not known if there has been determined for Vascular Disease.; It is not known if the part of the vascular Disease.	dering MDs ncology or
93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when Radiology Services 4/1/2023 - 6/30/2023 4/1/2023 6/30/2023 Cardiology Disapproval 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when Radiology Services performed, complete, without spectral Denied Not Oncology, Surgical Oncology or Radiation Oncology; This case was created via Rad Medically Necessary unknown when the primary symptoms began; Medications were given for this dia	urgery, IMD.; It is Apr-Jun
93307 Echocardiography, transthoracic, ;This study is being ordered for Vascular Disease.; There has not been any treatment conservative therapy.; There are 2 exams are being ordered.; The ordering MDs sp. (2D), includes M-mode recording, when Radiology Services (2D), includes M	pecialty is Radiation
93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when a Radiology Services (2D), includes M-mode recording, when a Radiology Services performed, complete, without spectral period Not or color Doppler echocardiography Medically Necessary 4/1/2023 - 6/30/2023 Cardiology Disapproval 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when Radiology Services performed, complete, without spectral Denied Not Oncology; This case was created via RadMD.; The primary symptoms began less the Medically Necessary months ago; Medications were given for this diagnosis	pecialty is Radiation
CHEST PRESSURE; This study is being ordered for something other than: known trainjury, metastatic disease, a neurological disorder, inflammatory or infectious dise congenital anomaly, or vascular disease.; There has not been any treatment or core teal-time with image documentation (2D), includes M-mode recording, when Radiology Services performed, complete, without spectral performed, complete, without spectral Denied Not Oncology; This case was created via RadMD.; The primary symptoms began less the Medically Necessary months ago	ease, nservative T tion
Enter answer here We will perform echocardiogram to assess her ejection fraction valvular status. Lexiscan nuclear stress test given her orthopedic issues to her knew walking on inclines or Type In Unknown If No Info Given.; This study is being ord: something other than: known trauma or injury, metastatic disease, a neurological something other than: known trauma or injury, metastatic disease, a neurological inflammatory or infectious disease, congenity, or vascular disease.; There real-time with image documentation been any treatment or conservative therapy.; There are 2 exams are being ordered ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncologist, Thoracic Surgery, Oncology: This case was created via RadMD.; The part of the part o	e limiting lered for disorder, re has not d.; The ogy, orimary Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Cardiology Disapproval or color Doppler echocardiography Medically Necessary symptoms began less than 6 months ago	1 2023 2023

						Enter answer here Cardiolite stress test to assess for ischemia because of abnormal heart saver CT; Echo to evaluate LV function- or Type In Unknown If No Info Given.; This study is	
						being ordered for something other than: known trauma or injury, metastatic disease, a	
				93307 Echocardiography, transthoracic,		neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular	
				real-time with image documentation		disease.; There has not been any treatment or conservative therapy.; The ordering MDs	
				(2D), includes M-mode recording, when	Radiology Services	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
4/1/2023 -				performed, complete, without spectral	Denied Not	Radiation Oncology; This case was created via RadMD.; The primary symptoms began less	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	or color Doppler echocardiography	Medically Necessary	· · · · · · · · · · · · · · · · · · ·	1 2023 2023
						Enter answer here Chest pain, dyspnea on exertion.EKG shows T wave abnormalities	
						anteriorly and inferiorly- or Type In Unknown If No Info Given.; This study is being ordered	
				0000751 11 1 1 1 1		for something other than: known trauma or injury, metastatic disease, a neurological	
				93307 Echocardiography, transthoracic,		disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There	
				real-time with image documentation (2D), includes M-mode recording, when	Padiology Sonvices	has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,	
4/1/2023 -				performed, complete, without spectral	Denied Not	Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	or color Doppler echocardiography		symptoms began less than 6 months ago	1 2023 2023
0,00,2025	., 1, 2023	0/00/2020 Caraiology	э ізаррі ота	or color poppier collectivating up.i.y	mearcany recessary	Symptoms seguritess than 6 months ago	1 2020 2020
						Enter answer here Echo to assess ejection fraction and rule out valvular abnormalities	
						because of possible hereditary issues; Cardiolite stress test to assess for ischemia. Proceed	
						with pharmacologic protocol secondary to orthopedic issues or Type In Un; This study is	
						being ordered for something other than: known trauma or injury, metastatic disease, a	
				93307 Echocardiography, transthoracic,		neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular	
				real-time with image documentation		disease.; There has not been any treatment or conservative therapy.; There are 2 exams are	
. /. /				(2D), includes M-mode recording, when		being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
4/1/2023 -	4 /4 /2022	C/20/2022 C	Diagram and	performed, complete, without spectral	Denied Not	Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	or color Doppler echocardiography	Medically Necessary	RadMD.; The primary symptoms began 6 months to 1 year	1 2023 2023
						Enter answer here Echocardiogram to evaluate LV function- or Type In Unknown If No Info	
				93307 Echocardiography, transthoracic,		Given.; This study is being ordered for Vascular Disease.; There has been treatment or	
				real-time with image documentation		conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
				(2D), includes M-mode recording, when	Radiology Services	Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via	
4/1/2023 -				performed, complete, without spectral	Denied Not	RadMD.; The primary symptoms began less than 6 months ago; Medications were given for	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	or color Doppler echocardiography	Medically Necessary	this diagnosis	1 2023 2023
						Enter answer here She has been experiencing symptoms of chest discomfort over the past 5	
						to 6 months. Feels a dull ache in the center of her chest. Comes on with little or no	
						activity. Does have some intermittent tachycardia from time to time as well or; This study is	
				93307 Echocardiography, transthoracic,		being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular	
				real-time with image documentation		disease.; There has not been any treatment or conservative therapy.; There are 2 exams are	
				(2D), includes M-mode recording, when	Radiology Services	being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
4/1/2023 -				performed, complete, without spectral	Denied Not	Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	or color Doppler echocardiography	Medically Necessary	RadMD.; The primary symptoms began less than 6 months ago	1 2023 2023
						HISTORY OF COVID; PALPITATIONS; DYSNEA; This study is being ordered for something other	
						than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or	
				93307 Echocardiography, transthoracic,		infectious disease, congenital anomaly, or vascular disease.; There has been treatment or	
				real-time with image documentation		conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
. /. /2025				(2D), includes M-mode recording, when		Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via	
4/1/2023 -	4/4/2022	C/20/2022 C	Diagram	performed, complete, without spectral	Denied Not	RadMD.; The primary symptoms began less than 6 months ago; Medications were given for	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Cardiology	ווsapproval	or color Doppler echocardiography	Medically Necessary	uns diagnosis	1 2023 2023
						Increased dyspnea, hypertension, history of SVT, history of elevated troponin levels with no	
				93307 Echocardiography, transthoracic,		follow-up per pt, hyperlipidemia, needing cardiac clearance.; This study is being ordered for	
				real-time with image documentation		Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs	
				(2D), includes M-mode recording, when	Radiology Services	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
4/1/2023 -				performed, complete, without spectral	Denied Not	Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	or color Doppler echocardiography	Medically Necessary	months to 1 year; Medications were given for this diagnosis	1 2023 2023

Known non-obstructive cad in past with worsening symptoms of DOE and fatigute 93307 Echocardiography, transthoracic, unable to walk on treadmill due to knee pain.; This study is being ordered for Vor real-time with image documentation Disease.; There has been treatment or conservative therapy.; The ordering MDs	ie. He is
93307 Echocardiography, transthoracic, unable to walk on treadmill due to knee pain.; This study is being ordered for Vo	16. 116 15
(2D), includes M-mode recording, when Radiology Services NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology o	. ,
4/1/2023 - Derformed, complete, without spectral Denied Not Oncology; This case was created via RadMD; The primary symptoms began less	
6/30/2023 4/1/2023 6/30/2023 Cardiology Disapproval or color Doppler echocardiography Medically Necessary months ago; Medications were given for this diagnosis	1 2023 2023
last echocardiogram showed EF=40-45%, will check another echocardiogram, w	
Lexiscan stress test to rule out ischemic etiology. Will transition his lisinopril ov	
Entresto. Patient has been given samples of Entresto and he needs to start then	
is being ordered for something other than: known trauma or injury, metastatic	•
93307 Echocardiography, transthoracic, neurological disorder, inflammatory or infectious disease, congenital anomaly,	or vascular
real-time with image documentation disease.; There has been treatment or conservative therapy.; The ordering MDs	
(2D), includes M-mode recording, when Radiology Services NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology o	
4/1/2023 - performed, complete, without spectral Denied Not Oncology; This case was created via RadMD.; The primary symptoms began mo	re than 1 year Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Cardiology Disapproval or color Doppler echocardiography Medically Necessary ago; Medications were given for this diagnosis	1 2023 2023
Mr. Nelson is a 74 yo AAM with a h/o HTN, Peripheral Arterial disease s/p right i	liac stent by
Dr. Workman 1/15/2013, nonobstructive CAD (Cath 1/2013), DVT and smoking.	He is here
today to re-establish cardiac care. He had been having a lot of right sided; This	study is being
ordered for something other than: known trauma or injury, metastatic disease,	a
93307 Echocardiography, transthoracic, neurological disorder, inflammatory or infectious disease, congenital anomaly,	or vascular
real-time with image documentation disease.; There has not been any treatment or conservative therapy.; There are	2 exams are
(2D), includes M-mode recording, when Radiology Services being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Th	oracic
4/1/2023 - performed, complete, without spectral Denied Not Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was crea	ted via Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Cardiology Disapproval or color Doppler echocardiography Medically Necessary RadMD.; The primary symptoms began less than 6 months ago	1 2023 2023
Ms. Davis is a 54 year old BW with a past medical history of dyslipidemia and ar	
referred by Michelle Bagby, APN for a cardiac evaluation due to chest pain and	
reports right sided chest pain with exertion with no associated sym; This study i	ŭ
ordered for something other than: known trauma or injury, metastatic disease,	
93307 Echocardiography, transthoracic, neurological disorder, inflammatory or infectious disease, congenital anomaly,	
real-time with image documentation disease.; There has not been any treatment or conservative therapy.; There are	
(2D), includes M-mode recording, when Radiology Services being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Th	
4/1/2023 - performed, complete, without spectral Denied Not Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was crea	
6/30/2023 4/1/2023 6/30/2023 Cardiology Disapproval or color Doppler echocardiography Medically Necessary RadMD.; The primary symptoms began less than 6 months ago	1 2023 2023
Ms. Stokes is a 59 year old BW with a past medical history of hypertension, GER	
fibromyalgia, arthritis, osteopenia, chronic pain, and tobacco dependency. She	· ·
Carla Devose, APN for a cardiac evaluation. She reports occasional pain under b	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
being ordered for something other than: known trauma or injury, metastatic dis	
93307 Echocardiography, transthoracic, neurological disorder, inflammatory or infectious disease, congenital anomaly,	
real-time with image documentation disease.; There has not been any treatment or conservative therapy.; There are	
(2D), includes M-mode recording, when Radiology Services being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, The 4/1/2023 - Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created to the control of	
6/30/2023 Cardiology Disapproval or color Doppler echocardiography Medically Necessary RadMD.; The primary symptoms began less than 6 months ago	ted via Apr-Jun 1 2023 2023
Patient has systolic and diastolic heart failure and is having symptoms of shortn	
with most all activity. Suffers from fatigue and leg swelling propelling him to tak	
93307 Echocardiography, transthoracic, doses of Lasix.; This study is being ordered for Vascular Disease.; There has bee	
real-time with image documentation are conservative therapy.; The ordering MDs specialty is NOT Hematologist/Onco	
(2D), includes M-mode recording, when Radiology Services Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case	
4/1/2023 - performed, complete, without spectral Denied Not via RadMD.; The primary symptoms began less than 6 months ago; Medications	
6/30/2023 4/1/2023 6/30/2023 Cardiology Disapproval or color Doppler echocardiography Medically Necessary for this diagnosis	1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	PRE-OP EXAM FOR PATENT FORAMEN OVALE CLOSURE; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis PT HAD BYPASS GRAFTING 4 YEARS AGO.; PT HAS PAROXYSMAL ATRIAL FIBRILLATION; PT WORE AN EVENT NONITOR AND HAD A FEW EPISODES OF NONSUSTAINED VENTRICULAR	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		TACHYCARDIA; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		Pt has Sinus Tachycardia RBBB 115;bmp. With Chest Pain & Defena; This study is being ordered for Vascular Disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	Pt presented to the ER with chest pain, weakness, along with nausea. As well as headache. Also Syncope; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD:; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology		93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	Radiology Services Denied Not	Pt was seen in ER. Referred here today for follow up for cardiac eval. Past medical history of HTN.;;Pt is having shortness of breath with chest pain also with lightheadness.; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 3 or younger.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for a history of heart valve disease.; Mild stenosis or mild regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1 year since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for a history of heart valve disease.; Mild stenosis or mild regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease	Apr-Jun 4 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for a history of heart valve disease.; Mild stenosis or mild regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease; The health carrier is NOT HealthNet of California	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for a history of heart valve disease.; Mild stenosis or mild regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are NO new symptoms suggesting worsening of heart valve disease	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for a history of heart valve disease.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is an initial evaluation after aortic or mitral valve surgery.; It has been more than 3 years since the last Transthoracic Echocardiogram (TTE) was completed; The patient is NOT asymptomatic	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for a history of heart valve disease.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for a history of heart valve disease.; Severe stenosis or severe regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for a history of heart valve disease.; Severe stenosis or severe regurgitation of the mitral or aortic valve is present; This is NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the last Transthoracic Echocardiogram (TTE) was completed; There are NO new symptoms suggesting worsening of heart valve disease	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for Chest pain of suspected cardiac etiology; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for Chest pain of suspected cardiac etiology; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram; The health carrier is NOT HealthNet of California	Apr-Jun 2 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	Apr-Jun 6 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of congestive heart failure (CHF); The health carrier is NOT HealthNet of California	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease	Apr-Jun 7 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease; The health carrier is NOT HealthNet of California	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are NO new symptoms suggesting worsening of heart valve disease	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are NO new symptoms suggesting worsening of heart valve disease; The health carrier is NOT HealthNet of California	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for Follow-up to a prior test; EKG has been completed; The EKG was NOT considered abnormal	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for Follow-up to a prior test; Something other than Myocardial Perfusion Imaging, Exercise Treadmill Testing, Stress Echocardiography, or EKG has been completed; The health carrier is NOT HealthNet of California	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or don't know.; This study is being ordered for none of the above or don't know.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or don't know.; This study is being ordered for symptoms of a heart problem	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or don't know.; This study is being ordered for symptoms of a heart problem; The health carrier is NOT HealthNet of California	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of a recent myocardial infarction (heart attack).; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood pressure	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of a recent myocardial infarction (heart attack).; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood pressure	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.	Apr-Jun 1 2023 2023

				93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has NOT been a change in clinical status since the last	
4/1/2023 -				performed, complete, without spectral	Denied Not	echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	or color Doppler echocardiography		findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	2 2023 2023
0/30/2023	4/1/2023	0/30/2023 curdiology	Disapprovar	or color poppier conocaralography	ivicultury recessury	minings, or diagnostic stadies (chest x ray or End) maleative or near disease.	2 2023 2023
						This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	
				93307 Echocardiography, transthoracic,		This study is being ordered for another reason; This study is being ordered for evaluation of	
				real-time with image documentation		abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG)	
				(2D), includes M-mode recording, when	Radiology Services	indicative of heart disease.; There has NOT been a change in clinical status since the last	
4/1/2023 -				performed, complete, without spectral	Denied Not	echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	or color Doppler echocardiography	Medically Necessary	findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.	2 2023 2023
						This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	
						This study is being ordered for another reason; This study is being ordered for evaluation of	
				93307 Echocardiography, transthoracic,		abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG)	
				real-time with image documentation		indicative of heart disease.; This is an initial evaluation of artificial heart valves.; This is for	
				(2D), includes M-mode recording, when		the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies	
4/1/2023 -	. /. /2022	s /20 /2022 S . I'. I	B: 1	performed, complete, without spectral	Denied Not	(chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Known	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	or color Doppler echocardiography	Medically Necessary	or suspected valve disease.	1 2023 2023
						This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	
				02207 Echacardiagraphy transthoracia		This study is being ordered for another reason; This study is being ordered for evaluation of	
				93307 Echocardiography, transthoracic, real-time with image documentation		abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is an initial evaluation of artificial heart valves.; This is for	
				(2D), includes M-mode recording, when	Padialogy Convices	the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies	
4/1/2023 -				. ,,	Denied Not	(chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known	Apr-Jun
6/30/2023	1/1/2023	6/30/2023 Cardiology	Disapproval	or color Doppler echocardiography		or suspected valve disease.	1 2023 2023
0/30/2023	4,1,2023	0/30/2023 curdiology	ызарргочаг	or color poppier conocaralography	ivicultury recessury	or suspected varve disease.	1 2023 2023
						This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	
				93307 Echocardiography, transthoracic,		This study is being ordered for another reason; This study is being ordered for evaluation of	
				real-time with image documentation		abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG)	
				(2D), includes M-mode recording, when	Radiology Services	indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical	
4/1/2023 -				performed, complete, without spectral	Denied Not	exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	or color Doppler echocardiography	Medically Necessary	abnormal symptom, condition or evaluation is not known or unlisted above.	8 2023 2023
						This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	
						This study is being ordered for another reason; This study is being ordered for evaluation of	
				93307 Echocardiography, transthoracic,		abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG)	
				real-time with image documentation		indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical	
				(2D), includes M-mode recording, when		exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The	
4/1/2023 -					Denied Not	patient has shortness of breath; Shortness of breath is not related to any of the listed	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	or color Doppler echocardiography	Medically Necessary	indications.	7 2023 2023
						This control for an archive and the control of the	
						This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason: This study is being ordered for evaluation of	
				02207 Echacardiagraphy transft areas		This study is being ordered for another reason; This study is being ordered for evaluation of	
				93307 Echocardiography, transthoracic, real-time with image documentation		abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical	
				(2D), includes M-mode recording, when	Radiology Services	exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This	
4/1/2023 -				performed, complete, without spectral	Denied Not	study is being requested for the initial evaluation of frequent or sustained atrial or	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	or color Doppler echocardiography		ventricular cardiac arrhythmias.; The patient has an abnormal EKG	1 2023 2023
0/30/2023	., 1, 2023	5,55,2025 Caraiology	2.5upprovui	o. co.o. poppier conocaratography	carcarry recessary	Temerical Caracter array timinas, the patient has an ashormal Exc	1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	Apr-Jun 8 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	Apr-Jun 7 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This request is NOT for initial evaluation of a murmur.; This is NOT a request for follow up of a known murmur.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has abnormal heart sounds	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This request is NOT for initial evaluation of a murmur.; This is NOT a request for follow up of a known murmur.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has abnormal heart sounds	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; It is unknown what type of cardiac valve conditions apply to this patient.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 10 - 11 months since the last echocardiogram.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 24 months or more since the last echocardiogram.	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023		6/30/2023 Cardiology		93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023		6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for evaluation of change of clinical status.	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease.	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for a routine follow up of congenital heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; It is unknown if there been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has NOT been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	Apr-Jun 6 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	Apr-Jun 33 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of a recent myocardial infarction (heart attack).	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; It is unknown if there is a change in the patient's cardiac symptoms.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	Apr-Jun 21 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patient's cardiac symptoms.; It has been at least 24 months since the last echocardiogram was performed.	Apr-Jun 5 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	Apr-Jun 5 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023		6/30/2023 Cardiology		93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	Radiology Services Denied Not	This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; It is unknown when the last TTE (Transthoracic Echocardiogram) was completed	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	Radiology Services Denied Not	This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; The last TTE (Transthoracic Echocardiogram) was 3 months ago or less	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Denied Not	This is a request for a Transthoracic Echocardiogram.; There is known valvular heart disease.; The patient's valvular heart disease is mild.; Pre-existing murmur best describes the reason for ordering this study.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Denied Not	This is a request for a Transthoracic Echocardiogram.; There is known valvular heart disease.; The severity of the patient's valvular heart disease is unknown.; Pre-existing murmur best describes the reason for ordering this study.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Follow up for known pulmonary hypertension best describes the reason for ordering this study.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Denied Not	This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; Congestive heart failure best describes the reason for ordering this study	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Denied Not	This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; A previous TTE (Transthoracic Echocardiogram) has not been completed	Apr-Jun 5 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Denied Not	This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; The last TTE (Transthoracic Echocardiogram) was more than 3 months ago	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023		6/30/2023 Cardiology		93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	Radiology Services Denied Not	This is a request for a Transthoracic Echocardiogram.; Unknown or other than listed above best describes the reason for ordering this study	Apr-Jun 14 2023 2023
4/1/2023 - 6/30/2023		6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	Radiology Services Denied Not	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; It is unknown when the primary symptoms began	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; It is unknown when the primary symptoms began	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began less than 6 months ago	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; It is unknown when the primary symptoms began	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		unknown; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; It is unknown when the primary symptoms began	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		6/30/2023 Cardiology		93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M mode recording); including probe placement, image acquisition, interpretation and report	Radiology Services Denied Not	PRE-OP EXAM FOR PATENT FORAMEN OVALE CLOSURE; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	· ·	6/30/2023 Cardiology		93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M mode recording); including probe placement, image acquisition, interpretation and report	Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of atrial fibrillation or flutter to determine the presence or absence of left atrial thrombus or evaluate for radiofrequency ablation procedure.; The patient is 18 years of age or older.	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M mode recording); including probe placement, image acquisition, interpretation and report	Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of atrial fibrillation or flutter to determine the presence or absence of left atrial thrombus or evaluate for radiofrequency ablation procedure.; The patient is 18 years of age or older.; The health carrier is NOT HealthNet of California	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not	Enter answer here - or Type In Unknown If No Info Given. This is a request for a Stress Echocardiogram.; The patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; It is not known if the patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; Assessment of risk for a patient without symptoms or history of ischemic/coronary artery disease best describes the patients clinical presentation.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not	This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The patient has None of the above physical limitations	Apr-Jun 6 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not	This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The patient has None of the above physical limitations; The health carrier is NOT HealthNet of California	Apr-Jun 2 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; None of the above apply to this patient	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has a known revascularization by insertion of a stent; The vessel that had the stent inserted is Right Coronary Artery	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has a known revascularization by insertion of a stent; The vessel that had the stent inserted is Right Coronary Artery; The health carrier is NOT HealthNet of California	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has None of the above	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has None of the above; The health carrier is NOT HealthNet of California	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Cardiology	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	Apr-Jun 5 2023 2023

9230 Absorbing residence with image former with lines protection with lines with lines protection with lines protection with lines with lines with lines p								
real-time with image documentation (20), includes Nembrade recording, when performed, during rest and cardiovascular tracts sets using tracked in the control of the contro		4/1/2023	6/30/2023 Cardiology	Disapproval	real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with	Radiology Services Denied Not	history of ischemic/ coronary artery disease without new or changing symptoms best	· ·
A1/12023 - Chiropractic maging, spinal canal and contents, compact personance (eg. proton) or conservative therapy. This case was created via RadMoD. This study is being ordered for large maging, spinal canal and contents, compact personance (eg. proton) or conservative therapy. This case was created via RadMoD. This study is being ordered for conservative therapy. This case was created via RadMoD. This study is being ordered for conservative therapy. This case was created via RadMoD. This study is being ordered for conservative therapy. This case was created via RadMoD. This study is being ordered for conservative therapy. This case was created via RadMoD. This study is being ordered for conservative therapy. This is a request for cervical spine MRI; The patient has exceed or chronic backpain; the study requested in except or conservative therapy. This study is being requested or chronic backpain; the study requested or chronic backpain; the study requested for chronic constructive the spine maging, spinal canal and contents, and contents. This study is being ordered for chronic conservative therapy. This case was created via RadMoD. This study is being ordered for chronic conservative therapy. This case was created via RadMoD. This study is being ordered for chronic conservative therapy. This case was created via RadMoD. This study is being ordered for chronic conservative therapy. This study is being ordered for chronic backpain; this study is being requested or service in the patient had so were given for this in the patient had so were given for this in the patient had so were given for this in the patient had so were given for this in the patient had so were given for this in the patient had source or chronic back pain; the study requested is a Lumbar Spine MRI; the patient has acute or chronic back pain; this study is being requested or a service or chronic back pain; the study requested in a Lumbar Spine MRI; the patient has acute or chronic back pain; this study is being requested for an Abnormal x-ray		4/1/2023	6/30/2023 Cardiology	Disapproval	real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with	Radiology Services Denied Not	including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected	
4/1/2023 - 4/1/2023 -					72141 Magnetic resonance (eg, proton)		COMPLETED CHIROPRACTIC THERAPY WITH NO IMPROVEMENT.; There has been treatment	
4/1/2023 - Chiropractic of Approval control of		4/1/2023	•	Approval	imaging, spinal canal and contents,		Other; The primary symptoms began 6 months to 1 year; Medications were given for this	· ·
This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or langing, spinal canal and contents, 6/30/2023 Medicine 6/30/2023					imaging, spinal canal and contents,			
PATIENT HAS ALSO COMPLETED HOME EXERCISES WITHOUT IMPROVEMENT. ALSO COMPLETED CHIROPACTIC THERAPY WITH NO IMPROVEMENT. There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for 4/1/2023		4/1/2023		Approval	72141 Magnetic resonance (eg, proton)		This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or	
The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; 72148 Magnetic resonance (eg. proton)		4/1/2023		Approval	72148 Magnetic resonance (eg, proton)		PATIENT HAS ALSO COMPLETED HOME EXERCISES WITHOUT IMPROVEMENT. ALSO COMPLETED CHIROPRACTIC THERAPY WITH NO IMPROVEMENT.; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for	
72148 Magnetic resonance (eg, proton) 4/1/2023 - Chiropractic 6/30/2023 Medicine Approval Lumbar; without contrast material 72148 Magnetic resonance (eg, proton) Intestudy requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 Apr-Jun Apr	4/1/2023 -		Chiropractic		72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents,		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is NOT General/Family Practice, Internal Medicine, Unknown, Other, Advanced Practice	Apr-Jun
72148 Magnetic resonance (eg, proton) 4/1/2023 - Chiropractic imaging, spinal canal and contents, lumbar; without contrast material 72148 Magnetic resonance (eg, proton) 4/1/2023 - Chiropractic 6/30/2023 4/1/2023 6/30/2023 Medicine Approval 72148 Magnetic resonance (eg, proton) 1 The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; 1 This study is being requested for an Abnormal x-ray indicating a complex fracture or severe Apr-Jun anatomic derangement of the lumbar spine; This is NOT a Medicare member. 2 2023 2023 72131 Computed tomography, lumbar spine; Without contrast material Spine; Without Spine; Without Contrast material Spine; Without Contrast material Spine; Without Spine;	4/1/2023 -		Chiropractic	·	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents,		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6	Apr-Jun
Radiology Services 4/1/2023 - Chiropractic 6/30/2023 4/1/2023 6/30/2023 Medicine Chiropractic T2131 Computed tomography, lumbar spine Not medically Necessary Spine; without contrast material T2141 Magnetic resonance (eg, proton) Imaging, spinal canal and contents, Denied Not medically Necessary Denied Not medically Necessary Diagnostic CT This is a request for a lumbar spine CT.; Suspected Tumor with or without Metastasis; There is evidence of tumor or metastasis on a bone scan or x-ray.; Yes this is a request for a Apr-Jun Diagnostic CT There has been treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Other; It is unknown when the primary symptoms began; Other not Apr-Jun	4/1/2023 -	· ·	Chiropractic		72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents,		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe	Apr-Jun
4/1/2023 - Chiropractic imaging, spinal canal and contents, Denied Not is being ordered for Other; It is unknown when the primary symptoms began; Other not Apr-Jun	4/1/2023 -		Chiropractic	·	72131 Computed tomography, lumbar	Denied Not	This is a request for a lumbar spine CT.; Suspected Tumor with or without Metastasis; There is evidence of tumor or metastasis on a bone scan or x-ray.; Yes this is a request for a	Apr-Jun
		4/1/2023	·	Disapproval	imaging, spinal canal and contents,	Denied Not	is being ordered for Other; It is unknown when the primary symptoms began; Other not	·

			72141 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -	Chiropractic		imaging, spinal canal and contents,	Denied Not	This is a request for cervical spine MRI; The reason for ordering this test is Known or	Apr-Ju
6/30/2023 4/1/202	3 6/30/2023 Medicine D	Disapproval	cervical; without contrast material	Medically Necessary	suspected infection or abscess	1 2023 2023
					This is a request for cervical spine MRI; This procedure is being requested for Acute / new	
			72141 Magnetic resonance (eg, proton)		neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of	
4/1/2023 -	Chiropractic		imaging, spinal canal and contents,	Denied Not	physical therapy, chiropractic or physician supervised home exercise; It is not known if the	Apr-Jur
6/30/2023 4/1/202	3 6/30/2023 Medicine D	Disapproval	cervical; without contrast material	Medically Necessary	pain began within the past 6 weeks.; This is NOT a Medicare member.	1 2023 2023
. /. /			72146 Magnetic resonance (eg, proton)		There has been treatment or conservative therapy.; This case was created via BBI.; This study	
4/1/2023 -	Chiropractic		imaging, spinal canal and contents,	Denied Not	is being ordered for Other; It is unknown when the primary symptoms began; Other not	Apr-Jur
6/30/2023 4/1/202	3 6/30/2023 Medicine D	Disapproval	thoracic; without contrast material	Medically Necessary	listed was done for this diagnosis	1 2023 2023
			72149 Magnetic reconance (og proten)	Radiology Services	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -	Chiropractic		72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Denied Not	This study is being requested for 6 weeks of completed conservative care in the past 6	Apr lur
4/1/2023 - 6/30/2023 4/1/202	· ·	Disapproval	lumbar; without contrast material	Medically Necessary	· · · · · · · · · · · · · · · · · · ·	Apr-Jun 1 2023 2023
0/30/2023 4/1/202	5 0/50/2025 Medicille D	oisappiovai	iumbar, without contrast material	ivieuically ivecessary	This study is being ordered for something other than: known trauma or injury, metastatic	1 2023 2023
					disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
			721.40 Magnetic recommend (e.g. protect)	Dadialası Candasa	vascular disease.; There has been treatment or conservative therapy.; The ordering MDs	
4/4/2022	Chinamantia		72148 Magnetic resonance (eg, proton)		specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	A 1
4/1/2023 -	Chiropractic	N	imaging, spinal canal and contents,	Denied Not	Radiation Oncology; This case was created via BBI.; The primary symptoms began more than	Apr-Jun
6/30/2023 4/1/202	3 6/30/2023 Medicine D	Disapproval	lumbar; without contrast material	Medically Necessary	1 year ago; Physical Therapy was completed for this diagnosis	1 2023 2023
			73720 Magnetic resonance (eg, proton)			
			imaging, lower extremity other than	Dadialası Candasa		
. /. /2022			joint; without contrast material(s),	Radiology Services		
4/1/2023 -	Chiropractic		followed by contrast material(s) and	Denied Not	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or	Apr-Jun
6/30/2023 4/1/202	3 6/30/2023 Medicine D	Disapproval	further sequences	Medically Necessary	physician supervised home exercise in the past 3 months	1 2023 2023
			72720 14		This study is being ordered for something other than: known trauma or injury, metastatic	
			73720 Magnetic resonance (eg, proton)		disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
			imaging, lower extremity other than	Dadidan Carden	vascular disease.; There has been treatment or conservative therapy.; The ordering MDs	
4/4/2022	Chinamantia		joint; without contrast material(s),	Radiology Services	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	A 1
4/1/2023 -	Chiropractic	N	followed by contrast material(s) and	Denied Not	Radiation Oncology; This case was created via BBI.; The primary symptoms began more than	Apr-Jun
6/30/2023 4/1/202	3 6/30/2023 Medicine D	Disapproval	further sequences	Medically Necessary	1 year ago; Physical Therapy was completed for this diagnosis	1 2023 2023
					04/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
					past; Spinal Cord Injury (SCI) is the selected condition; 11/01/2022; Date of onset is within	
					the last 6 months; The patient does not require human assistance and/or assistive device to	
					walk and/or transfer; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical	
					Therapy; Physical Therapy was requested; The evaluation date is not in the future; Magellan	
			0744CTh	David alama Camatana	does not manage chiropractic but does manage speech therapy for the member's plan;	
4/4/2022	Chinamantia		97116 Therapeutic procedure, 1 or	Radiology Services	Neuro Rehabilitative; Physical therapy was requested; Spinal Cord Injury (SCI) is the selected	A 1
4/1/2023 -	Chiropractic		more areas, each 15 minutes; gait	Denied Not	condition; The health carrier is NOT New Hampshire Healthy Families; Physical or	Apr-Jun
6/30/2023 4/1/202	3 6/30/2023 Medicine D	Disapproval	training (includes stair climbing)	Medically Necessary	Occupational therapy was requested	1 2023 2023
					There has not been any treatment or conservative therapy.; The ordering MDs specialty is	
					NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/4/2022	Colon &		74250 Commutad American II		Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -	Rectal		71250 Computed tomography, thorax;		This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms	Apr-Jun
6/30/2023 4/1/202	3 6/30/2023 Surgery A	Approval	without contrast material		began less than 6 months ago	1 2023 2023
					There has not been any treatment or conservative therapy.; The ordering MDs specialty is	
					NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
. /. /2022	Colon &		74050 0 1 1		Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -	Rectal		71250 Computed tomography, thorax;		This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms	Apr-Jun
6/30/2023 4/1/202		Approval	without contrast material		began more than 1 year ago	1 2023 2023
. /. /	Colon &		72196 Magnetic resonance (eg, proton)		This is a request for a Pelvis MRI.; The study is being ordered for suspicion of tumor, mass,	
4/1/2023 -	Rectal		imaging, pelvis; with contrast		neoplasm, or metastatic disease.; The patient has NOT had previous abnormal imaging	Apr-Jun
6/30/2023 4/1/202	3 6/30/2023 Surgery A	Approval	material(s)		including a CT, MRI or Ultrasound.	1 2023 2023

						There has not been any treatment or conservative therapy.; The ordering MDs specialty is	
		0 1 0		74476.0		NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/4/2022		Colon &		74176 Computed tomography,		Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -	4 /4 /2022	Rectal	A	abdomen and pelvis; without contrast		This study is being ordered for Cancer/Tumor/ Metastatic Disease; The primary symptoms	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Approval	material		began less than 6 months ago	1 2023 2023
						There has not been any treatment or conservative therapy.; The ordering MDs specialty is	
		0 1 0		74760		NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
. /. /2022		Colon &		74176 Computed tomography,		Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -	. /. /2022	Rectal		abdomen and pelvis; without contrast		This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Approval	material		began more than 1 year ago	1 2023 2023
						This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The	
						patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This	
		Colon &		74176 Computed tomography,		study is not being requested for abdominal and/or pelvic pain.; The study is not requested	
4/1/2023 -		Rectal		abdomen and pelvis; without contrast		for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Approval	material		a concern of cancer such as for diagnosis or treatment.	1 2023 2023
						This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
		Colon &		74176 Computed tomography,		and/or pelvic pain.; The study is being ordered for acute pain.; There has not been a physical	
4/1/2023 -		Rectal		abdomen and pelvis; without contrast		exam.; The patient had an amylase lab test.; The results of the lab test were abnormal.; Yes	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Approval	material		this is a request for a Diagnostic CT	1 2023 2023
						This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
		Colon &		74176 Computed tomography,		and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/1/2023 -		Rectal		abdomen and pelvis; without contrast		this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Approval	material		performed.; Yes this is a request for a Diagnostic CT	1 2023 2023
						This is a request for an Abdomen and Pelvis CT.; This study is not being requested for	
		Colon &		74176 Computed tomography,		abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT; There is	
4/1/2023 -		Rectal		abdomen and pelvis; without contrast		documentation of a known tumor or a known diagnosis of cancer; This is study being	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Approval	material		ordered for a concern of cancer such as for diagnosis or treatment.	1 2023 2023
		Colon &		74181 Magnetic resonance (eg, proton)			
4/1/2023 -		Rectal		imaging, abdomen; without contrast		This request is for an Abdomen MRI.; This study is being ordered for follow-up trauma.; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Approval	material(s)		ordering physician is a gastroenterologist or surgeon.	1 2023 2023
		Colon &		77046 Magnetic resonance imaging,		This is a request for Breast MRI.; This study is being ordered as a screening examination for	
4/1/2023 -		Rectal		breast, without contrast material;		known family history of breast cancer.; There is a pattern of breast cancer history in at least	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Approval	unilateral		two first-degree relatives (parent, sister, brother, or children).	1 2023 2023
						This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
		Colon &		74176 Computed tomography,	Radiology Services	and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical	
4/1/2023 -		Rectal		abdomen and pelvis; without contrast	Denied Not	exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Disapproval	material	Medically Necessary	Diagnostic CT	1 2023 2023
						This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a	
4/1/2023 -				70490 Computed tomography, soft		palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Dermatolo	gy Approval	tissue neck; without contrast material		NOT done.; Yes this is a request for a Diagnostic CT	1 2023 2023
				73220 Magnetic resonance (eg, proton)			
				imaging, upper extremity, other than			
				joint; without contrast material(s),		The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent	
4/1/2023 -				followed by contrast material(s) and		postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Dermatolo	gy Approval	further sequences		metastasis.	1 2023 2023
.,,	, ,	, ,	J, FF 3.5.			A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or	
						Known Cancer; This study is being ordered for something other than listed above.; This study	
4/1/2023 -				78813 Positron emission tomography		is not being ordered for None of the above.; This is for a Routine/Standard PET Scan using	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Dermatolo	ogy Approval	(PET) imaging; whole body		FDG (fluorodeoxyglucose)	1 2023 2023
2,00,2020	., 2, 2020	-, -0, 2020 DeIlutoio		(,		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a	1 2020 2020
					Radiology Services	palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has	
4/1/2023 -				70490 Computed tomography, soft	Denied Not	been examined twice at least 30 days apart.; It is unknown if the lump got smaller.; Yes this	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Dermatolo	ngy Disapproval	tissue neck; without contrast material		is a request for a Diagnostic CT	1 2023 2023
0/30/2023	7/1/2023	0/30/2023 Defillatoro	PS Disappioval	ussue neck, without contrast material	ivicultally ivecessally	is a request for a briagnostic CT	1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Dermatology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being ordered for something other than listed above.; This study is not being ordered for None of the above.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Dermatology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This nodule is Existing (stable, being followed with any modality); This Pet Scan is being requested for a Pulmonary Nodule; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Doctors and Rehabilitatio 6/30/2023 n	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; This is NOT a Medicare member.; Headache best describes the reason that I have requested this test.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Doctors and Rehabilitatio 6/30/2023 n	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Doctors and Rehabilitatio 6/30/2023 n	Approval	72128 Computed tomography, thoracic spine; without contrast material		thoracic back pain burning to b/l sides and a different; lumbar right sided pain with numbness in lateral right thigh.; She states that her pain began January 2023 and was of sudden onset after a fall off a; ladder while painting her bathroom. The pain is; This study is being ordered for trauma or injury.; It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	Apr-Jun 1 2023 2023
4/1/2023 -		Doctors and Rehabilitatio		72131 Computed tomography, lumbar		thoracic back pain burning to b/l sides and a different;lumbar right sided pain with numbness in lateral right thigh.;She states that her pain began January 2023 and was of sudden onset after a fall off a;ladder while painting her bathroom. The pain is; This study is being ordered for trauma or injury.; It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via	Apr-Jun
6/30/2023 4/1/2023 - 6/30/2023	· ·	Doctors and Rehabilitatio 6/30/2023 n	Approval	spine; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material)	RadMD.; The primary symptoms began less than 6 months ago This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	1 2023 2023 Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Doctors and Rehabilitatio 6/30/2023 n	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; This procedure is being requested for None of the above; Pre-operative evaluation describes the reason for requesting this procedure.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Doctors and Rehabilitatio 6/30/2023 n	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material)	This is a request for a thoracic spine MRI.; This study is being ordered for Pre-Operative Evaluation; Surgery is not scheduled within the next 4 weeks.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Doctors and Rehabilitatio 6/30/2023 n	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Doctors and Rehabilitatio 6/30/2023 n	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material)	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is NOT General/Family Practice, Internal Medicine, Unknown, Other, Advanced Practice Registered Nurse or Preventative Medicine	Apr-Jun 13 2023 2023

		Doctors and		72148 Magnetic resonance (eg, proton)		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -		Rehabilitatio		imaging, spinal canal and contents,		This study is being requested for 6 weeks of completed conservative care in the past 6	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 n	Approval	lumbar; without contrast material		months	2 2023 2023
		Doctors and		72148 Magnetic resonance (eg, proton)			
4/1/2023 -		Rehabilitatio		imaging, spinal canal and contents,		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 n	Approval	lumbar; without contrast material		This study is being requested for Neurological deficit(s); The patient has None of the above	1 2023 2023
		Doctors and		72148 Magnetic resonance (eg, proton)		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -		Rehabilitatio		imaging, spinal canal and contents,		This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 n	Approval	lumbar; without contrast material		The patient has Focal extremity weakness	1 2023 2023
		Doctors and		72148 Magnetic resonance (eg, proton)		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree;	
4/1/2023 -		Rehabilitatio		imaging, spinal canal and contents,		Physical therapy has been completed for the patient's back pain; The procedure is being	Apr-Jun
6/30/2023	4/1/2022	6/30/2023 n	Approval	lumbar; without contrast material		ordered for acute or chronic back pain	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 11	Approvai	lumbar, without contrast material		This study is being ordered due to known or suspected infection.; "The ordering physician is	1 2023 2023
		Doctors and				a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP	
4/1/2023 -		Rehabilitatio		72192 Computed tomography, pelvis;		ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis	Apr-Jun
6/30/2023	1/1/2023	6/30/2023 n	Approval	without contrast material		CT.; Yes this is a request for a Diagnostic CT	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 11	Approvai	73220 Magnetic resonance (eg. proton)		eri, res tills is a requestror a biognostic er	1 2023 2023
				imaging, upper extremity, other than			
		Doctors and		joint; without contrast material(s),			
4/1/2023 -		Rehabilitatio		followed by contrast material(s) and		The request is for an upper extremity non-joint MRI.; This is a preoperative or recent	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 n	Approval	further sequences		postoperative evaluation.	1 2023 2023
0,00,000	., -,	.,,		73720 Magnetic resonance (eg, proton)			
				imaging, lower extremity other than			
		Doctors and		joint; without contrast material(s),			
4/1/2023 -		Rehabilitatio		followed by contrast material(s) and		This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 n	Approval	further sequences		physician supervised home exercise in the past 3 months	1 2023 2023
				73720 Magnetic resonance (eg, proton)			
				imaging, lower extremity other than			
		Doctors and		joint; without contrast material(s),		This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO	
4/1/2023 -		Rehabilitatio		followed by contrast material(s) and		suspicion of a tendon or ligament injury.; There is a suspicion of fracture not adequately	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 n	Approval	further sequences		determined by x-ray.	1 2023 2023
						This study is being ordered for trauma or injury.; There has not been any treatment or	
						conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is	
		Doctors and			Radiology Services	NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -		Rehabilitatio				Oncology; This case was created via BBI.; The primary symptoms began less than 6 months	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 n	Disapproval	brain; without contrast material	Medically Necessary	•	1 2023 2023
						This study is being ordered for trauma or injury.; There has not been any treatment or	
		Dantau and			David alama Camatana	conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is	
4 /4 /2022		Doctors and		72425 Commented to a comment of the	Radiology Services	NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	A Iv.
4/1/2023 -	4/4/2022	Rehabilitatio	Disamenanal	72125 Computed tomography, cervical	Denied Not	Oncology; This case was created via BBI.; The primary symptoms began less than 6 months	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 n	Disapproval	spine; without contrast material	Medically Necessary	see clinicals; There has not been any treatment or conservative therapy.; This case was	1 2023 2023
		Doctors and		72141 Magnetic resonance (eg, proton)	Radiology Services	created via RadMD.; This study is being ordered for Pre Operative or Post Operative	
4/1/2023 -		Rehabilitatio		imaging, spinal canal and contents,	Denied Not	evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 n	Disapproval	cervical; without contrast material		primary symptoms began more than 1 year ago	1 2023 2023
3,00,2023	., 1, 2023	2,00,2020 11	00pp10401	22. Dealy microac contrast material	carcan, recessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	1 2023 2023
		Doctors and		72141 Magnetic resonance (eg, proton)	Radiology Services	longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or	
4/1/2023 -		Rehabilitatio		imaging, spinal canal and contents,	Denied Not	failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 n	Disapproval	cervical; without contrast material		NOT a Medicare member.	1 2023 2023
					. ,		
		Doctors and		72141 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -		Rehabilitatio		imaging, spinal canal and contents,	Denied Not	This is a request for cervical spine MRI; This procedure is being requested for None of the	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 n	Disapproval	cervical; without contrast material	Medically Necessary	above; None of the above describes the reason for requesting this procedure.	1 2023 2023

						This is a various few a they said suite NADL. This study is hairs and and few Aside as Character	
						This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The	
		Doctors and		721.46 Magnetic reconance (eg. proten)	Padiology Convices	patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once	
4/1/2023 -		Doctors and Rehabilitatio		72146 Magnetic resonance (eg, proton)	Denied Not	for these symptoms.; The physician has directed conservative treatment for the past 6	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 n	Disapproval	imaging, spinal canal and contents, thoracic; without contrast material		weeks.; The patient has completed 6 weeks of physical therapy?	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 11	Disappiovai	thoracic, without contrast material	ivieuically ivecessary	This is a request for a thoracic spine MRI.; This study is being ordered for Neurological	1 2023 2023
						deficits; The patient does have new or changing neurologic signs or symptoms.; The patient	
		Doctors and		72146 Magnetic resonance (eg, proton)	Radiology Services	does not have a new foot drop.; The patient does not have new signs or symptoms of	
4/1/2023 -		Rehabilitatio)	imaging, spinal canal and contents,	Denied Not	bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 n	Disapproval	thoracic; without contrast material		no weakness or reflex abnormality.	1 2023 2023
0,00,000	., _,	0,00,000			, , , , , , , , , , , , , , , , , , , ,	lumbar MRI reason for imaging is As their more recent onset of radicular right leg pain and	
						weakness represents an abrupt change in neurologic status, likely representative of acute	
						radiculopathy with clinical concern for intervertebral disc herniation,; This study is being	
						ordered for Vascular Disease.; There has been treatment or conservative therapy.; The	
		Doctors and		72148 Magnetic resonance (eg, proton)	Radiology Services	ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,	
4/1/2023 -		Rehabilitatio)	imaging, spinal canal and contents,	Denied Not	Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 n	Disapproval	lumbar; without contrast material	Medically Necessary	symptoms began less than 6 months ago; Medications were given for this diagnosis	1 2023 2023
						see clinicals; There has not been any treatment or conservative therapy.; This case was	
		Doctors and		72148 Magnetic resonance (eg, proton)	Radiology Services	created via RadMD.; This study is being ordered for Pre Operative or Post Operative	
4/1/2023 -		Rehabilitatio)	imaging, spinal canal and contents,	Denied Not	evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 n	Disapproval	lumbar; without contrast material	Medically Necessary	primary symptoms began more than 1 year ago	1 2023 2023
		Doctors and		72148 Magnetic resonance (eg, proton)		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -		Rehabilitatio		imaging, spinal canal and contents,	Denied Not	This study is being requested for 6 weeks of completed conservative care in the past 6	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 n	Disapproval	lumbar; without contrast material	Medically Necessary		7 2023 2023
						; This study is being ordered for something other than: known trauma or injury, metastatic	
						disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
		Dt		72406 Managatia anno anno 100 anno 100	Dadislass Carries	vascular disease.; There has been treatment or conservative therapy.; The ordering MDs	
4/4/2022		Doctors and		72196 Magnetic resonance (eg, proton)		specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	A constitute
4/1/2023 - 6/30/2023	4/1/2022	Rehabilitatio 6/30/2023 n	Disapproval	imaging, pelvis; with contrast material(s)	Denied Not	Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	Apr-Jun 1 2023 2023
0/30/2023	4/1/2023	0/30/2023 11	Disappiovai	material(s)	Medically Necessary	lumbar MRI reason for imaging is As their more recent onset of radicular right leg pain and	1 2023 2023
						weakness represents an abrupt change in neurologic status, likely representative of acute	
						radiculopathy with clinical concern for intervertebral disc herniation,; This study is being	
						ordered for Vascular Disease.; There has been treatment or conservative therapy.; The	
		Doctors and		72196 Magnetic resonance (eg, proton)	Radiology Services	ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,	
4/1/2023 -		Rehabilitatio)	imaging, pelvis; with contrast	Denied Not	Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 n	Disapproval	material(s)		symptoms began less than 6 months ago; Medications were given for this diagnosis	1 2023 2023
.,,	, ,	.,,		(1)	, , , , , , , , , , , , , , , , , , , ,	., , ,	
				73720 Magnetic resonance (eg, proton)		pt has patellofemoral disorder of both knees; This study is being ordered for a neurological	
				imaging, lower extremity other than		disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is	
		Doctors and		joint; without contrast material(s),	Radiology Services	NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -		Rehabilitatio)	followed by contrast material(s) and	Denied Not	Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 n	Disapproval	further sequences	Medically Necessary	year; No treatment or therapy was given for this diagnosis or it is unknown	2 2023 2023
				73720 Magnetic resonance (eg, proton)			
				imaging, lower extremity other than			
		Doctors and		joint; without contrast material(s),	Radiology Services	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
4/1/2023 -		Rehabilitatio		followed by contrast material(s) and	Denied Not	an indication for knee imaging; Locking was noted on the physical examination; The ordering	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 n	Disapproval	further sequences	Medically Necessary	MDs specialty is NOT Orthopedics.	1 2023 2023
				73720 Magnetic resonance (eg, proton)			
				imaging, lower extremity other than			
		Doctors and		joint; without contrast material(s),		This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO	
4/1/2023 -	. /. /0	Rehabilitatio		followed by contrast material(s) and	Denied Not	suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 n	Disapproval	further sequences	Medically Necessary	4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	1 2023 2023

		74760	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
4/1/2023 -	Doctors and	74176 Computed tomography, Radiology Services	· · · · · · · · · · · · · · · · · · ·	A I
6/30/2023 4/1/2023	Rehabilitatio 6/30/2023 n Disapproval	abdomen and pelvis; without contrast Denied Not material Medically Necessa	exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a	Apr-Jun 1 2023 2023
0/30/2023 4/1/2023	0/30/2023 11	material infecessa	Head and neck injury after fall from skateboard causing dizziness, slurred speech, elevated	1 2023 2023
			blood pressure, headache and neck pain.; This study is being ordered for trauma or injury.;	
			There has not been any treatment or conservative therapy.; There are 2 exams are being	
			ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery,	
4/1/2023 -	Emergency	70450 Computed tomography, head or	Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine Approval	brain; without contrast material	primary symptoms began less than 6 months ago	1 2023 2023
4/1/2023 -	Emergency	70450 Computed tomography, head or	This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine Approval	brain; without contrast material	on anticoagulation or blood thinner treatments	1 2023 2023
. /. /2022	_	701000		
4/1/2023 -	Emergency	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the	Apr-Jun 1 2023 2023
6/30/2023 4/1/2023	6/30/2023 Medicine Approval	tissue neck; without contrast material	neck.; Yes this is a request for a Diagnostic CT	1 2023 2023
4/1/2023 -	Emergency	70490 Computed tomography, soft	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine Approval	tissue neck; without contrast material	a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT	1 2023 2023
1,1,2025	0/30/2023 Medicine /Approva	assue near, mandat contract material	a parpasie neutrinoss or rampi, res ansis a requestroi a siagnostic er	1 2020 2020
		70551 Magnetic resonance (eg, proton)		
4/1/2023 -	Emergency	imaging, brain (including brain stem);	This request is for a Brain MRI; The study is being requested for evaluation of a headache.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine Approval	without contrast material	The patient has a chronic or recurring headache.	2 2023 2023
			This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
		70551 Magnetic resonance (eg, proton)	headache.; The patient has dizziness.; The patient had a recent onset (within the last 4	
4/1/2023 -	Emergency	imaging, brain (including brain stem);	weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine Approval	without contrast material	ischemic attack).	1 2023 2023
4/1/2023 -	Emergency	71250 Computed tomography, thorax;	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine Approval	without contrast material	being ordered for known tumor.	1 2023 2023
4/1/2023 -	Emergency	71250 Computed tomography, thorax;	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine Approval	without contrast material	for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1 2023 2023
0,00,000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
		71275 Computed tomographic	This study is not requested to evaluate suspected pulmonary embolus.; This study will not	
		angiography, chest (noncoronary), with	be performed in conjunction with a Chest CT.; This study is being ordered for Known	
		contrast material(s), including	Vascular Disease.; This is a pre-operative evaluation.; This surgey is scheduled/planned.; A	
4/1/2023 -	Emergency	noncontrast images, if performed, and	catheter angiogram has not been performed within the last month.; Yes, this is a request for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine Approval	image postprocessing	a Chest CT Angiography.	1 2023 2023
		7044044		
4/4/2022	Facarana	72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	A mar Ivon
4/1/2023 - 6/30/2023 4/1/2023	Emergency 6/30/2023 Medicine Approval	imaging, spinal canal and contents, lumbar; without contrast material	This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	Apr-Jun 2 2023 2023
0/30/2023 4/1/2023	6/30/2023 Medicine Approval	iumbar, without contrast material	anatomic derangement of the fumbal spine, this is NOT a Medicale member.	2 2023 2023
			ascites, liver nodules.; This study is being ordered for something other than: known trauma	
			or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease,	
			congenital anomaly, or vascular disease.; There has been treatment or conservative	
		72196 Magnetic resonance (eg, proton)	therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery,	
4/1/2023 -	Emergency	imaging, pelvis; with contrast	Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine Approval	material(s)	primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1 2023 2023
			The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	
		73221 Magnetic resonance (eg, proton)	described as chronic; The physician has directed conservative treatment for the past 4	
4/1/2023 -	Emergency	imaging, any joint of upper extremity;	weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine Approval	without contrast material(s)	member.	1 2023 2023
4/1/2023 -	Emergency	73700 Computed tomography, lower	This is a preoperative or recent postoperative evaluation.; This is a request for a Leg CT.; Yes	Anr.lun
6/30/2023 4/1/2023	Emergency 6/30/2023 Medicine Approval	extremity; without contrast material	this is a preoperative or recent postoperative evaluation.; This is a request for a Leg C1.; Yes	Apr-Jun 1 2023 2023
0,00,2020 4/1/2020	0,30,2023 Miculcine Approval	CAGETHILLY, WITHOUT CONTRACT HISTORIA	and to a request for a biagnostic of	1 2023 2023

		72720 Magnetic reconces (e.g. protect)		
		73720 Magnetic resonance (eg, proton) imaging, lower extremity other than		
4/1/2023 -	F=======	joint; without contrast material(s),		A 1
6/30/2023 4/1/2023	Emergency 6/30/2023 Medicine Approva	followed by contrast material(s) and	This is a request for a foot MRI.; The study is being oordered for infection.	Apr-Jun 1 2023 2023
0/30/2023 4/1/2023	6/30/2023 Medicine Approva	·	This is a request for a foot wiki.; The study is being cordered for infection.	1 2023 2023
		73720 Magnetic resonance (eg, proton)	This is a request for a foot MRI.; The study is being oordered for infection.; There are	
		imaging, lower extremity other than		
4/1/2023 -	Emergency	joint; without contrast material(s),	physical exam findings, laboratory results, other imaging including bone scan or plain film	Apr-Jun
	• ,	followed by contrast material(s) and	confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is	1 2023 2023
6/30/2023 4/1/2023	6/30/2023 Medicine Approva	·	not planned for in the next 4 weeks.	1 2023 2023
		73720 Magnetic resonance (eg, proton)		
		imaging, lower extremity other than	This is a vanuable of NADL. Absorbed imaging should of the luncary and of the	
4/1/2023 -	F=======	joint; without contrast material(s),	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an	A I
1 ' '	Emergency	followed by contrast material(s) and	indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine Approva	·	NOT Orthopedics.	1 2023 2023
		73720 Magnetic resonance (eg, proton)		
		imaging, lower extremity other than	The second of th	
4/4/2022	_	joint; without contrast material(s),	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
4/1/2023 -	Emergency	followed by contrast material(s) and	an indication for knee imaging; Locking was noted on the physical examination; The ordering	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine Approva	·	MDs specialty is NOT Orthopedics.	1 2023 2023
		73720 Magnetic resonance (eg, proton)		
		imaging, lower extremity other than		
		joint; without contrast material(s),	This is not a pulsatile mass.; There is a suspicion of an infection.; The patient is not taking	
4/1/2023 -	Emergency	followed by contrast material(s) and	antibiotics.; This is a study for a fracture which does not show healing (non-union fracture).;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine Approva	I further sequences	Non Joint is being requested.	1 2023 2023
			This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study	
			is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were	
		74176 Computed tomography,	abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for	
4/1/2023 -	Emergency	abdomen and pelvis; without contrast	chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine Approva	l material	lipase lab test.; Yes this is a request for a Diagnostic CT	1 2023 2023
			This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This	
		74176 Computed tomography,	study is being requested for abdominal and/or pelvic pain.; The study is being ordered for	
4/1/2023 -	Emergency	abdomen and pelvis; without contrast	chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine Approva	l material	results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1 2023 2023
			This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The	
			patient does not have a fever and elevated white blood cell count or abnormal	
		74176 Computed tomography,	amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The	
4/1/2023 -	Emergency	abdomen and pelvis; without contrast	study is not requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine Approva	l material	Colitis or Diverticulitis.; Yes this is a request for a Diagnostic CT	1 2023 2023
			This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
		74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical	
4/1/2023 -	Emergency	abdomen and pelvis; without contrast	exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine Approva	l material	Diagnostic CT	1 2023 2023
			This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
		74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical	
4/1/2023 -	Emergency	abdomen and pelvis; without contrast	exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine Approva	l material	Diagnostic CT	1 2023 2023
		74176 Computed tomography,	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for	
4/1/2023 -	Emergency	abdomen and pelvis; without contrast	abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine Approva	• •	for a Diagnostic CT	1 2023 2023
	•		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for	
		74176 Computed tomography,	abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT; There is	
4/1/2023 -	Emergency	abdomen and pelvis; without contrast	documentation of a known tumor or a known diagnosis of cancer; This is study being	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine Approva	• •	ordered for a concern of cancer such as for diagnosis or treatment.	1 2023 2023
. , , , ,	, ,			

4/1/2023 - 6/30/2023	4/1/2023	Emergency 6/30/2023 Medicine	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) 74181 Magnetic resonance (eg, proton)	ascites, liver nodules.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT,	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2022	Emergency 6/30/2023 Medicine	Approval	imaging, abdomen; without contrast material(s)	MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		Emergency 6/30/2023 Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	EKG shows evidence of right ventricular hypertrophy and possible posterior infarct. New symptoms of chest pain.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Emergency 6/30/2023 Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has a known revascularization by insertion of a stent; The vessel that had the stent inserted is Left Anterior Descending	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Emergency 6/30/2023 Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Emergency 6/30/2023 Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Emergency 6/30/2023 Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if this study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Emergency 6/30/2023 Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if this study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Emergency 6/30/2023 Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Emergency 6/30/2023 Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	Apr-Jun 2 2023 2023
4/1/2023 -		Emergency		93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with		This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The patient has	Apr-Jun
6/30/2023 4/1/2023 -	4/1/2023	6/30/2023 Medicine Emergency	Approval	interpretation and report; 93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with		This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has None of the	1 2023 2023
4/1/2023 - 6/30/2023 - 6/30/2023 -		6/30/2023 Medicine Emergency 6/30/2023 Medicine	Approval	interpretation and report; 71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	above This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.; The health carrier is NOT Virginia Premier	1 2023 2023 Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		Emergency 6/30/2023 Medicine	Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not	Head and neck injury after fall from skateboard causing dizziness, slurred speech, elevated blood pressure, headache and neck pain.; This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Emergency 6/30/2023 Medicine	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began less than 6 months ago; Home Exercise was done for this diaenosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		Emergency 6/30/2023 Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not	Patient has tried oral and injectable steroids with not much improvement. He has also done homework outs that Dr. Bracy has recommended.; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Severe Scoliosis; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Emergency 6/30/2023 Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Denied Not	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient does not have a neurological deficit, PT or home exercise, diagnostic test, or abnormal xray. Patient has tried oral and injectable steroids with not much improvement. He has also done	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Emergency 6/30/2023 Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Denied Not	homework outs that Dr. Bracy has recommended.; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Severe Scoliosis; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Emergency 6/30/2023 Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Emergency 6/30/2023 Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Denied Not	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Emergency 6/30/2023 Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); The patient has None of the above	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Emergency 6/30/2023 Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Denied Not	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Emergency 6/30/2023 Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Denied Not	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Emergency 6/30/2023 Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 4 weeks.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Emergency 6/30/2023 Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Denied Not	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Emergency 6/30/2023 Medicine	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began less than 6 months ago; Home Exercise was done for this diagnosis	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Emergency 6/30/2023 Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	Apr-Jun 1 2023 2023

				73720 Magnetic resonance (eg, proton)			
				imaging, lower extremity other than			
				joint; without contrast material(s),	Radiology Services	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an	
4/1/2023 -		Emergency		followed by contrast material(s) and	Denied Not	indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	further sequences	Medically Necessary	NOT Orthopedics.	1 2023 2023
				73720 Magnetic resonance (eg, proton)			
				imaging, lower extremity other than			
				joint; without contrast material(s),	Radiology Services		
4/1/2023 -		Emergency		followed by contrast material(s) and	Denied Not	This is a request for a Knee MRI.; Blood or abnormal fluid in the knee joint was noted as an	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	further sequences	Medically Necessary	indication for knee imaging	1 2023 2023
				73720 Magnetic resonance (eg, proton)			
				imaging, lower extremity other than		This is not a pulsatile mass.; There is a suspicion of an infection.; The patient is not taking	
				joint; without contrast material(s),	Radiology Services	antibiotics.; This is not a study for a fracture which does not show healing (non-union	
4/1/2023 -		Emergency		followed by contrast material(s) and	Denied Not	fracture).; This is not a pre-operative study for planned surgery.; Non Joint is being	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	further sequences	Medically Necessary	requested.	1 2023 2023
				73721 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -		Emergency		imaging, any joint of lower extremity;	Denied Not	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	without contrast material	Medically Necessary	member has failed a 4 week course of conservative management in the past 3 months.	1 2023 2023
					Radiology Services	This is a request for an Abdomen CT.; This study is being ordered for an infection such as	
4/1/2023 -		Emergency		74150 Computed tomography,	Denied Not	pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	abdomen; without contrast material	Medically Necessary	or endoscopic findings of Ulcerative Colitis.; Yes this is a request for a Diagnostic CT	2 2023 2023
				74175 Computed tomographic			
				angiography, abdomen, with contrast			
				material(s), including noncontrast	Radiology Services		
4/1/2023 -		Emergency		images, if performed, and image	Denied Not		Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	postprocessing		Yes, this is a request for CT Angiography of the abdomen.	1 2023 2023
		.,,		herethere 0	,	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study	
						is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were	
						abnormal.; The urinalysis was positive for something other than billirubin, ketones, nitrites,	
				74176 Computed tomography,	Radiology Services	hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is	
4/1/2023 -		Emergency		abdomen and pelvis; without contrast	Denied Not	the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	material		were normal.; Yes this is a request for a Diagnostic CT	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Wedicine	Disapprovar	material	Wicarcany Weeessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is follow up	1 2023 2023
						trauma.; There is not laboratory or physical evidence of an intra-abdominal bleed.; There is	
						not physical or abnormal blood work consistent with peritonitis or abdominal abscess.; This	
				74176 Computed tomography,	Radiology Services	study is not being requested for abdominal and/or pelvic pain.; The study is not requested	
4/1/2023 -		Emergency		abdomen and pelvis; without contrast	Denied Not	for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	material	Medically Necessary	, , , , , , , , , , , , , , , , , , , ,	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Wiedicine	Бізарріочаі	material	ivicultury ivecessury	a concern of cancer such as for diagnosis of a catheria.	1 2023 2023
				78451 Myocardial perfusion imaging,			
				tomographic (SPECT) (including			
				attenuation correction, qualitative or			
				· ·		· This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study) · The patient	
				quantitative wall motion, ejection		; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac	
				fraction by first pass or gated	Dadialagu Cami		
4/1/2022		Facadas		technique, additional quantification,	Radiology Services	mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary	A mar Ive
4/1/2023 -		Emergency	Disapproval	when performed); single study, at rest or stress (exercise or pharmacologic)	Denied Not Medically Necessary	artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30	Apr-Jun 1 2023 2023
6/30/2023	4/4/2022	6/30/2023 Medicine					

4/1/2023 - 6/30/2023	4/1/2023	Emergency 6/30/2023 Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms cannot be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Emergency 6/30/2023 Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Emergency 6/30/2023 Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Emergency 6/30/2023 Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of an abnormal heart rhythm.; The health Carrier is NOT HealthNet of California	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Emergency 6/30/2023 Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography			Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Emergency 6/30/2023 Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Emergency 6/30/2023 Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	Apr-Jun 1 2023 2023

Endocrin 1/2023 6/30/2023 gy Endocrin 1/2023 6/30/2023 gy Endocrin 1/2023 6/30/2023 gy	Approval nolo Approval	70490 Computed tomography, soft tissue neck; without contrast material 70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.; Yes this is a request for a Diagnostic CT	Apr-Jun 3 2023 2023
Endocrin 1/2023 6/30/2023 gy Endocrin	nolo Approval	70490 Computed tomography, soft		3 2023 2023
1/2023 6/30/2023 gy Endocrin	Approval			
1/2023 6/30/2023 gy Endocrin	Approval			
Endocrin		tissue neck; without contrast material	This is a request for neck soft tissue CT.; The study is being ordered as a pre-operative	Apr-Jun
			evaluation.; Yes this is a request for a Diagnostic CT	1 2023 2023
		70551 Magnetic resonance (eg, proton)		
1/2023 6/30/2023 gy	iolo	imaging, brain (including brain stem);	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason	Apr-Jun
	Approval	without contrast material	that I have requested this test.	1 2023 2023
			This request is for a Brain MRI; Known or suspected tumor best describes the reason that I	
		70551 Magnetic resonance (eg, proton)	have requested this test.; Pituitary tumor with corroborating physical examination,	
Endocrin	nolo	imaging, brain (including brain stem);	galactorrhea, neurologic findings and or lab abnormalities best describes the patient's	Apr-Jun
1/2023 6/30/2023 gy	Approval		tumor.; This is NOT a Medicare member.	1 2023 2023
, , , , , , , , , , , , , , , , , , , ,				
		70551 Magnetic resonance (eg. proton)	·	
Endocrir	nolo			Apr-Jun
				1 2023 2023
1,2023 0,30,2023 gy	прргочи	Without contrast material	Wedledie Helliber.	1 2023 2023
		70551 Magnetic resonance (eg. proton)	This request is for a Brain MRI: The study is NOT being requested for evaluation of a	
Endocrin	nolo		, , , , , , , , , , , , , , , , , , , ,	Apr-Jun
			· · · · · · · · · · · · · · · · · · ·	3 2023 2023
1/2025 0/30/2023 gy	Арргочаг	Without Contrast material	F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3 2023 2023
Endocrie	aolo	713E0 Computed tomography, thoray		Anr lun
				Apr-Jun
				1 2023 2023
		,	, , ,	Apr-Jun
1/2023 6/30/2023 gy	Approvai	without contrast material	C1.; Yes this is a request for a Diagnostic C1	1 2023 2023
		72140 Magnetic recognition (e.g. protect)	The study very ested is a Lympher China MADL. The national has existence at absorber has been as in	
For disconti				A 1
				Apr-Jun
L/2023 6/30/2023 gy	Approval	lumbar; without contrast material	spine; This is NOT a Medicare member.	1 2023 2023
			This is a year and fay on Ahalaman CT. This study is being audous of fay another years havides	
			· · · · · · · · · · · · · · · · · · ·	
Endocrir		74150 Computed tomography,	are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient	Apr-Jun
1/2023 6/30/2023 gy	nolo Approval	abdomen; without contrast material	with gastroparesis; Yes this is a request for a Diagnostic CT	1 2023 2023
1/2023 6/30/2023 gy			This is a request for an Abdomen and Pelvis CT.; This study is not being requested for	
· · · · · · · · · · · · · · · · · · ·	Approval	74176 Computed tomography,	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT; There is	1 2023 2023
Endocrin	Approval	74176 Computed tomography, abdomen and pelvis; without contrast	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT; There is documentation of a known tumor or a known diagnosis of cancer; This is study being	1 2023 2023 Apr-Jun
· · · · · · · · · · · · · · · · · · ·	Approval	74176 Computed tomography,	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT; There is	1 2023 2023
Endocrin	Approval	74176 Computed tomography, abdomen and pelvis; without contrast	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT; There is documentation of a known tumor or a known diagnosis of cancer; This is study being	1 2023 2023 Apr-Jun
Endocrin	Approval	74176 Computed tomography, abdomen and pelvis; without contrast	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT; There is documentation of a known tumor or a known diagnosis of cancer; This is study being	1 2023 2023 Apr-Jur
Endocrin	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT; There is documentation of a known tumor or a known diagnosis of cancer; This is study being	1 2023 2023 Apr-Jur
Endocrin	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material 78816 Positron emission tomography	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT; There is documentation of a known tumor or a known diagnosis of cancer; This is study being	1 2023 2023 Apr-Jun
Endocrin	Approval nolo Approval	74176 Computed tomography, abdomen and pelvis; without contrast material 78816 Positron emission tomography (PET) with concurrently acquired	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT; There is documentation of a known tumor or a known diagnosis of cancer; This is study being	1 2023 2023 Apr-Jun
Endocrin 1/2023 6/30/2023 gy	Approval nolo Approval	74176 Computed tomography, abdomen and pelvis; without contrast material 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT; There is documentation of a known tumor or a known diagnosis of cancer; This is study being	1 2023 2023 Apr-Jun 1 2023 2023
Endocrin 1/2023 6/30/2023 gy Endocrin	Approval Approval	74176 Computed tomography, abdomen and pelvis; without contrast material 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun
Endocrin 1/2023 6/30/2023 gy Endocrin	Approval Approval	74176 Computed tomography, abdomen and pelvis; without contrast material 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun
Endocrin 1/2023 6/30/2023 gy Endocrin	Approval Approval	74176 Computed tomography, abdomen and pelvis; without contrast material 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun
Endocrin 1/2023 6/30/2023 gy Endocrin	Approval Approval	74176 Computed tomography, abdomen and pelvis; without contrast material 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body 93307 Echocardiography, transthoracic,	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun
Endocrin 1/2023 6/30/2023 gy Endocrin	Approval Approval	74176 Computed tomography, abdomen and pelvis; without contrast material 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body 93307 Echocardiography, transthoracic, real-time with image documentation	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun
Endocrin 1/2023 6/30/2023 gy Endocrin	Approval Approval Approval Approval	74176 Computed tomography, abdomen and pelvis; without contrast material 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body 93307 Echocardiography, transthoracic,	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun
1	Endocrin /2023 6/30/2023 gy Endocrin /2023 6/30/2023 gy Endocrin /2023 6/30/2023 gy Endocrin /2023 6/30/2023 gy Endocrin /2023 6/30/2023 gy	Endocrinolo ,/2023 6/30/2023 gy Approval Endocrinolo ,/2023 6/30/2023 gy Approval Endocrinolo ,/2023 6/30/2023 gy Approval Endocrinolo ,/2023 6/30/2023 gy Approval Endocrinolo Endocrinolo Endocrinolo	Endocrinolo Endocrinolo Endocrinolo Endocrinolo Endocrinolo Endocrinolo Endocrinolo Endocrinolo Endocrinolo Endocrinolo Endocrinolo Endocrinolo Endocrinolo Endocrinolo Endocrinolo Endocrinolo Formatica de la proval Endocrinolo Endocrinolo Formatica de la proval Endocrinolo Endocrinol	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test; Suspected brain tumor best describes the patient's tumor.; There imaging, brain (including brain stem); are documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member. 70551 Magnetic resonance (eg, proton) Medicare member. 71250 Computed tomography, thorax; Mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days Medicare member. 71250 Computed tomography, thorax; Monoral imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT. 71248 Magnetic resonance (eg, proton) Medicare member. 71250 Medicare member. 72148 Magnetic resonance (eg, proton) Medicare member. 72150 Medicare member. 72160 Medicare member. 72160 Medicare member. 721750 Medicare member. 72176 Medicare member. 72186 Medicare mem

4/1/2023 - 6/30/2023	4/1/2023	Endocrinolo 6/30/2023 gy	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	Apr-Jun 1 2023 2023
4/1/2023 -		Endocrinolo		70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	Radiology Services Denied Not	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Suspected brain tumor best describes the patient's tumor.; It is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 gy	Disapproval	without contrast material		unknown if there are documented neurologic findings suggesting a primary brain tumor.	1 2023 2023
0,00,2020	., 1, 2020	0/00/2020 84	D.Supprova.	manda concrast material	medically recessary	and the control of th	1 2020 2020
4/1/2023 - 6/30/2023	4/1/2023	Endocrinolo 6/30/2023 gy	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Denied Not	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	Apr-Jun 1 2023 2023
		 ,				•	
						This is a request for an Abdomen CT.; This study is being ordered for another reason besides	
					Dadialası Candasa	Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or	
4/1/2023 -		Endocrinolo		74150 Computed tomography,	Radiology Services Denied Not	Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 gy	Disapproval	abdomen; without contrast material		with gastroparesis; Yes this is a request for a Diagnostic CT	1 2023 2023
2, 2 2,	, ,	.,,		,	, , , , , , ,	This is a request for an Abdomen and Pelvis CT.; The reason for the study is organ	
						enlargement.; There is not ultrasound or plain film evidence of an abdominal organ	
				74176 Computed tomography,	Radiology Services	enlargement.; This study is not being requested for abdominal and/or pelvic pain.; The study	
4/1/2023 -	4/1/2022	Endocrinolo	Disagraphical	abdomen and pelvis; without contrast	Denied Not	is not requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 gy Free	Disapproval	material	Medically Necessary	being ordered for a concern of cancer such as for diagnosis or treatment.	1 2023 2023
		Standing		70551 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -		Surgery		imaging, brain (including brain stem);	Denied Not	This request is for a Brain MRI; The study is being requested for evaluation of a headache.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Center	Disapproval	without contrast material	Medically Necessary	The patient has a chronic or recurring headache.	1 2023 2023
4/1/2023 -	4/4/2022	Gastroenter	A	70450 Computed tomography, head or		This is a request for a brain/head CT.; The patient has a new onset of a headhache within the	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 ology	Approval	brain; without contrast material		past month; Headache best describes the reason that I have requested this test.	1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Gastroenter 6/30/2023 ology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	Apr-Jun 1 2023 2023
						This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/4/2022		Castra		70551 Magnetic resonance (eg, proton)		headache.; The patient has vision changes.; The patient had a recent onset (within the last 4	A
4/1/2023 - 6/30/2023	4/1/2022	Gastroenter 6/30/2023 ology	Approval	imaging, brain (including brain stem); without contrast material		weeks) of neurologic symptoms.; There has been a recent assessment of the patient's visual acuity.; This study is being ordered for stroke or TIA (transient ischemic attack).	Apr-Jun 1 2023 2023
0/30/2023	+/ 1/ 2U23	U/3U/2U23 UIUgy	whhinng	without contrast material		'None of the above' describes the reason for this request.; This study is being requested for	1 2023 2023
4/1/2023 -		Gastroenter		71250 Computed tomography, thorax;		'none of the above'.; This is a request for a Chest CT.; This study is being requested for none	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 ology	Approval	without contrast material		of the above.; Yes this is a request for a Diagnostic CT	1 2023 2023
						A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is	
4/1/2023 -	4/4/2022	Gastroenter		71250 Computed tomography, thorax;		being ordered for Interstitial Lung disease; A chest x-ray has been completed; The Interstitial	Apr-Jun
6/30/2023 4/1/2023 -	4/1/2023	6/30/2023 ology Gastroenter	Approval	without contrast material 71250 Computed tomography, thorax;		Lung Disease is suspected; The chest x-ray was abnormal Abnormal imaging test describes the reason for this request.; This is a request for a Chest	1 2023 2023 Apr-Jun
6/30/2023	4/1/2023	6/30/2023 ology	Approval	without contrast material		CT.; Yes this is a request for a Diagnostic CT	1 2023 2023
4/1/2023 -	, ,	Gastroenter	P.P	71250 Computed tomography, thorax;		Coughing up blood (hemoptysis) describes the reason for this request.; This is a request for a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 ology	Approval	without contrast material		Chest CT.; Yes this is a request for a Diagnostic CT	1 2023 2023
4/1/2023 -	. / . /	Gastroenter		71250 Computed tomography, thorax;		Post-operative evaluation describes the reason for this request.; This is a request for a Chest	Apr-Jun
	4/1/2023	6/30/2023 ology	Approval	without contrast material		CT.; Yes this is a request for a Diagnostic CT	1 2023 2023

			There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	
			Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
			Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -	Gastroenter	71250 Computed tomography, thorax;	This study is being ordered for Other not listed; The primary symptoms began 6 months to 1	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ology Approval	without contrast material	year; Other not listed was done for this diagnosis	1 2023 2023
			There has not been any treatment or conservative therapy.; The ordering MDs specialty is	
			NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
			Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -	Gastroenter	71250 Computed tomography, thorax;	This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ology Approval	without contrast material	began 6 months to 1 year	2 2023 2023
			There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic	
			treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a	
4/1/2023 -	Gastroenter	71250 Computed tomography, thorax;	Diagnostic CT; This study is being ordered for known or suspected inflammatory disease or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ology Approval	without contrast material	pneumonia.	1 2023 2023
			They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; Yes this is a request	
			for a Diagnostic CT; This study is being ordered for work-up for suspicious mass.; There is	
4/1/2023 -	Gastroenter	71250 Computed tomography, thorax;	radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ology Approval	without contrast material	noted in the last 90 days	1 2023 2023
	5, 7		This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low	
			Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient	
			is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The	
			patient has a 20 pack per year history of smoking.; The patient is NOT presenting with	
		71271 Computed tomography, thorax,	pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive	
4/1/2023 -	Gastroenter	low dose for lung cancer screening,	of lung cancer.; The patient has not quit smoking.; The health carrier is NOT Virginia Premier	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ology Approval	without contrast material(s)	Health Plan	2 2023 2023
0/30/2023 4/1/2023	0/30/2023 Glogy Approval	without contrast material(s)	reactival	2 2023 2023
		72141 Magnetic resonance (eg, proton)	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic	
4/1/2023 -	Gastroenter	imaging, spinal canal and contents,	deficits; This is NOT a Medicare member.; The patient has New symptoms of bowel or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ology Approval	cervical; without contrast material	bladder dysfunction	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Glogy Approval	cervical, without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Neurological	1 2023 2023
		72146 Magnetic resonance (eg, proton)	deficits; The patient does have new or changing neurologic signs or symptoms.; The patient	
4/1/2023 -	Gastroenter	imaging, spinal canal and contents,	does not have a new foot drop.; The patient does have new signs or symptoms., The patient	Apr-Jun
				1 2023 2023
6/30/2023 4/1/2023	6/30/2023 ology Approval	thoracic; without contrast material	bowel dysfunction.	1 2023 2023
		721.10 Magnatic reconnect (or mestan)	The shirt, requested is a Lumber Chine MADL. The notices does NOT have sente or shrowing	
4/4/2022	Control	72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic	A 1
4/1/2023 -	Gastroenter	imaging, spinal canal and contents,	back pain.; This study is being requested for Neurologic deficits; This is NOT a Medicare	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ology Approval	lumbar; without contrast material	member.; The patient has New symptoms of bowel or bladder dysfunction	1 2023 2023
			This study is being ordered due to known or suspected infection.; "The ordering physician is	
. /. /			a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP	
4/1/2023 -	Gastroenter	72192 Computed tomography, pelvis;	ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ology Approval	without contrast material	CT.; Yes this is a request for a Diagnostic CT	1 2023 2023
			; This study is being ordered for something other than: known trauma or injury, metastatic	
			disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
			vascular disease.; There has been treatment or conservative therapy.; The ordering MDs	
		72196 Magnetic resonance (eg, proton)	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
4/1/2023 -	Gastroenter	imaging, pelvis; with contrast	Radiation Oncology; This case was created via RadMD.; The primary symptoms began more	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ology Approval	material(s)	than 1 year ago; Medications were given for this diagnosis	1 2023 2023
			Crohns disease of both small and large intestine with rectal bleeding, New diagnosis of IBD;	
			This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment	
			or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist,	
		72196 Magnetic resonance (eg, proton)	Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created	
4/1/2023 -	Gastroenter	imaging, pelvis; with contrast	via RadMD.; The primary symptoms began less than 6 months ago; Medications were given	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ology Approval	material(s)	for this diagnosis	1 2023 2023
		• • • • • • • • • • • • • • • • • • • •	•	

			Patient with Crohn's disease is new to our clinic. Dr. Gordon has done EGD and colonoscopy	
			on 05/01/23. I will fax all necessary information for this case. Thank you.; This study is being	
			ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative	
		72196 Magnetic resonance (eg, proton)	therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery,	
4/1/2023 -	Gastroenter	imaging, pelvis; with contrast	Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ology Approval	material(s)	primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1 2023 2023
			Per Dr. Gordon: clinically in REMISSION and path showed remission on colonoscopy 4/2019;	
			HE WAS LOST TO FOLLOW UP DUE TO JOB AND INSURANCE CHANGES AFTER THAT POINT;	
			HE DID WELL FROM 2016 TO THE END OF 2022; HE STARTED FLARING ABOUT 8 MONTHS	
			AGO WITH MOST; This study is being ordered for Inflammatory/ Infectious Disease.; There	
			has been treatment or conservative therapy.; The ordering MDs specialty is NOT	
. /. /		72196 Magnetic resonance (eg, proton)	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -	Gastroenter	imaging, pelvis; with contrast	Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ology Approval	material(s)	ago; Medications were given for this diagnosis	1 2023 2023
		72196 Magnetic reconance (og proten)	The patient is male.; Infection or inflammatory disease best describes the reason for this	
4/1/2023 -	Gastroenter	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast	procedure; The known or suspected condition of the patient is Crohn's disease.; The patient is on medication for this condition; The patient's symptoms are worsening; The ordering	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ology Approval	material(s)	provider's specialty is Gastroenterology.	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Glogy Approval	material(3)	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment	1 2023 2023
			or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist,	
		72196 Magnetic resonance (eg, proton)	Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created	
4/1/2023 -	Gastroenter	imaging, pelvis; with contrast	via BBI.; It is unknown when the primary symptoms began; Medications were given for this	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ology Approval	material(s)	diagnosis	1 2023 2023
	<u> </u>	· ·	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment	
			or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist,	
		72196 Magnetic resonance (eg, proton)	Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created	
4/1/2023 -	Gastroenter	imaging, pelvis; with contrast	via BBI.; The primary symptoms began less than 6 months ago; Medications were given for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ology Approval	material(s)	this diagnosis	1 2023 2023
			This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer,	
4/4/2022	Control	74450 Commented to an arms by	mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or	A Iv.
4/1/2023 - 6/30/2023 4/1/2023	Gastroenter 6/30/2023 ology Approval	74150 Computed tomography, abdomen; without contrast material	abdominal cancer.; This study being ordered for new symptoms including hematuria, presenting with known cancer or tumor.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
0/30/2023 4/1/2023	6/30/2023 Glogy Approval	abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or	1 2023 2023
4/1/2023 -	Gastroenter	74150 Computed tomography,	tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ology Approval	abdomen; without contrast material	Sigmoidoscopy,; Yes this is a request for a Diagnostic CT; This is a Medicare member.	3 2023 2023
0,00,2020	5,55,2525 5.5g,pp. 6.4a.	asachien, wenout contrast material	Significations by the same is a request for a stagnissia of firms is a medical emerican	0 2020 2020
			This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or	
4/1/2023 -	Gastroenter	74150 Computed tomography,	tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ology Approval	abdomen; without contrast material	Sigmoidoscopy.; Yes this is a request for a Diagnostic CT; This is NOT a Medicare member.	2 2023 2023
			This is a request for an Abdomen CT.; This study is being ordered for an infection such as	
			pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are	
			abnormal lab results or physical findings on exam such as rebound or guarding that are	
. /. /2022		74470	consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered	
4/1/2023 -	Gastroenter	74150 Computed tomography,	for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ology Approval	abdomen; without contrast material	Colitis, Diverticulitis, or Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT	2 2023 2023
			This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known	
4/1/2023 -	Gastroenter	74150 Computed tomography,	or endoscopic findings of Inflammatory bowel disease.; Yes this is a request for a Diagnostic	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ology Approval	abdomen; without contrast material	CT	2 2023 2023
5,55,2525 7,1,2025	5,55,2525 0106y /ippi0vai	ababilion, without contrast material		2 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	Gastroenter 6/30/2023 ology Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Gastroenter 6/30/2023 ology Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; The liver is enlarged.; Yes this is a request for a Diagnostic CT; This is a Medicare member.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Gastroenter 6/30/2023 ology Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; The liver is enlarged.; Yes this is a request for a Diagnostic CT; This is NOT a Medicare member.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Gastroenter 6/30/2023 ology Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This is a request for CT Angiography of the Abdomen and Pelvis.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Gastroenter 6/30/2023 ology Approval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Yes, this is a request for CT Angiography of the abdomen.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Gastroenter	74176 Computed tomography, abdomen and pelvis; without contrast material	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began 6 months to 1 year; Other not listed was done for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Gastroenter 6/30/2023 ology Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Gastroenter 6/30/2023 ology Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Gastroenter 6/30/2023 ology Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; It is unknown if there has been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Gastroenter 6/30/2023 ology Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	Apr-Jun 5 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Gastroenter 6/30/2023 ology Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; It is not known if this is the first visit for this complaint.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Gastroenter 6/30/2023 ology Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has not been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023

March Marc					
April Apri				This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been	
			74176 Computed tomography,	completed.; This study is being requested for abdominal and/or pelvic pain.; The study is	
This is a request for a Advancers and Pelvis CT, 18 in such yours of a unique place place, place place in such your standards and policy, without contrast of the policy and place places places placed to the patient of the patient has been goodined for chomics pan.; This is the first with from the completed, 19 patient has been goodined for chomics pan.; This is the first with from the completed, 19 patient has a few and policy, without contrast of the patient has been good and place and policy, without contrast of the patient has been good and place places. The patient has been good and places places and policy, without contrast of the patient has been good and places. The patient has been good and places places. The patient has been good and places places. The patient has been good and places places. The patient has been good and places. The patient has a foregood of contrast and places. The patient has a foregood of contrast and places. The patient has a foregood of contrast and places. The patient has a foregood of places. The patient has a foregood of contrast and places. The patient has a foregood of places places. The patient has a foregood of places places. The patient has a foregood	4/1/2023 -	Gastroenter	abdomen and pelvis; without contrast	being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not	Apr-Jun
A71/2023 (A17/2023 origon and policy and pol	6/30/2023 4/1/2023	6/30/2023 ology Approval	material	have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2023 2023
### 17/10/23 - Gastroenter April 17/10/23 April 23 April 23				This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been	
47/17023 - Gastro-enter April 1997 April				completed.; This study is being requested for abdominal and/or pelvic pain.; The study is	
47/17023 - Gastro-enter April 1997 April			74176 Computed tomography,	being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an	
6/30/2023 4/1/2023 6/30/203 oley Approval material Diagnostic CT in a request for an Adamsen and Pelois CT; The reason for the study is infection, it is not known if the patient into a few and developed the little patient into a few and adamsen and pelois CT; The reason for the study is infection, it is not known if the patient into a few and adamsen and pelois CT; The reason for the study is infection, it is not known if the patient into study is infection being critered for a concern of a patient in the control of the study is infection. It is not known if the patient into study is infection being critered for a concern of a patient in the control of the study is infection. It is not known if the patient in the study is infection being critered for a concern of a patient in the control of the study is infection. It is not known if the patient in the study is infection, it is not known if the patient in the study is infection. It is not known if the patient in the study is infection and patient in the study is infection. It is not known if the patient in the study is infection and patient in the study is infection. It is not known if the patient in the study is infection, it is not known if the patient in the study is infection. It is not known if the patient in the study is infection, it is not known if the patient in the study is infection. It is not known if the patient in the study is infection and patient in the study is infection. It is not known if the patient in the study is infection and patient in the study is infection. The patient in the study is infection and patient in the study is infection. The patient in the study is infection and patient in the study is infection and patient in the stud	4/1/2023 -	Gastroenter			Apr-Jun
This is a request for an Abdomen and Pelvis CT.) The reason for the study is infections, it is not known (the patient beauty is sold and invalid the blood efficiency of a phornal any large study is being requested for abdominal and/or pelvic patients. Apr. Jun. 2012; 15 and known (this study is being requested for abdominal and/or pelvic patients.) 4/1/2023 6/30/2023 ollogy Approval material caccer with a first study in the study is requested for abdominal and/or pelvic patients. The study of the study is requested for abdominal and/or pelvic patients. The study is requested for the institute, in any large study is pelvic performed for a concern of a pelvic without contrast requested for abdominal and/or pelvic patients. The study is requested for abdominal and/or pelvic patients in a formal pelvic pelvic patients. The study is requested for abdominal and/or pelvic patients in a formal pelvic pelvic patients. The study is requested for abdominal and/or pelvic patients in a formal pelvic pelvic patients. The study is requested for abdominal and/or pelvic patients in a formal pelvic pelvic patients. The study is requested for abdominal and/or pelvic patients in a formal pelvic pelvic patients. The patient has a formal addominal and pelvic pelvic patients. The patient has a formal pelvic pelv	1 ' '			• • • •	· ·
no los boows (if the patient has a fever and elevated while blood cell count or abnormal analyses/lipace; in a sympsos/lipace; in the patient has a fever and elevated while blood cell count or abnormal analyses/lipace; in the patient has been counted and or patient has a fever and elevated while blood cell count or abnormal analyses/lipace; in the patient has been counted for a concern of patient has been counted by the patient has been counted for a concern of a cancer such as for diagnosis or restiment. 7.4176 Computed tomography, above in the study is precised for heratura; it is patient has been concerned for a concern of a cancer such as for diagnosis or restiment. 7.4176 Computed tomography, above in the study hours and petient cell for a concern of cancer such as for diagnosis or restiment. 7.4176 Computed tomography, above in the study hours been concerned cell count or abnormal amount of the study is infection. It is not known if the study hours been cell cell count or abnormal amount of the patient has been cell cell count or abnormal amount of the patient has been cell cell count or abnormal amount of the patient has been cell cell count or abnormal amount of the patient has been cell cell count or abnormal amount of the patient has been cell to the study is infection. It is a request for a Diagnosis or Testiment. 4/1/2023	0,00,2020 1,2,2020	0/00/2020 clogy / pp.ord.	material	<u> </u>	1 2025 2025
4/1/2023 4/1/2023 6/30/2023 olingy Approval material anglewis, without contrast of 6/30/2023 4/1/2023 6/30/2023 olingy Approval material anglewis, without contrast of 6/30/2023 4/1/2023 6/30/2023 olingy Approval material anglewis, without contrast of 6/30/2023 4/1/2023 6/30/2023 olingy Approval material anglewis, without contrast of 6/30/2023 4/1/2023 6/30/2023 olingy Approval material anglewis, without contrast of 6/30/2023 4/1/2023 6/30/2023 olingy Approval material anglewis, without contrast of 6/30/2023 olingy Approval material anglewis, without contrast of 6/30/2023 4/1/2023 6/30/2023 olingy Approval material anglewis, without contrast of 6/30/2023 olingy Approval anglewis of 6/30/2023 olingy Approval anglewis, without contrast of 6/30/2023 olingy Approval anglewis of 6/30/2023 olingy A				•	
4/1/2023 (Gastroenter abdomen and pelvis; without contrast more failing to the study is requested for hematuria. The patient has Disverticulities; 4/1/2023 (6/30/203 ology Approval material concerns study in the study is requested for hematuria. The patient has Disverticulities; 4/1/2023 (6/30/203 ology Approval material concerns study in the study is independent of an open and and prophic patient. This is a request of the hematuria. The patient has a lever and elevated white blood cell count or abnormal anythes/place. This study is not being requested for abdominal and prophic patient, it is not known if the study is requested for the study is independent to a concerns study in a concerns of the study is not placed to the study is independent to a concern of cancer such as a second of cancer				·	
Alyzop2 Gastrowntree			7A17C Committed to management		
6/30/2023 4/1/2023 6/30/2023 ology Approval material cancers can be a contracted and a fine study is infection. It is not without an advantage of the study is infection. It is not without contract and any service of the study is infection. It is not without contract and any service of the study is infection. It is a request for a Abdomen and Pelvis CT. The reason for the study is infection and any service greatest for a Abdomen and Pelvis CT. The study is not being requested for a Abdomen and Pelvis CT. The reason for the study is infection. The patient has patient has contracted within blood cell count or abnormal and/or pelvic pain. It is not without contract and pelvis without contract and pelvis contracted for hematuria. The patient has Diverticulistic, yes this is a request for a Abdomen and Pelvis CT. The reason for the study is infection; The patient has contracted white blood cell count or abnormal analyses of the patient of the study is infection; The patient has contracted white blood cell count or abnormal analyses of the study is infection; The patient flower of the study is infection; The patient	4/4/2022	6			A 1
This is a request for an Abdomen and Pelvis CT. The reason for the study is infection, it is not known if the patient has a feer and elevated white blood cell count or abnormal amyse/figures. This is study in the being requested for abdominal and/or pelvic pain; it is not known if the patient has a feer and elevated white blood cell count or abnormal amyse/figures. This is study NOT being ordered for a concern of cancer such as for diagnosts or received for healthurs. The patient has been and pelvis CT. The reason for the study is infection, The patient flate. Order the			· · · · · · · · · · · · · · · · · · ·		· ·
A1/2023 of 30/2023 of 30/2023 ology Approval material and managements of the patient has a fever and elevated white blood cell count or abnormal and maybase/[piace, This study is not design requested for abnormal and center of career such as for diagnosis or treatment. 74/17023 of 30/2023 ology Approval material for diagnosis or treatment. 74/17023 of 30/2023 ology Approval for approval material and policy, without contrast diagnosis or treatment. 74/17023 of 30/2023 ology Approval for approval material and policy, without contrast diagnosis or treatment. 74/17023 of 30/2023 ology Approval for approval material and policy, without contrast diagnosis or treatment. 74/17023 of 30/2023 ology Approval for appr	6/30/2023 4/1/2023	6/30/2023 ology Approval	material		2 2023 2023
amylase/lipase; This study is not being requested for abdominal and/or pelvic plain, it is not known if the measura, The patient So Deverticality, Set this is a 4/1/2023 6/30/2023 ology Aproval material and pelvis, without contrast request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as Apr-Jun 6/30/2023 ology Aproval material and pelvis, without contrast request for a Diagnostic CT; This is study is not being requested for abdominal and/or pelvic plain, The 3/1/2023 6/30/2023 ology Aproval material and pelvis, without contrast study is not being requested for abdominal and/or pelvic plain, The 3/1/2023 6/30/2023 ology Aproval material and pelvis, without contrast study is not being requested for for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for a Diagnostic CT; This is study is not being requested for headman, The patient stop cancer and elevated white blood cell count or abnominal anylase/lipase; This study is not being requested for headman, The patient stop cancer and elevated white blood cell count or abnominal anylase/lipase; This study is not being requested for headman, The patient stop cancer and elevated white blood cell count or abnominal anylase/lipase; This study is not being requested for a document of ancer such as for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for a Diagnostic CT; This is acquest for a Diagnostic CT; This is acquested for a Diagnostic CT; This is acquested for a Diagnostic CT; This is acquested for a Diagnostic CT; This is a				•	
All 1/10/23 Gastroenter abdomen and pelvis; without contrast request for a Palagonatic CT, This is study Not Deing ordered for a concern of cancer such as Apr-Jun				·	
4/1/2023 - Gastroenter abdomen and pelvis; without contrast request for a Diagnostic CT; This is study, NOT being ordered for a concern of cancer such as 6,70/2023 2023 2023 2023 2023 2023 2023 202					
6/30/2023 4/1/2023 6/30/2023 0logy Approval material for diagnosis or treatment. 1 2023 2023 1 2023 2024			74176 Computed tomography,	known if the study is requested for hematuria.; The patient has Diverticulitis.; Yes this is a	
This is a request for an Abdomen and Pelvis CT. The reason for the study is infection; The pathent does not have a fever and elevated white blood ecit count or abnormal amyses/[ipase_This study is not being requested for abdominal and/or pelvic pain.; The study is not being requested for abdominal and/or pelvic pain.; The study is not being requested for abdominal and/or pelvic pain.; The study is not being requested for abdominal and/or pelvic pain.; The study is not pathent as Torchin bleases, Yes this is a request and study is not pelvic pain.; The study is not pelvic pain.; The pathent has Conhol bleases, Yes this is a request of a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for pathent and pelvic with the load cell count or abnormal amyses/[ipase_This study is not being requested for abdominal and/or pelvic pain.; The study is not requised for hematurias. It peatern than the pathent has Develous this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for pathent has Develous the pathent has Develous the high development of the study is infection; The pathent has Develous the high ordered for a concern of cancer such as for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for a Diagnostic CT; This is study NOT being ordered for a Concern of cancer such as for a Diagnostic CT; This is study NOT being ordered for a Concern of cancer such as for a Diagnostic CT; This is study NOT being ordered for a Concern of cancer such as for a Diagnostic CT; This is study NOT being ordered for	4/1/2023 -	Gastroenter	abdomen and pelvis; without contrast	request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as	Apr-Jun
patient does not have a fever and elevated white blood cell count or ahonomal amy any service of the study is not being requested for abbominal and/or pelvic pain; The study is not requested for hematuria; The patient has Crohn's Disease; Ves this is a request 4/1/2023 follogy Approval material disease and pelvis; without contrast diagnosis or treatment. 74176 Computed tomography, abdomen and pelvis CT; The is study is not being requested for a bomonial and/or pelvic pain; The study is not requested for a bomonial and/or pelvic pain; The study is not being requested for a bomonial and/or pelvic pain; The study is not being requested for a bomonial and/or pelvic pain; The study is not paint to see the patient has between the study is indection; The patient has between the patient has fever and elevated white blood cell count or abnormal amy services. The study is not requested for abdominal and/or pelvic pain; The study is not requested for hematuria. The patient has between the patient has fever and elevated white blood cell count or abnormal amy services. The study is not requested for a concern of cancer such as for diagnosis or treatment. 4/1/2023 6/30/2023 ology Approval material diagnosis or treatment. 4/1/2023 6/30/2023 ology Approval material diagnosis or treatment. 4/1/2023 6/30/2023 0logy Approval material study is not equested for a concern of cancer such as for diagnosis or treatment. 5/30/2023 4/1/2023 6/30/2023 ology Approval material study is not pelvic pain; The study is not requested for App-Jun abdomen and pelvis; without contrast study is not being requested for a bomonial and/or pelvic pain; The App-Jun abdomen and pelvis; without contrast study is not being requested for hematuria; Yes this is a request for a dabdominal and/or pelvic pain; The App-Jun abdomen and pelvis; without contrast study is not being requested for hematuria, Yes this is a request for a badominal	6/30/2023 4/1/2023	6/30/2023 ology Approval	material	for diagnosis or treatment.	1 2023 2023
### Apr-Jun class from the first study is not requested for abdominal and/or petvic pain.; The study is not requested for heathuria; The patient has Control Sibesase; Yet this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. ###################################				This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The	
4/1/2023 - Gastroenter abdomen and pelvis; without contrast for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for Apr-Jun diagnosis or treatment. 4/1/2023 - 4/3/2023 ology Approval material for a Diagnostic CT; This is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for Apr-Jun diagnosis or treatment. 4/1/2023 - Gastroenter of Cancer such as for Apr-Jun diagnosis or treatment. 4/1/2023 - 6/30/2023 ology Approval material such as the				patient does not have a fever and elevated white blood cell count or abnormal	
4/1/2023 4/1/2023 6/30/2023 ology Aproval material diagnosis or treatment. 6/30/2023 4/1/2023 6/30/2023 ology Aproval material diagnosis or treatment. 74.176 Computed tomography, study is not requested for a hothormal and/or pelvic pain; The patient has a fever and elevated white blood cell count or abnormal and/or pelvic pain; The study is one requested for abdominal and/or pelvic pain; The study is one their requested for abdominal and/or pelvic pain; The study is not requested for abdominal and/or pelvic pain; The study is not requested for abdominal and/or pelvic pain; The study is not requested for abdominal and/or pelvic pain; The study is not requested for a hothormatical transport of a part of the study is not requested for a hothormatical transport of the study is infection; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase; This is a request for a hothormal and/or pelvic pain; The study is not requested for a concern of cancer such as for a Capture of a concern of cancer such as for a Capture of a patient with a study is infection; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase; This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase; This is a request for an Abdomen and Pelvis CT.; The reason for the study is not requested for a hothormal and/or pelvic pain; The study is not requested for an Abdomen and Pelvis CT.; The reason for the study is not requested for an Abdomen and pelvis; without contrast discontinuous and study is not requested for a badominal and/or pelvic pain; The study is not requested for a badominal and/or pelvic pain; The study is not requested for a badominal and/or pelvic pain; The study is not requested for a badominal and/or pelvic pain; The study is not requested for a badominal and/or pelvic pain; The study is not requested for a badominal and/or pelvic pain; The study is not reque				amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The	
4/1/2023 4/1/2023 6/30/2023 ology Aproval material diagnosis or treatment. 6/30/2023 4/1/2023 6/30/2023 ology Aproval material diagnosis or treatment. 74.176 Computed tomography, study is not requested for a hothormal and/or pelvic pain; The patient has a fever and elevated white blood cell count or abnormal and/or pelvic pain; The study is one requested for abdominal and/or pelvic pain; The study is one their requested for abdominal and/or pelvic pain; The study is not requested for abdominal and/or pelvic pain; The study is not requested for abdominal and/or pelvic pain; The study is not requested for abdominal and/or pelvic pain; The study is not requested for a hothormatical transport of a part of the study is not requested for a hothormatical transport of the study is infection; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase; This is a request for a hothormal and/or pelvic pain; The study is not requested for a concern of cancer such as for a Capture of a concern of cancer such as for a Capture of a patient with a study is infection; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase; This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase; This is a request for an Abdomen and Pelvis CT.; The reason for the study is not requested for a hothormal and/or pelvic pain; The study is not requested for an Abdomen and Pelvis CT.; The reason for the study is not requested for an Abdomen and pelvis; without contrast discontinuous and study is not requested for a badominal and/or pelvic pain; The study is not requested for a badominal and/or pelvic pain; The study is not requested for a badominal and/or pelvic pain; The study is not requested for a badominal and/or pelvic pain; The study is not requested for a badominal and/or pelvic pain; The study is not requested for a badominal and/or pelvic pain; The study is not reque			74176 Computed tomography,	study is not requested for hematuria.; The patient has Crohn's Disease.; Yes this is a request	
6/30/2023 4/1/2023 6/30/2023 ology Approval material diagnosis or treatment. 1 2023 2023 1 7 176 Computed tomography, abdomen and pelvis protections; The reason for the study is infection; The patient does not have a fever and elevated white blood cell count or abnormal amyses/plipase; This is study is not being requested for abdominal and/or pelvic pain, The study is not requested for hematuria; The patient abs Diverticulities; Yes this is a request for a patient has Diverticulities; Yes this is a request for a patient has Diverticulities; Yes this is a request for a patient has patient has Diverticulities; Yes this is a request for a patient has patient has Diverticulities; Yes this is a request for a patient has patient has patient has Diverticulities; Yes this is a request for a patient has pa	4/1/2023 -	Gastroenter			Apr-Jun
This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for abdominal and/or pelvic pain.; The study is not requested for abdominal and/or pelvic pain.; The study is not requested for abdominal and/or pelvic pain.; The study is not requested for abdominal and/or pelvic pain.; The study is not requested for abdominal and/or pelvic pain.; The study is not requested for abdominal and/or pelvic pain.; The study is not requested for abdominal and/or pelvic pain.; The study is not requested and pelvis; without contrast abdomen and pelvis; without contrast is study is not being requested for abdominal and/or pelvic pain.; The study is not requested for abdominal and/or pelvic pain.; The study is not requested for abdominal and/or pelvic pain.; The study is not requested for abdominal and/or pelvic pain.; The study is not requested for abdominal and/or pelvic pain.; The study is not requested for abdominal and/or pelvic pain.; The study is not requested for abdominal and/or pelvic pain.; The study is not					
patient does not have a fever and elevated white blood cell count or abnormal amylase/lipase;. This study is not being requested for abdominal and/or pelvic pain;. The study is not requested for hematuria; The patient has Diverticulitis, 'yes this is a request for a Diagnostic CT; This is study NDT being ordered for a concern of cancer such as for diagnosis or treatment. 4/1/2023 6/30/2023 ology Approval material 12023 2023 4/1/2023 6/30/2023 ology Approval material 12023 2023 4/1/2023 6/30/2023 ology Approval material 2007 2007 2007 2007 2007 2007 2007 200	0,00,2020 1,2,2020	0,50,2025 clogy , pp.51d.	material	•	1 2025 2025
amylase/[Ipase; This study is not being requested for abdominal and/or pelvic pain; The study is not requested for hematuria; The patient has Diverticulitis; Yes this is a request for a dominal and/or pelvic pain; The study is not requested for abdominal and/or pelvic pain; The patient has Diverticulitis; Yes this is a request for a diagnosis or treatment. 4/1/2023				•	
741/2023 - Gastroenter abdomen and pelvis, without contrast diagnosis or trequested for hematuria; The patient has Diverticulitis; Yes this is a request for Apr-Jun abdomen and pelvis; without contrast diagnosis or treatment. 1 2023 2023 4/1/2023 6/30/2023 ology Approval material Table 1 2023 2023 1 20				·	
AJr/2023 - Gastroenter abdomen and pelvis; without contrast a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for Apr-Jun diagnosis or treatment. This is a request for an Abdomen and Pelvis CT; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase; This study is not being requested for a dodominal and/or pelvic pain; The study is not requested or abdominal and/or pelvic pain; The study is not being requested for abdominal and/or pelvic pain; The study is not being requested for abdominal and/or pelvic pain; The study is not being requested for abdominal and/or pelvic pain; The study is not being requested for abdominal and/or pelvic pain; The study is not being requested for abdominal and/or pelvic pain; The study is not pelvic pai			7/176 Computed tomography	· · · · · · · · · · · · · · · · · · ·	
6/30/2023 d/1/2023 ology Aproval material diagnosis or treatment. 1 2023 2023 **This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not requested for abdominal and/or pelvic pain.; The study is not requested for abdominal and/or pe	4/1/2022	Contracutor			A m a 1
This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The patient has a fever and elevated white blood cell count or abnormal amylase/[lipase.; This study is not requested or abdominal and/or pelvic pain.; The study is not requested for abdominal and/or pelvic pain. The study is not requested for abdominal and/or pelvic pain. The study is not requested for abdominal and/or pelvic pain. The study is not requested for abdominal and/or pelvic pain. The study is not requested for abdominal and/or pelvic pain. The study is not pelvic pain. The april pain and pelvis CT.; The reason for the study is none of the study is none of the study is not pelvic pain. The abdomen and pelvis CT.; The reason for the study is none of the study is not pelvic pain. The abdomen and pelvis pelvis pain. The study is not pelvis pelvis pelvis pelvis pelvis pelvis pelvis pelvis pain. The study is not pelvis	1 ' '			, ,	
patient has a fever and elevated white blood cell count or abnormal amylase/lipase; This 74176 Computed tomography, study is not being requested for abdominal and/or pelvic pain.; The study is not requested 4/1/2023 - 6/30/2023 ology Approval material aconcern of cancer such as for diagnosis or treatment. 74176 Computed tomography, This is a request for an Abdomen and Pelvis CT.; This is study NOT being ordered for a Apr-Jun a concern of cancer such as for diagnosis or treatment. 74176 Computed tomography, Study is not being requested for abdominal and/or pelvic pain.; The study is none of the listed reasons; This study is not being requested for abdominal and/or pelvic pain.; The study is none of the listed reasons. This study is not being requested for abdominal and/or pelvic pain.; The study is none of the listed reasons. This study is not being requested for abdominal and/or pelvic pain.; The study is none of the listed reasons. This study is not being requested for abdominal and/or pelvic pain.; The study is none of the listed reasons. This study is not requested for hematuria, Yes this is a request for a Diagnostic CT; Reason: ELSE study is not requested for hematuria, and the study is none of the listed reasons. This study is not requested for hematuria, and the study is none of the listed reasons. This study is not requested for hematuria, and one study is none of the listed reasons. This study is not requested for hematuria, and one study is none of the listed reasons. This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons. This is study is not requested for hematuria, and one study is none of the listed reasons. This study is not requested for hematuria, and one study is none of the listed reasons. This study is not requested for hematuria, and one plevis CT. The reason for the study is none of the listed reasons. This study is not requested for hematuria, and one plevis CT. The reason for the study is none of the listed reasons. This study	6/30/2023 4/1/2023	6/30/2023 ology Approval	material	<u> </u>	1 2023 2023
74176 Computed tomography, study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a Apr-Jun activation and pelvis; without contrast for hematuria; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a Diagnostic CT; This is study is not requested for abdominal and/or pelvic pain.; The study is none of the study is none of the study is none of the study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria. Set this is a request for a Diagnostic CT; This is study is not pelvic pain.; The study is not pelvic pain.; The study is not requested for hematuria. Set this is a request for a Diagnostic CT;				•	
4/1/2023 - Gastroenter abdomen and pelvis; without contrast for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for Apr-Jun a concern of cancer such as for diagnosis or treatment. 5 2023 2023 4/1/2023 - Gastroenter abdomen and pelvis; without contrast listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The Apr-Jun abdomen and pelvis; without contrast listed reasons.; This study is not pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The Apr-Jun abdomen and pelvis; without contrast listed reasons.; This study is not pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not pelvis CT.; The reason for the study is none of the listed reasons.; This study is not pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not pelvis CT.; The reason for the study is none of the listed reasons; This is a request for a Diagnostic CT; Reason: ELSE study is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons; This is study is not being requested for abdominal and/or pelvic pain.; The study is not being requested for hematuria.; Yes this is a request for a Diagnostic CT; The reason ELSE study is not being requested for hematuria. Yes this is a request for a Diagnostic CT; This is study is not being requested for abdominal and/or pelvic pain.; The study is not pelvis CT.; The reason for the study is pre-op or post of pelvis CT.; Th					
6/30/2023 4/1/2023 6/30/2023 ology Approval material a concern of cancer such as for diagnosis or treatment. 74176 Computed tomography, Apr-Jun 6/30/2023 4/1/2023 6/30/2023 ology Approval material 74176 Computed tomography, Apr-Jun 6/30/2023 4/1/2023 6/30/2023 ology Approval 74176 Computed tomography, Apr-Jun 6/30/2023 4/1/2023 6/30/2023 ology Approval 74176 Computed tomography, Apr-Jun 6/30/2023 4/1/2023 6/30/2023 ology Approval 74176 Computed tomography, Apr-Jun 6/30/2023 4/1/2023 6/30/2023 ology Approval 74176 Computed tomography, Apr-Jun 6/30/2023 4/1/2023 6/30/2023 ology Approval 74176 Computed tomography, Apr-Jun 6/30/2023 4/1/2023 6/30/2023 ology Approval 74176 Computed tomography, Apr-Jun 6/30/2023 4/1/2023 6/30/2023 ology Approval 74176 Computed tomography, Apr-Jun 6/30/2023 4/1/2023 6/30/2023 ology Approval 74176 Computed tomography, Apr-Jun 6/30/2023 4/1/2023 6/30/2023 ology Approval 74176 Computed tomography, Apr-Jun 74176 C					
74176 Computed tomography, This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the 4/1/2023 - Gastroenter abdomen and pelvis; without contrast isted reasons.; This study is not being requested for abdominal and/or pelvic pain.; The 5/30/2023 4/1/2023 6/30/2023 ology Approval material study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The 5/4176 Computed tomography, study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; Reason: ELSE 4/1/2023 - Gastroenter abdomen and pelvis; without contrast concern of cancer such as for diagnosis or treatment. 1 2023 2023 This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The 5/30/2023 4/1/2023 6/30/2023 ology Approval material concern of cancer such as for diagnosis or treatment. 1 2023 2023 This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The 5/30/2023 4/1/2023 6/30/2023 ology Approval material concern of cancer such as for diagnosis or treatment. 1 2023 2023 1 2023 2023 1 2023 2023 2023 2023 2023 2023 2023 202			•		· ·
4/1/2023 - Gastroenter abdomen and pelvis; without contrast listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The Apr-Jun study is not requested for hematuria.; Yes this is a request for a Diagnostic CT 3 2023 2023 This is a request for an Abdomen and Pelvis (T.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not perquested for hematuria.; Yes this is a request for a Diagnostic CT; Reason: ELSE 4/1/2023 - Gastroenter abdomen and Pelvis; without contrast (system matched response); Abd distension pain; This is study NOT being ordered for a Apr-Jun concern of cancer such as for diagnosis or treatment. 1 2023 2023 This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for a Diagnostic CT; Reason: ELSE 4/1/2023 - Gastroenter abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; Reason: ELSE 4/1/2023 - Gastroenter abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; Reason: ELSE 4/1/2023 - Gastroenter abdomen and pelvis; without contrast (system matched response); abnormal colonoscopy; This is study NOT being ordered for a Apr-Jun concern of cancer such as for diagnosis or treatment. 1 2023 2023 This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post operation of the study is pre-op or post operation. This is a request for an Abdomen and Pelvis CT.; This is study is not requested for hematuria; Yes this is a request for a Diagnostic CT; This is study Apr-Jun abdomen and pelvis; without contrast study is not requested for hematuria; Yes this is a request for a Diagnostic CT; This is study Apr-Jun abdomen and pelvis; without contrast study is not reque	6/30/2023 4/1/2023	6/30/2023 ology Approval		a concern of cancer such as for diagnosis or treatment.	5 2023 2023
6/30/2023 d/1/2023 6/30/2023 ology Approval material study is not requested for hematuria.; Yes this is a request for a Diagnostic CT 3 2023 2023 This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; Reason: ELSE 4/1/2023			74176 Computed tomography,	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the	
This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; Reason: ELSE 4/1/2023	1 1	Gastroenter	abdomen and pelvis; without contrast	listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The	Apr-Jun
listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The 74176 Computed tomography, study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; Reason: ELSE 4/1/2023	6/30/2023 4/1/2023	6/30/2023 ology Approval	material	study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	3 2023 2023
74176 Computed tomography, study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; Reason: ELSE 4/1/2023 - Gastroenter abdomen and pelvis; without contrast (system matched response); Abd distension pain; This is study NOT being ordered for a Apr-Jun concern of cancer such as for diagnosis or treatment. 1 2023 2023 This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The 4/1/2023 - Gastroenter abdomen and pelvis; without contrast (system matched response); abnormal colonoscopy; This is study NOT being ordered for a Apr-Jun concern of cancer such as for diagnosis or treatment. 1 2023 2023 4/1/2023 - Gastroenter abdomen and pelvis; without contrast (system matched response); abnormal colonoscopy; This is study NOT being ordered for a Apr-Jun concern of cancer such as for diagnosis or treatment. 1 2023 2023 This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post 74176 Computed tomography, op evaluation.; This study is not being requested for a Diagnostic CT; This is study Apr-Jun abdomen and pelvis; without contrast study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study Apr-Jun Apr-Jun abdomen and pelvis; without contrast study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study Apr-Jun Apr-Jun abdomen and pelvis; without contrast study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study Apr-Jun Apr-Jun Apr-Jun abdomen and pelvis cT.; This is study abdomen and pelvis; without contrast study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study Apr-Jun Apr-				This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the	
4/1/2023 - Gastroenter abdomen and pelvis; without contrast (system matched response); Abd distension pain; This is study NOT being ordered for a Apr-Jun concern of cancer such as for diagnosis or treatment. 1 2023 2023 This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The 4/1/2023 - Gastroenter abdomen and pelvis; without contrast (system matched response); Abd distension pain; This is study NOT being ordered for a 1 2023 2023 This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The 4/1/2023 - Gastroenter abdomen and pelvis; without contrast (system matched response); abnormal colonoscopy; This is study NOT being ordered for a Apr-Jun concern of cancer such as for diagnosis or treatment. 1 2023 2023 This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post 74176 Computed tomography, op evaluation.; This study is not being requested for a Diagnostic CT; This is study Apr-Jun abdomen and pelvic CT. This is study Apr-Jun abdomen and pelvic CT. This is a request for a Diagnostic CT; This is study Apr-Jun abdomen and pelvic CT.				listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The	
4/1/2023 - Gastroenter abdomen and pelvis; without contrast (system matched response); Abd distension pain; This is study NOT being ordered for a Apr-Jun concern of cancer such as for diagnosis or treatment. 1 2023 2023 This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The 4/1/2023 - Gastroenter abdomen and pelvis; without contrast (system matched response); Abd distension pain; This is study NOT being ordered for a 1 2023 2023 This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The 4/1/2023 - Gastroenter abdomen and pelvis; without contrast (system matched response); abnormal colonoscopy; This is study NOT being ordered for a Apr-Jun concern of cancer such as for diagnosis or treatment. 1 2023 2023 This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post 74176 Computed tomography, op evaluation.; This study is not being requested for a Diagnostic CT; This is study Apr-Jun abdomen and pelvic CT. This is study Apr-Jun abdomen and pelvic CT. This is a request for a Diagnostic CT; This is study Apr-Jun abdomen and pelvic CT.			74176 Computed tomography,	study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; Reason: ELSE	
6/30/2023 d/1/2023 ology Approval material concern of cancer such as for diagnosis or treatment. 1 2023 2023 This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The 74176 Computed tomography, study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; Reason: ELSE 4/1/2023	4/1/2023 -	Gastroenter			Apr-Jun
This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The 74176 Computed tomography, study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; Reason: ELSE 4/1/2023 - Gastroenter abdomen and pelvis; without contrast (system matched response); abnormal colonoscopy; This is study NOT being ordered for a Apr-Jun concern of cancer such as for diagnosis or treatment. 1 2023 2023 This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post operation; This study is not being requested for abdominal and/or pelvic pain.; The 4/1/2023 - Gastroenter abdomen and pelvis; without contrast study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study Apr-Jun				· · · · · · · · · · · · · · · · · · ·	·
listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The 74176 Computed tomography, study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; Reason: ELSE 4/1/2023 - Gastroenter abdomen and pelvis; without contrast (system matched response); abnormal colonoscopy; This is study NOT being ordered for a Apr-Jun concern of cancer such as for diagnosis or treatment. 1 2023 2023 This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post operation.; The 4/1/2023 - Gastroenter abdominal and/or pelvic pain.; The 4/1/2023 - Sastroenter abdomen and pelvis; without contrast study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study Apr-Jun Apr-Ju	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,, , , , , , , , , , , , , , , , , , ,		<u> </u>	
74176 Computed tomography, study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; Reason: ELSE 4/1/2023 - Gastroenter abdomen and pelvis; without contrast (system matched response); abnormal colonoscopy; This is study NOT being ordered for a Apr-Jun concern of cancer such as for diagnosis or treatment. 1 2023 2023 This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post operation of the study is pre-op or post operation.; This study is not being requested for abdominal and/or pelvic pain.; The 4/1/2023 - Gastroenter abdomen and pelvis; without contrast study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study Apr-Jun				•	
4/1/2023 - Gastroenter abdomen and pelvis; without contrast (system matched response); abnormal colonoscopy; This is study NOT being ordered for a Apr-Jun concern of cancer such as for diagnosis or treatment. 1 2023 2023 This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post operation.; This study is not being requested for abdominal and/or pelvic pain.; The 4/1/2023 - Gastroenter abdomen and pelvis; without contrast study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study Apr-Jun			74176 Computed tomography		
6/30/2023 d/1/2023 d/1/2023 ology Approval material concern of cancer such as for diagnosis or treatment. 1 2023 2023 This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post operation of the study is pre-op or post operation.; This study is not being requested for abdominal and/or pelvic pain.; The 4/1/2023 - Gastroenter abdomen and pelvis; without contrast study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study Apr-Jun	4/1/2023 -	Gastroenter		• • • • • • • • • • • • • • • • • • • •	Apr-lup
This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post 74176 Computed tomography, op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The 4/1/2023 - Gastroenter abdomen and pelvis; without contrast study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study Apr-Jun			•		
74176 Computed tomography, op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The 4/1/2023 - Gastroenter abdomen and pelvis; without contrast study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study Apr-Jun	0/30/2023 4/1/2023	0/30/2023 Ology Approval	IIIateilai	*	1 2025 2023
4/1/2023 - Gastroenter abdomen and pelvis; without contrast study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study Apr-Jun			744.76 Commented to manage !		
	. /. /2022			· · · · · · · · · · · · · · · · · · ·	
6/30/2023 4/1/2023 6/30/2023 ology Approval material NOT being ordered for a concern of cancer such as for diagnosis or treatment. 1 2023 2023			•		· ·
	6/30/2023 4/1/2023	6/30/2023 ology Approval	material	NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	Gastroenter 6/30/2023 ology Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Gastroenter 6/30/2023 ology Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Gastroenter 6/30/2023 ology Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Gastroenter 6/30/2023 ology Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Gastroenter 6/30/2023 ology Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Gastroenter 6/30/2023 ology Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Gastroenter 6/30/2023 ology Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Gastroenter 6/30/2023 ology Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Gastroenter 6/30/2023 ology Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	Apr-Jun 4 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Gastroenter 6/30/2023 ology Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Gastroenter 6/30/2023 ology Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Anerysm or a Pelvis Mass.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023

This is a request for an Astronomia of Policies (T. This study is being requested for absorbined and fig perips certificate) and proposed to the study in the study of the stu					
and/propriets pain; The study is being content for chronic pain; This is not the first visit for this complaint. There are aphysical earn, The patient is female, Agolevic carn was performed; The results of the exam were mornal; The patient had not literated the patient is female, Agolevic carn was performed; The results of the exam were mornal; The patient had not literated the patient is female, Agolevic carn was performed; The results of the exam were mornal; The patient had not literated the patient is female, Agolevic carn was performed; The results of the carn were mornal; The patient had not literated the patient is female, Agolevic carn was performed; The results of the carn were mornal; The patient had not literated the patient is female, agolevic carn was performed; The results of the carn were mornal; The patient had not literated the patient had not had not not a patient had not literated the patient had not had not not a patient had not had not not a patient had not had not had not not a patient had not had not had not had not h			abdomen and pelvis; without contrast	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were normal.; The patient had an endoscopy.; The endoscopy was	
and/or pelvic pains, The study is being ordered for chronic pain. This is not the first visit for this complaint, if the results of the seam year performed. The results of the seam were normal, the patient had an Utrascound, the Utrascound was material. It is unknown if a centerstylation was replained and Utrascound, the patient had an Utrascound, the Utrascound was material. It is unknown if a centerstylation was replained and pelvic without contrast the seam was performed. The results of the seam were normal, the patient is 50 was so or older; patient had an endoscopy was abnormal; the patient is 50 was so or older; patient had an endoscopy was abnormal; the patient is 50 was so or older; patient had an endoscopy was abnormal; the patient is 50 was so or older; patient had an endoscopy was abnormal; the patient is 50 was so or older; patient had an endoscopy was abnormal; the patient is 60 was so or older; patient had an endoscopy was abnormal; the patient is 60 was so or older; patient had an endoscopy was abnormal; the patient is 60 was so or older; patient had an endoscopy was abnormal; the patient is 60 was so or older; patient had an endoscopy was abnormal; the patient is 60 was so or older; patient had an endoscopy was abnormal; the patient is 60 was so of the patient had an endoscopy was abnormal; the patient is 60 was not in the first was for this complaint; there has been a patient endoscopy was abnormal and/or pelvic patient. If the safe was the patient is 60 was not in the first was for this complaint; there has been a patient endoscopy was abnormal. The safe was not in the first was for this complaint; the was been a patient endoscopy was abnormal. The safe was also an endoscopy was abnormal and/or pelvic patient. If the safe was the safe was also an endoscopy was abnormal, we this is a request for a badominal and/or pelvic patient. The safe was an endoscopy was abnormal and/or pelvic patient is 60 was an endoscopy was abnormal and/or pelvic patient is 60 was an endoscopy. The endoscopy was not th	1 ' '		abdomen and pelvis; without contrast	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient had	
This is a request for an Abdomen and Pelvis CT. This study is being requested for abdominal and/or perits pair. The study is being requested for abdominal and/or pelvic pair. The study is being requested for abdominal a	4/1/2023 -	Gastroenter	abdomen and pelvis; without contrast	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; It is unknown if a contrast/barium x-ray has been completed.; The patient had an endoscopy.; The endoscopy was abnormal.; The patient is 50 years or older.;	· ·
4/1/2023 - Gastroenter dabdomen and pelvis; without contrast performed.; Yes this is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain. The study is being ordered for chronic pain.; This is not the first visit for this complaint; There has been an physical exam. The patient is male; A rectal exam was not aperlum performed.; Yes this is a request for an Diagnostic CT This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain., The study is being requested for abdominal and/or pelvic pain. The study is being ordered for chronic pain. This is in the	4/1/2023 -	Gastroenter	74176 Computed tomography, abdomen and pelvis; without contrast	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	Apr-Jun
Affa Computed tomography, and/or pelvic pain; The study is being ordered for chronic pain.; This is not the first visit for abdomen and pelvis; without contrast this complaint; There has been an physical exam.; The patient is male.; A rectal exam was a Apr-Jun (Affa Computed tomography, and pelvis CT; This study is being ordered for chronic pain.; This is not the first visit for this complaint; There has been an aphysical exam.; The patient is male; A rectal exam was performed.; The results of the exam were abnormal; Yes this is a request for an Abdomen and Pelvis CT; This study is being ordered for chronic pain; This is not the first visit for this complaint; There has been a physical exam.; The patient is male; A rectal exam was performed.; The results of the exam were normal. The patient had an Ultrasound; The patient patient had an Ultrasound; The patient is male; A rectal exam was performed.; The results of the exam were normal. The patient had an Ultrasound; The patient patient had an Ultrasound; The patient patient had an Ultrasound; The patient			abdomen and pelvis; without contrast	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not	· ·
This is a request for an Abdomen and Pelvis CT; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint; There has been a physical exam. The patient is male.; A rectal exam was performed.; The results of the exam were normal; The patient had an Ultrasound, The Ultrasound was normal. A contrast/barium x-ray has been completed.; The results of the exam were normal; The patient had an endoscopy; The endoscopy was Apr-Jun onrmal; Yes this is a request for a Diagnostic CT 1 2023 2023 4/1/2023 6/30/2023 ology Approval material normal pelvis, without contrast this complaint; There has been a physical exam. The patient had an endoscopy; The endoscopy was Apr-Jun onrmal; Yes this is a request for a Diagnostic CT 1 2023 2023 This is a request for an Abdomen and Pelvis CT; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint; There has been a physical exam. The patient is male; It is not known if a Apr-Jun fe/30/2023 4/1/2023 6/30/2023 ology Approval material rectal exam was performed.; Yes this is a request for an Abdomen and Pelvis CT; This study is being requested for abdominal and/or pelvic pain.; The rectal exam was performed.; Yes this is a request for an Abdomen and Pelvis CT; This study is being ordered for chronic pain.; This is the first visit for this complaint; There has been a physical exam.; The patient is male; It is not known if a rectal exam was performed.; Yes this is a request for an Abdomen and Pelvis CT; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint; The patient had an lipase lab test. The results of the lab test were abnormal; Apr-Jun and Yes this is a request for an Diagnostic CT and Pelvis CT; This study is not being requested for abdominal and/or pelvic pain.; The patient had NOT have a	1 ' '		abdomen and pelvis; without contrast	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was	
74176 Computed tomography, and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for 4/1/2023 - Gastroenter abdomen and pelvis; without contrast this complaint.; There has been a physical exam.; The patient is male.; It is not known if a Apr-Jun rectal exam was performed.; Yes this is a request for a Diagnostic CT 4 2023 2023 This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for abdominal and/or pelvic pain.; The study is being ordered for abdominal and/or pelvic pain.; The study is not being requested for abdominal and/or pelvic pain.; The patient had an lipase lab test.; The results of the lab test were abnormal.; Apr-Jun abdominal and/or pelvic pain.; The patient did NOT have an abnormal abdominal abdominal addominal and/or pelvic pain.; The patient did NOT have an abnormal abdominal abdominal abdominal and/or pelvic pain.; The patient did NOT have an abnormal abdominal abdominal abdominal and/or pelvic pain.; The patient did NOT have an abnormal abdominal a		Gastroenter	abdomen and pelvis; without contrast	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the contrast/barium x-ray were normal.; The patient had an endoscopy.; The endoscopy was	•
74176 Computed tomography, and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this 4/1/2023 - Gastroenter abdomen and pelvis; without contrast complaint.; The patient had an lipase lab test.; The results of the lab test were abnormal.; 6/30/2023 0logy Approval material Yes this is a request for a Diagnostic CT 3 2023 2023 This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The patient did NOT have an abnormal abdominal 4/1/2023 - Gastroenter abdomen and pelvis; without contrast documentation of a known tumor or a known diagnossis of cancer; This is study being Apr-Jun ordered for a concern of cancer such as for diagnosis or treatment. 1 2023 2023 4/1/2023 - Gastroenter abdomen and pelvis; without contrast abdomen and Pelvis CT.; This study is not being requested for a Concern of cancer such as for diagnosis or treatment. 1 2023 2023 74176 Computed tomography, This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdomen and pelvis; without contrast abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request Apr-Jun abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request Apr-Jun	1 1		abdomen and pelvis; without contrast	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a	
abdominal and/or pelvic pain.; The patient did NOT have an abnormal abdominal 74176 Computed tomography, Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT; There is NO 4/1/2023 - Gastroenter abdomen and pelvis; without contrast documentation of a known tumor or a known diagnosis of cancer; This is study being Apr-Jun 6/30/2023 4/1/2023 6/30/2023 ology Approval material ordered for a concern of cancer such as for diagnosis or treatment. 1 2023 2023 74176 Computed tomography, This is a request for an Abdomen and Pelvis CT.; This study is not being requested for 4/1/2023 - Gastroenter abdomen and pelvis; without contrast abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request Apr-Jun	4/1/2023 -	Gastroenter	abdomen and pelvis; without contrast	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	•
4/1/2023 - Gastroenter abdomen and pelvis; without contrast abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request Apr-Jun	1 ' '		abdomen and pelvis; without contrast material	abdominal and/or pelvic pain.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT; There is NO documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	
			abdomen and pelvis; without contrast	abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request	

			74476 Community of the second o	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for	
4/4/2022		Control	74176 Computed tomography,	abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request	A Iv.
4/1/2023 -	4/4/2022	Gastroenter	abdomen and pelvis; without contrast	for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 ology Appro	ral material	diagnosis or treatment.	5 2023 2023
			7417C Committed townswerh	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for	
4/4/2022		Contractor	74176 Computed tomography,	abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT; There is	A I
4/1/2023 -		Gastroenter	abdomen and pelvis; without contrast	documentation of a known tumor or a known diagnosis of cancer; This is study being	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 ology Appro	ral material	ordered for a concern of cancer such as for diagnosis or treatment.	2 2023 2023
				; This study is being ordered for something other than: known trauma or injury, metastatic	
				disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
				vascular disease.; There has been treatment or conservative therapy.; The ordering MDs	
			74181 Magnetic resonance (eg, proton)	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
4/1/2023 -		Gastroenter	imaging, abdomen; without contrast	Radiation Oncology; This case was created via RadMD.; The primary symptoms began more	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 ology Appro		than 1 year ago; Medications were given for this diagnosis	1 2023 2023
			74181 Magnetic resonance (eg, proton)	A CT scan and ultrasound have been previously conducted.; Prior imaging was inconclusive;	
4/1/2023 -		Gastroenter	imaging, abdomen; without contrast	The last inconclusive results were within 60 days.; Persistent pain best describes the reason	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 ology Appro		for this procedure.	1 2023 2023
			74181 Magnetic resonance (eg, proton)		
4/1/2023 -		Gastroenter	imaging, abdomen; without contrast	A CT scan is the only has been previously conducted.; Prior imaging was abnormal; Persistent	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 ology Appro		pain best describes the reason for this procedure.	1 2023 2023
			74181 Magnetic resonance (eg, proton)		
4/1/2023 -		Gastroenter	imaging, abdomen; without contrast	An ultrasound is the only has been previously conducted.; Persistent pain best describes the	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 ology Appro	ral material(s)	reason for this procedure.	1 2023 2023
				Crohns disease of both small and large intestine with rectal bleeding, New diagnosis of IBD;	
				This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment	
				or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist,	
			74181 Magnetic resonance (eg, proton)	Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created	
4/1/2023 -		Gastroenter	imaging, abdomen; without contrast	via RadMD.; The primary symptoms began less than 6 months ago; Medications were given	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 ology Appro	ral material(s)	for this diagnosis	1 2023 2023
				Patient with Crohn's disease is new to our clinic. Dr. Gordon has done EGD and colonoscopy	
				on 05/01/23. I will fax all necessary information for this case. Thank you.; This study is being	
				ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative	
			74181 Magnetic resonance (eg, proton)	therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery,	
4/1/2023 -		Gastroenter	imaging, abdomen; without contrast	Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 ology Appro	ral material(s)	primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1 2023 2023
				Per Dr. Gordon: clinically in REMISSION and path showed remission on colonoscopy 4/2019;	
				HE WAS LOST TO FOLLOW UP DUE TO JOB AND INSURANCE CHANGES AFTER THAT POINT;	
				HE DID WELL FROM 2016 TO THE END OF 2022; HE STARTED FLARING ABOUT 8 MONTHS	
				AGO WITH MOST; This study is being ordered for Inflammatory/ Infectious Disease.; There	
				has been treatment or conservative therapy.; The ordering MDs specialty is NOT	
			74181 Magnetic resonance (eg, proton)	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -		Gastroenter	imaging, abdomen; without contrast	Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 ology Appro		ago; Medications were given for this diagnosis	1 2023 2023
			74181 Magnetic resonance (eg, proton)	The patient is NOT on medication for this condition; Infection or inflammatory disease best	
4/1/2023 -		Gastroenter	imaging, abdomen; without contrast	describes the reason for this procedure.; The known or suspected condition of the patient is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 ology Appro		Crohn's disease.	1 2023 2023
-,,	, ,	, , , , , , , , , , , , , , , , , , , ,		The patient is on medication for this condition; The patient's symptoms are worsening; The	
			74181 Magnetic resonance (eg, proton)	ordering provider's specialty is Gastroenterology.; Infection or inflammatory disease best	
4/1/2023 -		Gastroenter	imaging, abdomen; without contrast	describes the reason for this procedure.; The known or suspected condition of the patient is	Apr-Jun
	4/1/2023	6/30/2023 ology Appro		Crohn's disease.	1 2023 2023
5, 55, 2525	., _, _023	2, 30, 2020 0.0gy Appro	74181 Magnetic resonance (eg, proton)		1 2020 2020
4/1/2023 -		Gastroenter	imaging, abdomen; without contrast	This request is for an Abdomen MRI.; This study is being ordered for follow-up trauma.; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 ology Appro		ordering physician is a gastroenterologist or surgeon.	1 2023 2023
3/30/2023	.7 17 2023	5,50,2025 Glogy Applo	74181 Magnetic resonance (eg, proton)	This request is for an Abdomen MRI.; This study is being ordered for known or suspected	1 2023 2023
4/1/2023 -		Gastroenter	imaging, abdomen; without contrast	infection.; There are physical findings or abnormal blood work consistent with pancreatitis.;	Apr-Jun
6/30/2023	1/1/2022	6/30/2023 ology Appro		A lipase abnormality was noted.	2 2023 2023
	7/1/2023	U/JU/ZUZJ UIUBY APPIO	ימו ווומנכוומו(ט)	A npase autionitiantly was noted.	2 2023 2023

4/4/2022	Control	74181 Magnetic resonance (eg, proton)	This request is for an Abdomen MRI.; This study is being ordered for known or suspected	A 1
4/1/2023 -	Gastroenter	imaging, abdomen; without contrast	infection.; There are physical findings or abnormal blood work consistent with pancreatitis.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ology Approval	material(s)	An abnormal amalyse or lipase was NOT noted.	1 2023 2023
4/4/2022	Control	74181 Magnetic resonance (eg, proton)	This request is for an Abdomen MRI.; This study is being ordered for known or suspected	A 1
4/1/2023 -	Gastroenter	imaging, abdomen; without contrast	infection.; There are physical findings or abnormal blood work consistent with pancreatitis.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ology Approval	material(s)	An amylase abnormality was noted.	1 2023 2023
		74181 Magnetic resonance (eg, proton)		
4/1/2023 -	Gastroenter	imaging, abdomen; without contrast		Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ology Approval	material(s)	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.	3 2023 2023
			This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.;	
		74181 Magnetic resonance (eg, proton)	The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver	
4/1/2023 -	Gastroenter	imaging, abdomen; without contrast	abnormality was found on a previous CT, MRI or Ultrasound.; It is unknown if there is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ology Approval	material(s)	suspicion of metastasis.	2 2023 2023
			This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.;	
		74181 Magnetic resonance (eg, proton)	The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; The	
4/1/2023 -	Gastroenter	imaging, abdomen; without contrast	abnormality found on a previous CT, MRI or Ultrasound was not in the liver, kidney,	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ology Approval	material(s)	pancreas or spleen.	1 2023 2023
		74181 Magnetic resonance (eg, proton)		
4/1/2023 -	Gastroenter	imaging, abdomen; without contrast	This request is for an Abdomen MRI.; This study is being ordered for pre-operative	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ology Approval	material(s)	evaluation.; Surgery is planned for within 30 days.	1 2023 2023
	•	· ·	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or	
		74181 Magnetic resonance (eg, proton)	suspected tumor/ metastasis.; It is unknown if the patient had previous abnormal imaging	
4/1/2023 -	Gastroenter	imaging, abdomen; without contrast	including a CT, MRI or Ultrasound.; This study is NOT being ordered to evaluate an	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ology Approval	material(s)	undescended testicle in a male.	1 2023 2023
1,00,2020 1,2,2020	c/cc/pp		This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or	
		74181 Magnetic resonance (eg, proton)	suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT,	
4/1/2023 -	Gastroenter	imaging, abdomen; without contrast	MRI or Ultrasound.; A abnormality was found on the spleen during a previous CT, MRI or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ology Approval	material(s)	Ultrasound.	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 010gy /tpp10vai	material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or	1 2023 2023
		74181 Magnetic resonance (eg, proton)	suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT,	
4/1/2023 -	Gastroenter	imaging, abdomen; without contrast	MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; It is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ology Approval	material(s)	unknown if there is suspicion of metastasis.	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Glogy Approval	material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or	1 2023 2023
		74191 Magnetic reconance (eg. proton)	suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT,	
4/4/2022	Control	74181 Magnetic resonance (eg, proton)		A I
4/1/2023 -	Gastroenter	imaging, abdomen; without contrast	MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ology Approval	material(s)	There is NO suspicion of metastasis.	3 2023 2023
			This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or	
4/4/2022		74181 Magnetic resonance (eg, proton)	suspected tumor/ metastasis.; The patient has NOT had previous abnormal imaging	
4/1/2023 -	Gastroenter	imaging, abdomen; without contrast	including a CT, MRI or Ultrasound.; This study is NOT being ordered to evaluate an	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ology Approval	material(s)	undescended testicle in a male.	3 2023 2023
		74181 Magnetic resonance (eg, proton)	This request is for an Abdomen MRI.; This study is not being ordered for known tumor,	_
4/1/2023 -	Gastroenter	imaging, abdomen; without contrast	suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ology Approval	material(s)	vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	6 2023 2023
			This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment	
			or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist,	
		74181 Magnetic resonance (eg, proton)	Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created	
4/1/2023 -	Gastroenter	imaging, abdomen; without contrast	via BBI.; It is unknown when the primary symptoms began; Medications were given for this	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ology Approval	material(s)	diagnosis	1 2023 2023
			This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment	
			or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist,	
		74181 Magnetic resonance (eg, proton)	Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created	
4/1/2023 -	Gastroenter	imaging, abdomen; without contrast	via BBI.; The primary symptoms began less than 6 months ago; Medications were given for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ology Approval	material(s)	this diagnosis	1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Gastroenter 6/30/2023 ology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began less than 6 months ago	Apr-Jun 1 2023 2023
0/30/2023	4/1/2023	0/30/2023 010gy	прргочи	74261 Computed tomographic (CT)	via boti, The primary symptoms began less than a months ago	1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Gastroenter 6/30/2023 ology	Approval	colonography, diagnostic, including image postprocessing, without contrast material	Enter answer here - or Type In Unknown If No Info Given. This CT Colonoscopy is being ordered for diagnostic purposes; The member has not had any colon screening studies completed prior to this request	Apr-Jun 1 2023 2023
4/1/2023 -		Gastroenter		74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast	This patient does not have a medical problem that makes him/ her unsuitable for conventional colonoscopy.; This patient has undergone an attempted but incomplete conventional colonoscopy.; This CT Colonoscopy is being ordered for diagnostic purposes;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 ology	Approval	material	The member had colon screening studies completed prior to this request	1 2023 2023
4/1/2023 - 6/30/2023		Gastroenter 6/30/2023 ology	Approval	74261 Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	This patient has a medical problem that makes him/her unsuitable for conventional colonoscopy.; This CT Colonoscopy is being ordered for diagnostic purposes; The member had colon screening studies completed prior to this request	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Gastroenter 6/30/2023 ology	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.	Apr-Jun 1 2023 2023
0/30/2023	4) 1) 2023	0/30/2023 01064	πρρισταί	or stress (exercise or pharmacologic)	requested to evaluation of the heart prior to non-cardiae surgery.	1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Gastroenter 6/30/2023 ology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	Apr-Jun 1 2023 2023
1/1/2022				93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when		
4/1/2023 -	4/1/2022	Gastroenter	A	performed, complete, without spectral	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	Apr-Jun
6/30/2023 4/1/2023 -	4/1/2023	6/30/2023 ology Gastroenter	Approval	or color Doppler echocardiography S8037 MAGNETIC RESONANCE	This study is being ordered for Evaluation of Pulmonary Hypertension.	4 2023 2023
6/30/2023	4/1/2022		Approval	CHOLANGIOPANCREATOGRAPHY	abnormal ct, rectal bleeding, abnormal weight loss; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	Apr-Jun 1 2023 2023
0/30/2023	4/1/2023	6/30/2023 ology	Approval	CHOLANGIOPANCREATOGRAPHY	family history of Aunt having stomach ulcers and maternal grandmother having stomach	1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Gastroenter 6/30/2023 ology	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY	cancer.; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Gastroenter 6/30/2023 ology	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY	This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; It is not known if patient requires evaluation for a congenital defect of the pancreatic or biliary tract.; The MRCP will be used to identify a pancreatic or biliary system obstruction that cannot be opened by ERCP.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Gastroenter 6/30/2023 ology	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY	This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; The patient does not require evaluation for a congenital defect of the pancreatic or biliary tract.; The MRCP will be used to identify a pancreatic or biliary system obstruction that cannot be opened by ERCP.	Apr-Jun 1 2023 2023

							This is a second for AADCD. There is a second of the secon	
6/13/2023 4/13/2023 6/13	4/4/2022		C+		COORT MACHETIC RECONANCE			A 1:
\$\frac{8}{1}\frac{7}{1}\frac{7}{2} \ \text{GSST-MENTERONANCE} \ This is a request for MMCP, There is a request for the subsequent country of property of the subsequent country of the		4/4/2022					• • • • • • • • • • • • • • • • • • • •	·
patient has undergone unsuccessful (REP) and requires further containation. 2 2023 2023 This study is being ordered containing characteristic containation. 3 47/2023 (Approval) 47/20		4/1/2023		Approvai				
This study is being ordered for nemetrivation diverse, representation were given for this displaced in the primary of		4/4/2022		A				
deseace, a neurological discoder, inflammatory or infectious disease, congenitial anomaly, or vascular disease. The neurological discoder, inflammatory or infectious disease, congenitial anomaly, or vascular disease, Them terratement concentrate therapy. The neurological Uncodept or Registroscopical Products of the Control of the Product of the Control of the Cont	6/30/2023	4/1/2023	6/30/2023 Ology	Approvai	CHOLANGIOPANCREATOGRAPHY			2 2023 2023
4/1/2023 - Gastroenter S8037 MAGNETIC RESONANCE Septiment S8037 MAGNETIC RESONANCE S8037								
4/1/2023 - 6/30/2023 ology Sastroenter S8837 MAGNETIC RESONANCE Specially Recessory S8837 MAGNETIC RESONANCE Specially Recessory S8837 MAGNETIC RESONANCE Specially Recessory S8837 MAGNETIC RESONANCE Special Speci								
4/1/2023 6/39/2023 olegy Disapproval United Central Market File (Septiment of Salary Machine (Septiment of Salary) (Septiment of Sal							, , , , , , , , , , , , , , , , , , , ,	
April Apri	. /. /							
A/1/2023 - Gastroenter 6/30/2023 4/1/2023 Gegy Disapproval Frain; without contrast material Medically Necessary (association by this is a request for a brain/head CT; Changing neurologic symptoms best describes the Aprilum African Aprilum							-	·
Agr-Jun Agr-	6/30/2023	4/1/2023	6/30/2023 ology	Approval	CHOLANGIOPANCREATOGRAPHY		symptoms began; Medications were given for this diagnosis	1 2023 2023
Agriculation Agri								
6/30/2023 4/1/2023 6/30/2023 ology Disapproval brain; without contrast material Medically Nocessary (as of section of 30/30/2023 4/1/2023 6/30/2023 ology Disapproval without contrast material Medically Nocessary (bits is a request for a Diagnostic CT; The study is being ordered for none of the above. Yes Apr-Jun (as a request for a Diagnostic CT; The study is being ordered for none of the above. Yes Apr-Jun (as a request for a Diagnostic CT; The study is being ordered for none of the above. Yes Apr-Jun (as a request for a Diagnostic CT; The study is being ordered for none of the above. Yes Apr-Jun (as a request for a Diagnostic CT; The study is being ordered for none of the above. Yes Apr-Jun (as a request for a Diagnostic CT; The study is being ordered for none of the above. Yes Apr-Jun (as a request for a Diagnostic CT; The study is being ordered for none of the above. Yes Apr-Jun (as a request for a Diagnostic CT; The study is being ordered for none of the above. Yes Apr-Jun (as a request for a Diagnostic CT; The study is being ordered for none of the above. Yes Apr-Jun (as a request for a Diagnostic CT; This study is being ordered for none of the above. Yes Apr-Jun (as a request for a Diagnostic CT; This study is being ordered for none of the above. Yes Apr-Jun (as a request for a Diagnostic CT; This study is being ordered for none of the above. Yes Apr-Jun (as a request for a Diagnostic CT; This study is being ordered. Yes this is a request for a Diagnostic CT; This study is being ordered. Yes this is a request for a Diagnostic CT; This study is being ordered. Yes this is a request for a Diagnostic CT; This study is being ordered of summary and the properties of the above. Yes are a facility of the properties of the above. Yes are a facility of the properties of the above. Yes are a facility of the properties of the above. Yes are a facility of the properties of the above. Yes are a facility of the properties of the above. Yes are a facility of the properties of the above. Yes are a facility of the propert	. /. /							
Adjulgoza 4/1/2023 6/30/2023 ology Disproval Vinthout contrast material Medically Necessary (Alyzoza 4/1/2023 6/30/2023 ology Disproval Vinthout contrast material Medically Necessary (Alyzoza 4/1/2023 6/30/2023 ology Disproval Vinthout contrast material Medically Necessary (Alyzoza 6/30/2023 ology Disproval Vinthout contrast material Medically Necessary (Alyzoza 6/30/2023 ology Disproval Vinthout contrast material Vinthout								
4/1/2023 - Gastroenter 71250 Computed tomography, thorax, growth Medically Necessary this is a request for a Diagnostic CT; This study is being ordered for non of the above. 2 2023 2023 2023 4/1/2023 - Gastroenter 71250 Computed tomography, thorax, without contrast material Medically Necessary this is a request for a Diagnostic CT; This study is being ordered for non of the above. 2 2023 2023 4/1/2023 - Gastroenter 71250 Computed tomography, thorax, without contrast material Medically Necessary this is a request for a Diagnostic CT; This study is being ordered for non of the above. 2 2023 2023 4/1/2023 - Gastroenter 71250 Computed tomography, thorax, without contrast material Medically Necessary this is a request for a Diagnostic CT; This study is solven or adjunction. There is no radiologic evidence of a long aboves or empress. There is no radiologic evidence of a long aboves or empress. There is no radiologic evidence of non-resolving	6/30/2023	4/1/2023	6/30/2023 ology	Disapproval	brain; without contrast material	Medically Necessary	reason that I have requested this test.	1 2023 2023
4/1/2023 - Gastroenter 71250 Computed tomography, thorax, growth Medically Necessary this is a request for a Diagnostic CT; This study is being ordered for non of the above. 2 2023 2023 2023 4/1/2023 - Gastroenter 71250 Computed tomography, thorax, without contrast material Medically Necessary this is a request for a Diagnostic CT; This study is being ordered for non of the above. 2 2023 2023 4/1/2023 - Gastroenter 71250 Computed tomography, thorax, without contrast material Medically Necessary this is a request for a Diagnostic CT; This study is being ordered for non of the above. 2 2023 2023 4/1/2023 - Gastroenter 71250 Computed tomography, thorax, without contrast material Medically Necessary this is a request for a Diagnostic CT; This study is solven or adjunction. There is no radiologic evidence of a long aboves or empress. There is no radiologic evidence of a long aboves or empress. There is no radiologic evidence of non-resolving								
## April Medically Necessary Section Medically Necessary Medic	. /. /							
A/J/2023 - Gastroenter 6/30/2023 ology Disapproval without contrast material without contrast ma	1 1							·
4/1/2023 - Gastroenter 6/30/2023 alogy Disapproval without contrast material (5/30/2023 alogy Disapproval without contrast material (5/30/2023 alogy Disapproval	6/30/2023	4/1/2023	6/30/2023 ology	Disapproval	without contrast material	Medically Necessary	this is a request for a Diagnostic CT; The study is being ordered for none of the above.	2 2023 2023
4/1/2023 - Gastroenter 6/30/2023 alogy Disapproval without contrast material (5/30/2023 alogy Disapproval without contrast material (5/30/2023 alogy Disapproval								
6/30/2023 ology Disapproval without contrast material Medically Necessary being ordered for known tumor. 1 2023 2023 1 2023 ology Disapproval without contrast material Medically Necessary Disapproval without contrast material Medically Necessary Disapproval without contrast material Medically Necessary Disapproval Springer								
There is no radiologic evidence of assectosis; "There is no radiologic evidence of assectosis; "There is no radiologic evidence of a lung abscess or empress; There is no radiologic evidence of a lung abscess or empress; There is no radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed; A Chestrostoving pneumonia for 6 weeks after antibiotic treatment was prescribed; A Chestrostoving pneumonia for 6 weeks after antibiotic treatment was prescribed; A Chestrostoving pneumonia for 6 weeks after antibiotic treatment was prescribed; A Chestrostoving pneumonia for 6 weeks after antibiotic treatment was prescribed; A Chestrostoving pneumonia for 6 weeks after antibiotic treatment was prescribed; A Chestrostoving pneumonia for 6 weeks after antibiotic treatment was prescribed; A Chestrostoving pneumonia for 6 weeks after antibiotic treatment was prescribed; A Chestrostoving pneumonia for 6 weeks after antibiotic treatment was prescribed; A Chestrostoving pneumonia for 6 weeks after antibiotic treatment was prescribed; A Chestrostoving pneumonia for 6 weeks after antibiotic treatment was prescribed; A Chestrostoving predered, for 8 this is a request for a Cervical Spine CT; There is 6 aprilum for 1 2023 2023 2023 4/1/2023 6/30/2023 ology Disapproval pneumonia. 4/1/2023 - Gastroenter	1 1						· · · · · · · · · · · · · · · · · · ·	
sarcolocis, tuberculosis or fungal infection."; There is no adiologic evidence of a lung abscess or empryema; There is no radiologic evidence of pneumoconiosis e, a black lung disease or silicosis; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed. A Chest/Thorax CT is being ordered, 'Ye this is a request for a Cervical Spine of Francisco (Spine Office of Norman or suspected without contrast material without contrast material should be absent to the part of a Myelogram; This is a request for a Cervical Spine Off; There is no adiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed. A Chest/Thorax CT is being ordered, 'Ye this is a fequest for a Cervical Spine for Norm or suspected (A pr-Jun dedically Necessary inflammatory disease or pneumonia. 4/1/2023 - Gastroenter Gastroent	6/30/2023	4/1/2023	6/30/2023 ology	Disapproval	without contrast material	Medically Necessary	•	1 2023 2023
abscess or empyema; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or sillcosis.; There is No radiologic evidence of non-resolving pneumonia for 6 weeks 4/1/2023 - 6/30/2023 ology Disapproval vithout contrast material without							The state of the s	
disease or silicosis; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed, 2 Chest/Thorax CT is being ordered, 2 est this a after antibiotic treatment was prescribed, 2 Chest/Thorax CT is being ordered, 2 est this a after antibiotic treatment was prescribed, 2 Chest/Thorax CT is being ordered, 2 est this a after antibiotic treatment was prescribed, 2 Chest/Thorax CT is being ordered for known or suspected Apr-Jun 4/1/2023 - 6/30/2023 ology Disapproval Spine CT; There is No after a Diagnostic CT; This study is being ordered for known or suspected Apr-Jun 4/1/2023 - 6/30/2023 ology Disapproval Spine CT; There is No after a Diagnostic CT; This study is not to be part of a Myelogram; This is a request for a Cervical Spine CT; There is Apr-Jun 6/30/2023 4/1/2023 6/30/2023 ology Disapproval Spine Cmark material Spine CT; There is No after a Disapproval Spine CT; There is No after a Diagnostic CT; This study is not to be part of a Myelogram; This is a request for a Cervical Spine CT; There is No after a Diagnostic CT; This study is not to be part of a Myelogram; This is a request for a Cervical Spine CT; There is No after a Diagnostic CT; This study is not to be part of a Myelogram; This is a request for a Cervical Spine CT; There is No after a Diagnostic CT; This study is not to be part of a Myelogram; This is a request for a Cervical Spine MRI. 1 2023 2023 2023 2023 2023 2023 2023 202								
Afr-Jun Afr-Ju							abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung	
4/1/2023 - Gastroenter 6/30/2023 4/1/2023 6/30/2023 ology Disapproval without contrast material Medically Necessary (niflammatory) disease or pneumonia. 1 2023 2023 4/1/2023 - Gastroenter 6/30/2023 4/1/2023 6/30/2023 ology Disapproval Single Circles (e.g. proton) (niflammatory) (nifectious Disease; it is not known if there has been any treatment or conservative therapy). There are 2 exams are being ordered for known or suspected Apr-Jun (and the patient dash as a new foot drop;. The patient has a new foot drop							disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks	
6/30/2023 4/1/2023 6/30/2023 ology Disapproval without contrast material Medically Necessary inflammatory disease or pneumonia. 1 2023 2023 4/1/2023 6/30/2023 ology Disapproval Spine; without contrast material Medically Necessary inflammatory disease or pneumonia. 1 2023 2023 4/1/2023 6/30/2023 ology Disapproval Spine; without contrast material Medically Necessary in or eason why the patient cannot have a Cervical Spine MRI. 1 2023 2023 4/1/2023 6/30/2023 ology Disapproval Spine; without contrast material Medically Necessary in or eason why the patient cannot have a Cervical Spine MRI. 1 2023 2023 This is a request for a Cervical Spine MRI. 1 2023 2023 This is a request for a Cervical Spine MRI. 1 2023 2023 This is a request for a Cervical Spine MRI. 1 2023 2023 This is a request for a Cervical Spine MRI. 1 2023 2023 This is a request for a Cervical Spine MRI. 1 2023 2023 This is a request for a Cervical Spine MRI. 1 2023 2023 This is a request for a Cervical Spine MRI. 1 2023 2023 This is a request for a Cervical Spine MRI. 1 2023 2023 This is a request for a Cervical Spine MRI. 1 2023 2023 This is a request for a Cervical Spine MRI. 1 2023 2023 This is a request for a Cervical Spine MRI. 1 2023 2023 This is a request for a Cervical Spine MRI. 1 2023 2023 This is a request for a Cervical Spine MRI. 1 2023 2023 This is a request for a Cervical Spine MRI. 1 2023 2023 This is a request for a Cervical Spine MRI. 1 2023 2023 This is a request for a Cervical Spine MRI. The patient has a public of a Cervical Spine MRI. 1 2023 2023 This is a request for a Cervical Spine MRI. This is a request for a Cervical Spine MRI. 1 2023 2023 This is a request for a Cervical Spine MRI. This is a request for a Cervical Spine MRI. The patient has a sew as a cerial spine MRI. This is a request for a Cervical Spine MRI. This is a request for a Cervical Spine MRI. This is a request for a Cervical Spine MRI. This is a request for a Cervical Spine MRI. This is a request for a Cervical Spine MRI. This is a request for						Radiology Services	after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a	
4/1/2023 - Gastroenter 6/30/2023 d/1/2023 Gastroenter 6/30/2023 ology Disapproval spine; without contrast material 6/30/2023 d/1/2023 Gastroenter 6/30/2023 d/1/2023	4/1/2023 -		Gastroenter		71250 Computed tomography, thorax;	Denied Not	request for a Diagnostic CT; This study is being ordered for known or suspected	Apr-Jun
4/1/2023 - Gastroenter 6/30/2023 4/1/2023 6/30/2023 ology Disapproval spine; without contrast material Medically Necessary no reason why the patient cannot have a Cervical Spine CT; There is Apr-Jun 6/30/2023 4/1/2023 6/30/2023 ology Disapproval spine; without contrast material Medically Necessary no reason why the patient cannot have a Cervical Spine MRI. The reason for ordering this test is Neurologic deficits; This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent Apr-Jun 6/30/2023 4/1/2023 6/30/2023 ology Disapproval cervical; without contrast material maging, spinal canal and contents, or imaging, spinal canal and contents, or point Not thoracic; without contrast material maging, spinal canal and contents, or point Not thoracic; without contrast material spine Not thoracic; without contrast material maging, spinal canal and contents, or point Not thoracic spine MRI. The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent Apr-Jun Medically Necessary with myelopathy 1 2023 2023 Disapproval thoracic; without contrast material maging, spinal canal and contents, or point Not the Not	6/30/2023	4/1/2023	6/30/2023 ology	Disapproval	without contrast material	Medically Necessary	inflammatory disease or pneumonia.	1 2023 2023
4/1/2023 - Gastroenter								
6/30/2023 4/1/2023 6/30/2023 ology Disapproval spine; without contrast material Medically Necessary no reason why the patient cannot have a Cervical Spine MRI. 1 2023 2023 4/1/2023 6/30/2023 ology Disapproval Spine; without contrast material Medically Necessary no reason why the patient cannot have a Cervical Spine MRI. The reason for ordering this test is Neurologic deficits; This is a request for cervical spine MRI; The patient has Physical exam findings consistent Apr-Jun deficitions in a requested for Neurological deficits; This is NOT a Medically Necessary with myelopathy 1 2023 2023 4/1/2023 6/30/2023 ology Disapproval Spine; without contrast material Medically Necessary in a reason why the patient cannot have a Cervical Spine MRI. The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent Apr-Jun deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent Apr-Jun deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent Apr-Jun deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent Apr-Jun deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent Apr-Jun deficits; This is not a request for a deficits; This is NOT a Medicare member.; The patient has a cervical spine MRI; This study is being ordered for Inflammatory/ Infectious Disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered. The ordering MDs specially is NOT a Medicare member. Apr-Jun deficits; This is a request for a deficit and the patient has a new for drop, There is weakens. This is a request for a thoracic spine MRI.; This is tudy is being ordered for Acute or Chronic back pain; The patient does not have new signs or symptoms. It is not known if the patient has a new foot drop.; The patient does not have new signs or symptoms. This is udy is being requested is a L								
72141 Magnetic resonance (eg, proton) Apr-Jun 6/30/2023 4/1/2023 6/30/2023 ology Disapproval Disapprov	1 1		Gastroenter		72125 Computed tomography, cervical	Denied Not	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is	Apr-Jun
4/1/2023 - Gastroenter imaging, spinal canal and contents, 6/30/2023 ology Disapproval Dis	6/30/2023	4/1/2023	6/30/2023 ology	Disapproval	spine; without contrast material	Medically Necessary	no reason why the patient cannot have a Cervical Spine MRI.	1 2023 2023
4/1/2023 - Gastroenter imaging, spinal canal and contents, 6/30/2023 ology Disapproval cervical; without contrast material Medically Necessary with myelopathy bilingmentory. Infectious Disease; it is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologisty/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request of a Horacic spine MRI.; This study is being ordered for Apr-Jun Medically Necessary with myelopathy with								
6/30/2023 d/1/2023 ology Disapproval cervical; without contrast material Medically Necessary with myelopathy 1 2023 2023 Biliary Cholangitis abdominal pain, thoracis pain; This study is being ordered for Inflammatory/ Infectious Disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist, Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation 4/1/2023 - Gastroenter imaging, spinal canal and contents, 6/30/2023 d/1/2023 ology Disapproval thoracic; without contrast material Medically Necessary year 1 2023 2023 This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; 4/1/2023 - Gastroenter imaging, spinal canal and contents, 6/30/2023 ology Disapproval thoracic; without contrast material Medically Necessary There is weakness.; 72148 Magnetic resonance (eg, proton) Radiology Services imaging, spinal canal and contents, Medically Necessary There is weakness.; 72148 Magnetic resonance (eg, proton) Radiology Services imaging, spinal canal and contents, Denied Not This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; 4/1/2023 - Gastroenter imaging, spinal canal and contents, Denied Not This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; 4/1/2023 - Gastroenter imaging, spinal canal and contents, Denied Not This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; 4/1/2023 - Gastroenter imaging, spinal canal and contents, Denied Not This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; 4/1/2023 - Gastroenter imaging, spinal canal and contents,					72141 Magnetic resonance (eg, proton)	Radiology Services	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic	
Biliary Cholangitis abdominal pain, thoracis pain; This study is being ordered for Inflammatory/ Infectious Disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 to smooth specialty is not known if the patient does not have new signs or symptoms 4/1/2023 - Gastroenter imaging, spinal canal and contents, being ordered; The ordering MDs specialty is not known if the patient does not have new signs or symptoms special to not have new signs or symptoms and imaging. Spinal canal and contents, being ordered for not only the primary symptoms began 6 months to 1 Apr-Jun 1 2023 2023	4/1/2023 -		Gastroenter		imaging, spinal canal and contents,	Denied Not	deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent	Apr-Jun
Inflammatory/ Infectious Disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation 4/1/2023 - Gastroenter imaging, spinal canal and contents, Denied Not Oncology, This case was created via RadMD.; The primary symptoms began 6 months to 1 Apr-Jun 4/1/2023 do 3 do	6/30/2023	4/1/2023	6/30/2023 ology	Disapproval	cervical; without contrast material	Medically Necessary	with myelopathy	1 2023 2023
conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is 72146 Magnetic resonance (eg, proton) Radiology Services 4/1/2023 - Gastroenter Gastroenter Gastroenter Gastroenter 6/30/2023 4/1/2023 Gastroenter Gastroenter 6/30/2023 4/1/2023 - Gastroenter 6/30/2023 6/30/2023 6/30/2023 72148 Magnetic resonance (eg, proton)							Biliary Cholangitis abdominal pain, thoracis pain; This study is being ordered for	
72146 Magnetic resonance (eg, proton) 4/1/2023 - Gastroenter imaging, spinal canal and contents, 6/30/2023 4/1/2023 6/30/2023 ology Disapproval thoracic; without contrast material Medically Necessary year Total Magnetic resonance (eg, proton) Radiology Services was created via RadMD.; The primary symptoms began 6 months to 1 Apr-Jun Medically Necessary year This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms. It is not 72146 Magnetic resonance (eg, proton) Radiology Services wown if the patient has a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; Apr-Jun 6/30/2023 4/1/2023 6/30/2023 ology Disapproval thoracic; without contrast material Medically Necessary There is weakness.; Total Magnetic resonance (eg, proton) Radiology Services wown if the patient has a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; Apr-Jun 6/30/2023 4/1/2023 6/30/2023 ology Disapproval thoracic; without contrast material Medically Necessary There is weakness.; The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; Apr-Jun 1/2023 - Gastroenter imaging, spinal canal and contents, Denied Not This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; Apr-Jun 1/2023 - Gastroenter imaging, spinal canal and contents, Denied Not This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; Apr-Jun 1/2023 - Gastroenter imaging, spinal canal and contents, Denied Not This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; Apr-Jun 1/2023 - Gastroenter imaging, spinal canal and contents,							Inflammatory/ Infectious Disease.; It is not known if there has been any treatment or	
4/1/2023 - Gastroenter imaging, spinal canal and contents, Denied Not Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 Apr-Jun 6/30/2023 d/1/2023 ology Disapproval thoracic; without contrast material Medically Necessary year 1 2023 2023 This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not 72146 Magnetic resonance (eg, proton) Radiology Services Imaging, spinal canal and contents, Oenied Not Of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; Apr-Jun 1 2023 2023 72148 Magnetic resonance (eg, proton) Radiology Services Imaging, spinal canal and contents, Oenied Not This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms. Of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; Apr-Jun 1 2023 2023 72148 Magnetic resonance (eg, proton) Radiology Services Imaging, spinal canal and contents, Oenied Not This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; Apr-Jun 1 2023 2023							conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is	
6/30/2023 ology Disapproval thoracic; without contrast material Medically Necessary year This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not represented to the patient has a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; Apr-Jun defoators Apr-Jun					72146 Magnetic resonance (eg, proton)	Radiology Services	NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; Apr-Jun 6/30/2023 4/1/2023 6/30/2023 ology Disapproval thoracic; without contrast material Medically Necessary There is weakness.; This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; Apr-Jun 4/1/2023 - Gastroenter imaging, spinal canal and contents, Denied Not This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; Apr-Jun 5/1/2023 - Gastroenter imaging, spinal canal and contents, Denied Not This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; Apr-Jun 6/30/2023 - Gastroenter imaging, spinal canal and contents, Denied Not This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; Apr-Jun 6/30/2023 - Gastroenter imaging, spinal canal and contents, Denied Not This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; Apr-Jun 6/30/2023 - Gastroenter imaging, spinal canal and contents, Denied Not This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; Apr-Jun 6/30/2023 - Gastroenter imaging, spinal canal and contents, Denied Not This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	4/1/2023 -		Gastroenter		imaging, spinal canal and contents,	Denied Not	Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1	Apr-Jun
back pain; The patient does have new or changing neurologic signs or symptoms.; It is not known if the patient does not have new signs or symptoms. 4/1/2023 - Gastroenter imaging, spinal canal and contents, 6/30/2023 dogy Disapproval thoracic; without contrast material Medically Necessary 72148 Magnetic resonance (eg, proton) Radiology Services imaging, spinal canal and contents, 6/30/2023 dogy Disapproval thoracic; without contrast material Medically Necessary There is weakness.; 72148 Magnetic resonance (eg, proton) Radiology Services imaging, spinal canal and contents, Denied Not This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; Apr-Jun There is veakness.	6/30/2023	4/1/2023	6/30/2023 ology	Disapproval	thoracic; without contrast material	Medically Necessary	year	1 2023 2023
72146 Magnetic resonance (eg, proton) Radiology Services known if the patient has a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; Apr-Jun default Necessary Apr-Jun Nece							This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic	
4/1/2023 - Gastroenter imaging, spinal canal and contents, Denied Not of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; Apr-Jun 6/30/2023 4/1/2023 6/30/2023 ology Disapproval thoracic; without contrast material Medically Necessary There is weakness.; There is weakness.; 1 2023 2023 72148 Magnetic resonance (eg, proton) Radiology Services of the study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; Apr-Jun							back pain; The patient does have new or changing neurologic signs or symptoms.; It is not	
6/30/2023 4/1/2023 6/30/2023 ology Disapproval thoracic; without contrast material Medically Necessary There is weakness.; 1 2023 2023 72148 Magnetic resonance (eg, proton) Radiology Services 4/1/2023 - Gastroenter imaging, spinal canal and contents, Denied Not This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; Apr-Jun					72146 Magnetic resonance (eg, proton)	Radiology Services	known if the patient has a new foot drop.; The patient does not have new signs or symptoms	
72148 Magnetic resonance (eg, proton) Radiology Services The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; 4/1/2023 - Gastroenter imaging, spinal canal and contents, Denied Not This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; Apr-Jun	4/1/2023 -		Gastroenter		imaging, spinal canal and contents,	Denied Not	of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.;	Apr-Jun
4/1/2023 - Gastroenter imaging, spinal canal and contents, Denied Not This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; Apr-Jun	6/30/2023	4/1/2023	6/30/2023 ology	Disapproval	thoracic; without contrast material	Medically Necessary	There is weakness.;	1 2023 2023
4/1/2023 - Gastroenter imaging, spinal canal and contents, Denied Not This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; Apr-Jun								
					72148 Magnetic resonance (eg, proton)	Radiology Services	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
6/30/2023 4/1/2023 6/30/2023 ology Disapproval lumbar; without contrast material Medically Necessary The patient has Physical exam findings consistent with myelopathy 1 2023 2023	4/1/2023 -		Gastroenter		imaging, spinal canal and contents,	Denied Not	This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr-Jun
	6/30/2023	4/1/2023	6/30/2023 ology	Disapproval	lumbar; without contrast material	Medically Necessary	The patient has Physical exam findings consistent with myelopathy	1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Gastroenter 6/30/2023 ology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Gastroenter 6/30/2023 ology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		Gastroenter 6/30/2023 ology	Disapproval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not	Yes, this is a request for CT Angiography of the abdomen.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		Gastroenter 6/30/2023 ology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Gastroenter 6/30/2023 ology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study being ordered for a palpable, observed or imaged upper abdominal mass.; Yes this is a request for a Diagnostic CT; This is NOT a Medicare member.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		Gastroenter 6/30/2023 ology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; There has not been any treatment or conservative therapy; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI; The primary symptoms began less than 6 months ago	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		Gastroenter 6/30/2023 ology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not	This study is being ordered for Inflammatory/ Infectious Disease.; There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began 6 months to 1 year	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		Gastroenter 6/30/2023 ology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not	This is a request for a Pelvis MRI.; The study is being ordered for suspicion of pelvic inflammatory disease or abscess.; No, this is not a preoperative study.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2022	Gastroenter 6/30/2023 ology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Denied Not	Clinicals attached.; This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Gastroenter 6/30/2023 ology	Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Denied Not	47 yo female with history of HTN, anxiety, who had recent ED visit for RUQ abdominal pain with CT showing 2.7 cm cystic lesion in tail of pancreas. This lesion was seen on CT imaging in 2011 as well, and measured 1cm at that time.; This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023

						This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study	
						is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were	
				74176 Computed tomography,	Radiology Services	normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.;	
4/1/2023 -		Gastroenter		abdomen and pelvis; without contrast	Denied Not	The patient had an lipase lab test.; The results of the lab test were unknown.; Yes this is a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 ology	Disapproval	material	Medically Necessary	request for a Diagnostic CT	1 2023 2023
						This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This	
				74176 Computed tomography,	Radiology Services	study is being requested for abdominal and/or pelvic pain.; The study is being ordered for	
4/1/2023 -		Gastroenter		abdomen and pelvis; without contrast	Denied Not	chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 ology	Disapproval	material	Medically Necessary	lipase lab test.; Yes this is a request for a Diagnostic CT	2 2023 2023
						This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been	
						completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known	
				74176 Computed tomography,	Radiology Services	if the pain is acute or chronic.; This is the first visit for this complaint.; The patient had an	
4/1/2023 -		Gastroenter		abdomen and pelvis; without contrast	Denied Not	amylase lab test.; The results of the lab test were normal.; Yes this is a request for a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 ology	Disapproval	material	Medically Necessary	Diagnostic CT	1 2023 2023
		•				This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been	
				74176 Computed tomography,	Radiology Services	completed.; This study is being requested for abdominal and/or pelvic pain.; The study is	
4/1/2023 -		Gastroenter		abdomen and pelvis; without contrast	Denied Not	being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the	Apr-Jun
6/30/2023	4/1/2023		Disapproval	material		patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	2 2023 2023
0,50,2025	., 2, 2020	0/30/2023 0.06/	э зарргота.	material	medically mecessary	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been	2 2023 2023
						completed.; This study is being requested for abdominal and/or pelvic pain.; The study is	
				74176 Computed tomography,	Radiology Services	being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an	
4/1/2023 -		Gastroenter		abdomen and pelvis; without contrast	Denied Not	lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic	Apr-Jun
6/30/2023	4/1/2022		Disapproval	material	Medically Necessary	• • • • • • • • • • • • • • • • • • • •	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 010gy	Disapprovai	Haterial	ivieuically ivecessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; It is	1 2023 2023
						not known if the patient has a fever and elevated white blood cell count or abnormal	
						•	
						amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The	
				74176 Computed tomography,	Radiology Services	study is not requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative	
4/1/2023 -		Gastroenter		abdomen and pelvis; without contrast		Colitis or Diverticulitis.; Yes this is a request for a Diagnostic CT; It is unknown if this study	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 ology	Disapproval	material	Medically Necessary	being ordered for a concern of cancer such as for diagnosis or treatment.	1 2023 2023
						This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the	
						listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The	
				74176 Computed tomography,	Radiology Services	study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; Reason: ELSE	
4/1/2023 -		Gastroenter		abdomen and pelvis; without contrast	Denied Not	(system matched response); Pancreatic insufficiency.; This is study NOT being ordered for a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 ology	Disapproval	material	Medically Necessary	concern of cancer such as for diagnosis or treatment.	1 2023 2023
						This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the	
						listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The	
				74176 Computed tomography,	Radiology Services	study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; Reason: ELSE	
4/1/2023 -		Gastroenter		abdomen and pelvis; without contrast	Denied Not	(system matched response); See clinicals; It is unknown if this study being ordered for a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 ology	Disapproval	material	Medically Necessary	concern of cancer such as for diagnosis or treatment.	1 2023 2023
						This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
				74176 Computed tomography,	Radiology Services	and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical	
4/1/2023 -		Gastroenter		abdomen and pelvis; without contrast	Denied Not	exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a	Apr-Jun
6/30/2023	4/1/2023		Disapproval	material	Medically Necessary		2 2023 2023
		,				This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
				74176 Computed tomography,	Radiology Services	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/1/2023 -		Gastroenter		abdomen and pelvis; without contrast	Denied Not	this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was	Apr-Jun
6/30/2023	4/1/2023		Disapproval	material		NOT performed.; Yes this is a request for a Diagnostic CT	8 2023 2023
2, 22, 2020	., _, _0_0	.,, 0.061			, recessury		2 2125 2025
						This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
				74176 Computed tomography,	Radiology Services	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/1/2023 -		Gastroenter		abdomen and pelvis; without contrast	Denied Not	this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was	Apr-Jun
6/30/2023	4/1/2022		Disapproval	material		performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	3 2023 2023
	4/1/2023	0/30/2023 Ulugy	nisahhi ovgi	material	ivicultally inecessary	performed., The results of the exam were abnormal, tes this is a request for a Diagnostic CI	5 2025 2025

						This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
						and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
						this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was	
						performed.; The results of the exam were normal.; The patient had an Ultrasound.; The	
				74176 Computed tomography,	Radiology Services	Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the	
4/1/2023 -		Gastroenter		abdomen and pelvis; without contrast	Denied Not	contrast/barium x-ray were normal.; The patient had an endoscopy.; The endoscopy was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 ology	Disapproval	material	Medically Necessary	normal.; Yes this is a request for a Diagnostic CT	1 2023 2023
						This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
				74176 Computed tomography,	Radiology Services	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/1/2023 -		Gastroenter		abdomen and pelvis; without contrast	Denied Not	this complaint.; There has been a physical exam.; The patient is female.; It is not known if a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 ology	Disapproval	material	Medically Necessary	pelvic exam was performed.; Yes this is a request for a Diagnostic CT	7 2023 2023
						This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
				74176 Computed tomography,	Radiology Services	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/1/2023 -		Gastroenter		abdomen and pelvis; without contrast	Denied Not	this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 ology	Disapproval	material	Medically Necessary	performed.; Yes this is a request for a Diagnostic CT	1 2023 2023
						This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
				74176 Computed tomography,	Radiology Services	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/1/2023 -		Gastroenter		abdomen and pelvis; without contrast	Denied Not	this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 ology	Disapproval	material	Medically Necessary	performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2023 2023
						This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
				74176 Computed tomography,	Radiology Services	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/1/2023 -		Gastroenter		abdomen and pelvis; without contrast	Denied Not	this complaint.; There has been a physical exam.; The patient is male.; It is not known if a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 ology	Disapproval	material	Medically Necessary	rectal exam was performed.; Yes this is a request for a Diagnostic CT	6 2023 2023
.,,	, ,	-,,			, , , , , , , , , , , , , , , , , , , ,	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for	
				74176 Computed tomography,	Radiology Services	abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT; There is	
4/1/2023 -		Gastroenter		abdomen and pelvis; without contrast	Denied Not	documentation of a known tumor or a known diagnosis of cancer; This is study being	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 ology	Disapproval	material		ordered for a concern of cancer such as for diagnosis or treatment.	1 2023 2023
0,00,2020	1, 2, 2020	0,00,2020 0.06,	э ізаррі отаі	- Traceria	Tricularly Tredessary	47 yo female with history of HTN, anxiety, who had recent ED visit for RUQ abdominal pain	1 2020 2020
						with CT showing 2.7 cm cystic lesion in tail of pancreas. This lesion was seen on CT imaging	
						in 2011 as well, and measured 1cm at that time.; This study is being ordered for	
						Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The	
				74181 Magnetic resonance (eg, proton)	Radiology Services	ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,	
4/1/2023 -		Gastroenter		imaging, abdomen; without contrast	Denied Not	Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary	Apr-Jun
6/30/2023	1/1/2023	6/30/2023 ology	Disapproval	material(s)		symptoms began less than 6 months ago; Medications were given for this diagnosis	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 010gy	Disapprovai	material(s)	Wicultary Wecessary	Biliary Cholangitis abdominal pain, thoracis pain; This study is being ordered for	1 2023 2023
						Inflammatory/ Infectious Disease.; It is not known if there has been any treatment or	
						conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is	
				74181 Magnetic resonance (eg, proton)	Padiology Sonvices	NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -		Gastroenter		imaging, abdomen; without contrast	Denied Not	Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1	Apr-Jun
1	4/4/2022		Disamenanal			, , , , , ,	
6/30/2023	4/1/2023	6/30/2023 ology	Disapproval	material(s)	Medically Necessary		1 2023 2023
						Clinicals attached.; This study is being ordered for Inflammatory/ Infectious Disease.; There	
				74101 Magnetic reconnect (s =	Dadialası Camir	has been treatment or conservative therapy.; The ordering MDs specialty is NOT	
4/4/2022		0		74181 Magnetic resonance (eg, proton)		Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	8 I
4/1/2023 -	4/4/2022	Gastroenter	Discourse	imaging, abdomen; without contrast	Denied Not	Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 ology	Disapproval	material(s)	iviedically Necessary	year; Medications were given for this diagnosis	1 2023 2023
				74101 Magnetic recognition (a =	Dadialası Casıi	This was used in factor Abdamen AADI. This should be being and and for larger and and	
4/4/2022		Ct :		74181 Magnetic resonance (eg, proton)		This request is for an Abdomen MRI.; This study is being ordered for known or suspected	
4/1/2023 -	4/4/2000	Gastroenter	Discours	imaging, abdomen; without contrast	Denied Not	infection.; There are physical findings or abnormal blood work consistent with pancreatitis.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 ology	Disapproval	material(s)	iviedically Necessary	An amylase abnormality was noted.	1 2023 2023
					5 11 1 6 1		
. /. /				74181 Magnetic resonance (eg, proton)		This request is for an Abdomen MRI.; This study is being ordered for known or suspected	
4/1/2023 -	. /. /2	Gastroenter	-	imaging, abdomen; without contrast	Denied Not	infection.; There are physical findings or abnormal blood work consistent with peritonitis.; A	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 ology	Disapproval	material(s)	Medically Necessary	white blood cell count was completed.; The white blood cell count was high.	1 2023 2023

					This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or	
			74181 Magnetic resonance (eg, protor		suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT,	
4/1/2023 -		Gastroenter	imaging, abdomen; without contrast	Denied Not	MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 ology Disapp	oval material(s)	Medically Necessary	There is suspicion of metastasis.	1 2023 2023
					This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or	
			74181 Magnetic resonance (eg, protor	n) Radiology Services	suspected tumor/ metastasis.; The patient has NOT had previous abnormal imaging	
4/1/2023 -		Gastroenter	imaging, abdomen; without contrast	Denied Not	including a CT, MRI or Ultrasound.; This study is NOT being ordered to evaluate an	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 ology Disapp	val material(s)	Medically Necessary	undescended testicle in a male.	1 2023 2023
			74181 Magnetic resonance (eg, protor	n) Radiology Services	This request is for an Abdomen MRI.; This study is not being ordered for known tumor,	
4/1/2023 -		Gastroenter	imaging, abdomen; without contrast	Denied Not	suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 ology Disapp			vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	1 2023 2023
0,00,000	., _,	2,02,222 2.28,		, , , , , , , , , , , , , , , , , , , ,	This study is being ordered for Inflammatory/ Infectious Disease.; There has not been any	
			74181 Magnetic resonance (eg, protor	n) Radiology Services	treatment or conservative therapy.; The ordering MDs specialty is NOT	
4/1/2023 -		Gastroenter	imaging, abdomen; without contrast	Denied Not	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	Apr-Jun
6/30/2023	4/1/2022		5 5,			1 2023 2023
0/30/2023	4/1/2023	6/30/2023 ology Disapp	indicinal(s)	Medically Necessary		1 2023 2023
					This study is being ordered for something other than: known trauma or injury, metastatic	
					disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
					vascular disease.; There has been treatment or conservative therapy.; The ordering MDs	
			74181 Magnetic resonance (eg, protor		specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
4/1/2023 -		Gastroenter	imaging, abdomen; without contrast	Denied Not	Radiation Oncology; This case was created via BBI.; It is unknown when the primary	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 ology Disapp	val material(s)	Medically Necessary	symptoms began; Medications were given for this diagnosis	1 2023 2023
			74261 Computed tomographic (CT)			
			colonography, diagnostic, including	Radiology Services		
4/1/2023 -		Gastroenter	image postprocessing; without contra	st Denied Not	n/a; This CT Colonoscopy is being ordered for diagnostic purposes; The member has not had	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 ology Disapp	oval material	Medically Necessary	any colon screening studies completed prior to this request	1 2023 2023
		- , ,	74261 Computed tomographic (CT)		,	
			colonography, diagnostic, including	Radiology Services	This patient has a medical problem that makes him/her unsuitable for conventional	
4/1/2023 -		Gastroenter	image postprocessing; without contra	0,	colonoscopy.; This CT Colonoscopy is being ordered for diagnostic purposes; The member	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 ology Disapp			had colon screening studies completed prior to this request	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 clogy bisapp	74261 Computed tomographic (CT)	ivicultury recessury	That colon servering statutes completed prior to this request	1 2023 2023
			colonography, diagnostic, including	Radiology Services	unable to reach transverse sigmoid colon; This CT Colonoscopy is being ordered for	
4/1/2023 -		Gastroenter				Apr lup
	4/4/2022		image postprocessing; without contra		diagnostic purposes; The member has not had any colon screening studies completed prior	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 ology Disapp	oval material	Medically Necessary	to this request	1 2023 2023
			70046 8 11 1 1 1 1			
			78816 Positron emission tomography			
			(PET) with concurrently acquired			
			computed tomography (CT) for	Radiology Services		
4/1/2023 -		Gastroenter	attenuation correction and anatomical	Denied Not		Apr-Jun
6/30/2023	4/1/2023	6/30/2023 ology Disapp	val localization imaging; whole body	Medically Necessary	This is for a PET Scan with an Other Tracer	1 2023 2023
					; This study is being ordered for a neurological disorder.; There has been treatment or	
					conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
					Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via	
4/1/2023 -		General/Fa	70450 Computed tomography, head o	r	RadMD.; The primary symptoms began 6 months to 1 year; Physical Therapy was completed	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Approx			for this diagnosis	1 2023 2023
, ,		, , , , , , , , , , , , , , , , , , , ,	,		This is a request for a brain/head CT.; 'None of the above' best describes the reason that I	
4/1/2023 -		General/Fa	70450 Computed tomography, head o	r	have requested this test.; None of the above best describes the reason that I have requested	Apr-Jun
6/30/2023	4/1/2022	6/30/2023 mily Practice Approx			this test.	5 2023 2023
0/30/2023	7/1/2023	0,30,2023 mmy Fractice Appro-	brain, without contrast material		and test.	J 2023 2023
4/1/2023 -		Ganaral/Ea	70450 Computed tomography, band a		This is a request for a brain/boad CT - Changing pourologic symptoms host describes the	Apr lin
	4/1/2022	General/Fa	70450 Computed tomography, head o		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the	Apr-Jun 18 2023 2023
6/30/2023	4/1/2023	6/30/2023 mily Practice Appro	l brain; without contrast material		reason that I have requested this test.	18 2023 2023
. /. /			70470 0 4 44 4 4 4 4 4 4			
4/1/2023 -		General/Fa	70450 Computed tomography, head o	r	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Approv	l brain; without contrast material		reason that I have requested this test.	19 2023 2023

			This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is	
			NOT on anticoagulation or blood thinner treatments; There are NO recent neurological	
4/4/2022	Company I/Fo	70450 Commented to accomment to be added	symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision	A see Asses
4/1/2023 -	General/Fa	70450 Computed tomography, head or	defects, speech impairments or sudden onset of severe dizziness; This is NOT a follow up	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	brain; without contrast material	request for a known hemorrhage/hematoma or vascular abnormality	3 2023 2023
			This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is	
4/4/2022	Company I/Fo	70450 Commented to accomment to be added	NOT on anticoagulation or blood thinner treatments; There are recent neurological	A constitution
4/1/2023 -	General/Fa	70450 Computed tomography, head or	symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision	Apr-Jun 14 2023 2023
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	brain; without contrast material	defects, speech impairments or sudden onset of severe dizziness	14 2023 2023
4/1/2023 -	Conoral/Ea	704E0 Computed tomography, head or	This is a request for a brain/head CT - Bosont (in the past month) head trauma. The nations is	Apr lup
6/30/2023 4/1/2023	General/Fa	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is on anticoagulation or blood thinner treatments	Apr-Jun 4 2023 2023
0/30/2023 4/1/2023	6/30/2023 mily Practice Approval	brain, without contrast material	on anticoagulation of blood tilliner treatments	4 2023 2023
4/1/2023 -	General/Fa	70450 Computed tomography, head or	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one	Apr-Jun
	·		· · · · · · · · · · · · · · · · · · ·	4 2023 2023
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	brain; without contrast material	month; Headache best describes the reason that I have requested this test. This is a request for a brain/head CT.; The patient has a headache involving the back of the	4 2023 2023
4/1/2023 -	General/Fa	704E0 Computed tomography, head or		Anr lun
	•	70450 Computed tomography, head or brain; without contrast material	head and the patient is over 55 years old; Headache best describes the reason that I have	Apr-Jun 1 2023 2023
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	brain, without contrast material	requested this test.	1 2023 2023
4/1/2023 -	Conoral/Ea	704E0 Computed tomography, head ar	This is a request for a brain/head CT.; The patient has a headache, elevated sedimentation rate and or the patient is over 55 years old; Headache best describes the reason that I have	Apr lun
6/30/2023 4/1/2023	General/Fa	70450 Computed tomography, head or	· · · · · · · · · · · · · · · · · · ·	Apr-Jun
0/30/2023 4/1/2023	6/30/2023 mily Practice Approval	brain; without contrast material	requested this test.	1 2023 2023
			This is a request for a brain/head CT.; The patient has a known brain tumor.; There are	
4/4/2022	Company I/Fo	70450 Committed to accommitted to	documented neurologic findings suggesting a primary brain tumor.; This is a Medicare	A see Jose
4/1/2023 -	General/Fa	70450 Computed tomography, head or	member.; Known or suspected tumor best describes the reason that I have requested this	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	brain; without contrast material	test.	1 2023 2023
4/1/2023 -	General/Fa	704E0 Computed tomography, head or	This is a request for a brain/head CT. The nations has a known tymer outside the brain.	Anr lun
1 ' '	·	70450 Computed tomography, head or	This is a request for a brain/head CT.; The patient has a known tumor outside the brain.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	brain; without contrast material	Known or suspected tumor best describes the reason that I have requested this test.	1 2023 2023
4/1/2023 -	General/Fa	70450 Computed tomography, head or	This is a request for a brain/head CT.; The patient has a new onset of a headhache within the	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	brain; without contrast material	past month; Headache best describes the reason that I have requested this test.	5 2023 2023
0/30/2023 4/1/2023	0/30/2023 Illily Flactice Approval	biaiii, without contrast material	This is a request for a brain/head CT.; The patient has a suspected brain tumor.; There are	3 2023 2023
			documented neurologic findings suggesting a primary brain tumor.; This is a Medicare	
4/1/2023 -	Conoral/Ea	70450 Computed tomography, head or	member.; Known or suspected tumor best describes the reason that I have requested this	Anr lun
6/30/2023 4/1/2023	General/Fa	brain; without contrast material	·	Apr-Jun 1 2023 2023
0/30/2023 4/1/2023	6/30/2023 mily Practice Approval	brain, without contrast material	test. This is a request for a brain/head CT.; The patient has the worst headache of patient's life	1 2023 2023
4/1/2023 -	Conoral/Ea	704E0 Computed tomography, head or		Anr lun
6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	70450 Computed tomography, head or brain; without contrast material	with onset in the past 5 days; This is a Medicare member.; Headache best describes the reason that I have requested this test.	Apr-Jun 2 2023 2023
0/30/2023 4/1/2023	6/30/2023 Illily Plactice Approval	brain, without contrast material	·	2 2023 2023
4/1/2023 -	General/Fa	70450 Computed tomography, head or	This is a request for a brain/head CT.; The patient has the worst headache of patient's life with onset in the past 5 days; This is NOT a Medicare member.; Headache best describes the	Apr-Jun
6/30/2023 4/1/2023	•			1 2023 2023
0/30/2023 4/1/2023	6/30/2023 mily Practice Approval	brain; without contrast material	reason that I have requested this test.	1 2025 2025
4/1/2023 -	General/Fa	70450 Computed tomography, head or	This is a request for a brain/head CT.; The type of tumor is unknown.; Known or suspected	Apr-Jun
6/30/2023 4/1/2023	· ·	brain; without contrast material	tumor best describes the reason that I have requested this test.	1 2023 2023
0/30/2023 4/1/2023	6/30/2023 mily Practice Approval	oram, without contrast Material	,	1 2023 2023
4/1/2023 -	General/Fa	70450 Computed tomography, head or	This is a request for a brain/head CT.; This is a Medicare member.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes	Ane lun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	70450 Computed tomography, head or		Apr-Jun 4 2023 2023
0/30/2023 4/1/2023	0/30/2023 Illily Plactice Approval	brain; without contrast material	the reason that I have requested this test. This is a request for a brain /boad CT. This is NOT a Medicare member: Known or suspected	4 2023 2023
4/1/2022	Conoral/Fa	70450 Computed tomography hand as	This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or suspected	Ame I
4/1/2023 -	General/Fa	70450 Computed tomography, head or	blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	brain; without contrast material	symptoms best describes the reason that I have requested this test.	1 2023 2023
4/1/2023 -	General/Fa	70450 Computed tomography, head or	This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or suspected	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval		·	1 2023 2023
0/30/2023 4/1/2023	prouzuza mily Practice Approval	brain; without contrast material	inflammatory disease best describes the reason that I have requested this test.	1 2023 2023
0,00,000	о, ос, шест, тесто т фр. ста		This is a request for a brain/head CT . This is NOT a Madisara member . Massara as assessed	
		70450 Computed tomography, head as	This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or suspected	Apr lin
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.	Apr-Jun 1 2023 2023

			This study is being ordered for a neurological disorder.; There has been treatment or	
			conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
			Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBL;	
4/1/2023 -	General/Fa	70450 Computed tomography, head or	The primary symptoms began less than 6 months ago; Medications were given for this	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	brain; without contrast material	diagnosis	1 2023 2023
0,00,2020 1,2,2020	0/30/2023 1	70480 Computed tomography, orbit,	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There	1 2023 2023
		sella, or posterior fossa or outer,	is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is a	
4/1/2023 -	General/Fa	middle, or inner ear; without contrast	history of serious head or skull, trauma or injury ostct"; Yes this is a request for a Diagnostic	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material	CT	1 2023 2023
1,00,000	5,25,2525,		•	
			"This request is for orbit, sella, int. auditory canal, temporal bone, mastoid, CT.239.8"; "There	
		70480 Computed tomography, orbit,	is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is	
		sella, or posterior fossa or outer,	not a history of serious head or skull, trauma or injury ostct"; "There is not suspicion of	
4/1/2023 -	General/Fa	middle, or inner ear; without contrast	neoplasm, or metastasis.ostct"; This is not a preoperative or recent postoperative	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material	evaluation.; "There is not suspicion of acoustic neuroma, pituitary or other tumor. ostct"	1 2023 2023
.,,	, р	70480 Computed tomography, orbit,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		sella, or posterior fossa or outer,		
4/1/2023 -	General/Fa	middle, or inner ear; without contrast	"This request is for orbit, sella, int. auditory canal, temporal bone, mastoid, CT.239.8"; "There	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material	is suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"	2 2023 2023
			; This study is being ordered for Inflammatory/ Infectious Disease.; There has been	
			treatment or conservative therapy.; The ordering MDs specialty is NOT	
		70486 Computed tomography,	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -	General/Fa	maxillofacial area; without contrast	Oncology; This case was created via RadMD.; The primary symptoms began less than 6	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material	months ago; Medications were given for this diagnosis	1 2023 2023
0,00,2020 1,2,2020	0/00/2020y . racade / pp.ova.	70486 Computed tomography,	mondis ago, medicatoris were given for this anglicus.	1 2023 2023
4/1/2023 -	General/Fa	maxillofacial area; without contrast	"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material	or skull, trauma or injury.fct"; Yes this is a request for a Diagnostic CT	5 2023 2023
0,00,2020 1,1,2020	0/55/2525 mm/ Fractice //pp.ora/	70486 Computed tomography,	or sharry tradition of injuryment y residents to a request for a stagmostic of	3 2023 2023
4/1/2023 -	General/Fa	maxillofacial area; without contrast	"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material	or skull, trauma or injury.fct"; Yes this is a request for a Diagnostic CT	6 2023 2023
0,00,2020 1,1,2020	0/30/2023 1	70486 Computed tomography,	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial	0 2023 2023
4/1/2023 -	General/Fa	maxillofacial area; without contrast	bone or skull, trauma or injury.fct"; "There is suspicion of neoplasm, tumor or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material	metastasis.fct"; Yes this is a request for a Diagnostic CT	2 2023 2023
0,00,2020 1,2,2020	0/55/2525 mm; 116666 /hpp.646	70486 Computed tomography,	metastassinet / res tills is a requestion a stagnostic of	2 2023 2023
4/1/2023 -	General/Fa	maxillofacial area; without contrast	This is a request for a Sinus CT.; This study is being ordered for a known or suspected tumor.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material	Yes this is a request for a Diagnostic CT	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 IIIIIy Fractice Approval	70486 Computed tomography,	res this is a requestron a stagnostic en	1 2023 2023
4/1/2023 -	General/Fa	maxillofacial area; without contrast	This is a request for a Sinus CT.; This study is being ordered for post-operative evaluation.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material	Yes this is a request for a Diagnostic CT	1 2023 2023
0,00,2020 1,2,2020	0/50/2025 mm/ Fractice //pp:07a	70486 Computed tomography,	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the	1 2023 2023
4/1/2023 -	General/Fa	maxillofacial area; without contrast	patient is immune-compromised.; The patient's current rhinosinusitis symptoms are	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material	unknown.; Yes this is a request for a Diagnostic CT	1 2023 2023
0,00,2020 1,2,2020	0/30/2023 1	70486 Computed tomography,	and only residuo is a requestron a stagnostic of	1 2023 2023
4/1/2023 -	General/Fa	maxillofacial area; without contrast	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material	immune-compromised.; Yes this is a request for a Diagnostic CT	4 2023 2023
0,30,2023 4,1,2023	5,35,2525 mily Hactice Approval	occi iui	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT	+ F052 F052
		70486 Computed tomography,	immune-compromised.; The patient's current rhinosinusitis symptoms are described as	
4/1/2023 -	General/Fa	maxillofacial area; without contrast	Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material	Diagnostic CT	2 2023 2023
0,00,2025 7,1,2025	5,55,2525 mily Fractice Approval		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT	2 2023 2023
		70486 Computed tomography,	immune-compromised.; The patient's current rhinosinusitis symptoms are described as	
4/1/2023 -	General/Fa	maxillofacial area; without contrast	Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material	Diagnostic CT	2 2023 2023
0/30/2023 4/1/2023	0/30/2023 mily Plactice Approval	70486 Computed tomography,	This is a request for a Sinus CT.; This study is not being ordered for trauma, tumor, sinusitis,	2 2023 2023
4/1/2023 -	General/Fa	maxillofacial area; without contrast	osteomyelitis, pre operative or a post operative evaluation.; Yes this is a request for a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material	Diagnostic CT	2 2023 2023
0,30,2023 4,1,2023	5, 50, 2025 mmy Fractice Approval	accitor	Singinostic C1	2 2023 2023

			This study is being ordered for trauma or injury.; There has not been any treatment or	
			conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is	
		70486 Computed tomography,	NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -	General/Fa	maxillofacial area; without contrast	Oncology; This case was created via BBI.; The primary symptoms began less than 6 months	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material	ago	1 2023 2023
			; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT	
4/1/2023 -	General/Fa	70490 Computed tomography, soft	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	tissue neck; without contrast material	Oncology; This case was created via RadMD.	1 2023 2023
			Pt is needing study to determine the source of occurring symptoms; This study is being	
			ordered for something other than: known trauma or injury, metastatic disease, a	
			neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular	
			disease.; It is not known if there has been any treatment or conservative therapy.; There are	
			2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist,	
4/1/2023 -	General/Fa	70490 Computed tomography, soft	Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	tissue neck; without contrast material	via RadMD.; The primary symptoms began 6 months to 1 year	1 2023 2023
4/1/2023 -	General/Fa	70490 Computed tomography, soft	This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	tissue neck; without contrast material	neck.; Yes this is a request for a Diagnostic CT	3 2023 2023
			This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a	
			palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has been	
4/1/2023 -	General/Fa	70490 Computed tomography, soft	examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	tissue neck; without contrast material	was NOT done.; Yes this is a request for a Diagnostic CT	1 2023 2023
	, , , , , , , , , , , , , , , , , , ,	,	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a	
4/1/2023 -	General/Fa	70490 Computed tomography, soft	palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has NOT	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	tissue neck; without contrast material	been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT	1 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, рр		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a	
4/1/2023 -	General/Fa	70490 Computed tomography, soft	palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	tissue neck; without contrast material	NOT done.; Yes this is a request for a Diagnostic CT	16 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,	, , , , , , , , , , , , , , , , , , , ,	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a	
4/1/2023 -	General/Fa	70490 Computed tomography, soft	palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has NOT	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	tissue neck; without contrast material	been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT	2 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, рр			
4/1/2023 -	General/Fa	70490 Computed tomography, soft	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	tissue neck; without contrast material	a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT	1 2023 2023
1,00,000	о, со, додо п.т., также търгота	,,	- pp	
4/1/2023 -	General/Fa	70490 Computed tomography, soft	This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	tissue neck; without contrast material	Yes this is a request for a Diagnostic CT	1 2023 2023
1,00,000	о, ос, того по третого.	70496 Computed tomographic		
		angiography, head, with contrast	; This study is being ordered for Vascular Disease.; There has been treatment or conservative	
		material(s), including noncontrast	therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery,	
4/1/2023 -	General/Fa	images, if performed, and image	Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	postprocessing	primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1 2023 2023
0,00,2020 4,1,2023	5,30/2023 mmy Hactice Approval	Postbroconnig	For pain, patient reports aching (and throbbing) and radiates to bilateral shoulder. For	1 2023 2023
			trauma, patient reports no. For pain duration, patient reports several months (and it would	
		70496 Computed tomographic	occur occasionally but states that recently it has gotten to where the pai; This study is being	
		angiography, head, with contrast	ordered for Vascular Disease.; There has been treatment or conservative therapy.; The	
		material(s), including noncontrast	ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,	
4/1/2023 -	General/Fa	images, if performed, and image	Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary	Apr-Jun
6/30/2023 4/1/2023				1 2023 2023
0/30/2023 4/1/2023	6/30/2023 mily Practice Approval	postprocessing 70496 Computed tomographic	symptoms began more than 1 year ago; Medications were given for this diagnosis POSSIBLE ANEURYSM OF LEFT ICA SEEN ON CT HEAD.; This study is being ordered for	1 2023 2023
		angiography, head, with contrast	Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs	
			• • • • • • • • • • • • • • • • • • • •	
4/1/2022	General/Fa	material(s), including noncontrast	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	Ang lun
4/1/2023 -	•	images, if performed, and image	Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	postprocessing	months to 1 year; Medications were given for this diagnosis	1 2023 2023

		7040C Committed to magnetic		
		70496 Computed tomographic		
		angiography, head, with contrast	This are a second of Delha D. A second this second on the best and the second of the s	
4/4/2022	Company 1/5	material(s), including noncontrast	This case was created via RadMD.; Agree; This procedure is being requested for evaluation	A mar born
4/1/2023 -	General/Fa	images, if performed, and image	for vascular disease; Aneurysm screening with first degree family member having aneurysm	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	postprocessing	best describes the clinical indication for requesting this procedure	1 2023 2023
		70496 Computed tomographic		
		angiography, head, with contrast		
		material(s), including noncontrast	This case was created via RadMD.; Agree; This procedure is being requested for evaluation	
4/1/2023 -	General/Fa	images, if performed, and image	for vascular disease; Recent ischemic stroke (TIA) best describes the clinical indication for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	postprocessing	requesting this procedure	2 2023 2023
		70496 Computed tomographic	This study is being ordered for a neurological disorder.; There has been treatment or	
		angiography, head, with contrast	conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
		material(s), including noncontrast	Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.;	
4/1/2023 -	General/Fa	images, if performed, and image	The primary symptoms began less than 6 months ago; Medications were given for this	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	postprocessing	diagnosis	1 2023 2023
		70498 Computed tomographic		
		angiography, neck, with contrast	; This study is being ordered for Vascular Disease.; There has been treatment or conservative	
		material(s), including noncontrast	therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery,	
4/1/2023 -	General/Fa	images, if performed, and image	Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	postprocessing	primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1 2023 2023
		-	For pain, patient reports aching (and throbbing) and radiates to bilateral shoulder. For	
			trauma, patient reports no. For pain duration, patient reports several months (and it would	
		70498 Computed tomographic	occur occasionally but states that recently it has gotten to where the pai; This study is being	
		angiography, neck, with contrast	ordered for Vascular Disease.; There has been treatment or conservative therapy.; The	
		material(s), including noncontrast	ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,	
4/1/2023 -	General/Fa	images, if performed, and image	Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	postprocessing	symptoms began more than 1 year ago; Medications were given for this diagnosis	1 2023 2023
0,00,2020 1,2,2020	5/55/2525 mm/ : radice /ipprova.	70498 Computed tomographic	POSSIBLE ANEURYSM OF LEFT ICA SEEN ON CT HEAD.; This study is being ordered for	1 2023 2023
		angiography, neck, with contrast	Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs	
		material(s), including noncontrast	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
4/1/2023 -	General/Fa	images, if performed, and image	Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6	Apr-Jun
6/30/2023 4/1/2023	· ·			1 2023 2023
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	postprocessing 70498 Computed tomographic	months to 1 year; Medications were given for this diagnosis	1 2023 2023
		angiography, neck, with contrast	This are a second of Delha D. A second this second on the best and the second of the s	
. /. /2022	0 1/5	material(s), including noncontrast	This case was created via RadMD.; Agree; This procedure is being requested for evaluation	
4/1/2023 -	General/Fa	images, if performed, and image	for vascular disease; Recent stroke or TIA (transient ischemic attack) best describes the	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	postprocessing	clinical indication for requesting this procedure	2 2023 2023
		70498 Computed tomographic		
		angiography, neck, with contrast		
		material(s), including noncontrast	This case was created via RadMD.; Agree; This procedure is being requested for evaluation	
4/1/2023 -	General/Fa	images, if performed, and image	for vascular disease; Symptomatic with abnormal ultrasound showing moderate stenosis	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	postprocessing	(50% or more) best describes the clinical indication for requesting this procedure	2 2023 2023
		70498 Computed tomographic	This study is being ordered for a neurological disorder.; There has been treatment or	
		angiography, neck, with contrast	conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
		material(s), including noncontrast	Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.;	
4/1/2023 -	General/Fa	images, if performed, and image	The primary symptoms began less than 6 months ago; Medications were given for this	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	postprocessing	diagnosis	1 2023 2023
		70540 Magnetic resonance (eg, proton)		
4/1/2023 -	General/Fa	imaging, orbit, face, and/or neck;	"This is a request for orbit, face, or neck soft tissue MRI.239.8"; The study is ordered for the	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material(s)	evaluation of lymphadenopathy or mass	2 2023 2023
. , , . = -	,	- (-/		
			Numbness to face and hands. Headaches daily. Pressure in head with blurred vision. Gets	
			dizzy. Getting the sensation of pin pricks in his hands. Has started smelling ammonia when	
		70540 Magnetic resonance (eg, proton)	headache starts. Family history of brain cancer.; This study is being ordered for a metastatic	
4/1/2023 -	General/Fa	imaging, orbit, face, and/or neck;	disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery,	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material(s)	Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1 2023 2023
0,50,2025 4,1,2025	5,55,2525 mmy ractice Approval	ac contrast material(s)	checkby, surface checkby or hadiation shouldby, this case was created via hadiani.	1 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	patient had eye exam at eye dr office and optic nerve edema was noted. patient has been having mild headaches.; This study is being ordered for Inflammatory/ Infectious Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Patient needing MRI brain, soft tissue neck and orbits to evaluate fourth nerve palsy to be able to accurately treat this disorder.; This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	There is a suspicion of an infection or abscess.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s) 70544 Magnetic resonance	This is a request for an Orbit MRI.; There is a history of orbit or face trauma or injury.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	angiography, head; without contrast material(s)	There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has been a stroke or TIA within the past 2 weeks.; This is a request for a Brain MRA.	Apr-Jun 1 2023 2023
4/1/2023 -	General/Fa	70544 Magnetic resonance angiography, head; without contrast	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began more than	Apr-Jun
6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 mily Practice Approval General/Fa 6/30/2023 mily Practice Approval	material(s) 70544 Magnetic resonance angiography, head; without contrast material(s)	1 year ago; Medications were given for this diagnosis This study is being ordered for Vascular Disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began 6 months to 1 year	1 2023 2023 Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This study is being ordered for a neurological disorder.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	dizziness; loss of balance; numbness; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; It is unknown when the primary symptoms began; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	It is not known if there has been any treatment or conservative therapy.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Numbness to face and hands. Headaches daily. Pressure in head with blurred vision. Gets dizzy. Getting the sensation of pin pricks in his hands. Has started smelling ammonia when headache starts. Family history of brain cancer.; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	Apr-Jun 1 2023 2023

			patient had eye exam at eye dr office and optic nerve edema was noted. patient has been having mild headaches.; This study is being ordered for Inflammatory/ Infectious Disease.;	
			There has not been any treatment or conservative therapy.; There are 2 exams are being	
		70551 Magnetic resonance (eg, proton)	ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery,	
4/1/2023 -	General/Fa	imaging, brain (including brain stem);	Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material	primary symptoms began less than 6 months ago	1 2023 2023
			Patient needing MRI brain, soft tissue neck and orbits to evaluate fourth nerve palsy to be	
			able to accurately treat this disorder.; This study is being ordered for a neurological	
			disorder.; There has not been any treatment or conservative therapy.; There are 3 exams are	
. /. /		70551 Magnetic resonance (eg, proton)	being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
4/1/2023 -	General/Fa	imaging, brain (including brain stem);	Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material	RadMD.; The primary symptoms began less than 6 months ago	1 2023 2023
		70EE1 Magnetic reconance (og proten)	There has been treatment or consequentive thereby. This study is being ordered for Other net	
4/1/2022	Congret/Fe	70551 Magnetic resonance (eg, proton)	There has been treatment or conservative therapy.; This study is being ordered for Other not	Ame I
4/1/2023 -	General/Fa	imaging, brain (including brain stem);	listed; The primary symptoms began less than 6 months ago; Medications were given for this	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material	diagnosis	2 2023 2023
		70551 Magnetic resonance (eg, proton)		
4/1/2023 -	General/Fa	imaging, brain (including brain stem);	There has not been any treatment or conservative therapy.; This study is being ordered for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material	Neurological Disorder; The primary symptoms began 6 months to 1 year	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Illily Fractice Approval	without contrast material	Neurological disorder, the primary symptoms began omonths to 1 year	1 2023 2023
		70551 Magnetic resonance (eg, proton)		
4/1/2023 -	General/Fa	imaging, brain (including brain stem);	There has not been any treatment or conservative therapy.; This study is being ordered for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material	Neurological Disorder; The primary symptoms began less than 6 months ago	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 mmy Fractice Approval	Without contrast material	recursiogical bisorder, the primary symptoms began less than omortals ago	1 2023 2023
		70551 Magnetic resonance (eg, proton)		
4/1/2023 -	General/Fa	imaging, brain (including brain stem);	This is a request for an Internal Auditory Canal MRI.; There is a suspected Acoustic Neuroma	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material	or tumor of the inner or middle ear.	1 2023 2023
			This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic	
			Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of	
		70551 Magnetic resonance (eg, proton)	the ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are	
4/1/2023 -	General/Fa	imaging, brain (including brain stem);	neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material	defects or sudden onset of severe dizziness.	1 2023 2023
			This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic	
			Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of	
			the ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are	
		70551 Magnetic resonance (eg, proton)	no neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision	
4/1/2023 -	General/Fa	imaging, brain (including brain stem);	defects or sudden onset of severe dizziness.; This is not a pre-operative evaluation for a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material	known tumor of the middle or inner ear.	1 2023 2023
		70551 Magnetic resonance (eg, proton)		
4/1/2023 -	General/Fa	imaging, brain (including brain stem);	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material	that I have requested this test.	3 2023 2023
		70FF1 Magnatic reconstruction (1.5. 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1		
4/1/2022	Conoral/Fa	70551 Magnetic resonance (eg, proton)	This request is for a Prain MDI. Headache heat describes the reason that I have as well-d	American
4/1/2023 -	General/Fa	imaging, brain (including brain stem);	This request is for a Brain MRI; Headache best describes the reason that I have requested	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material	this test.; Chronic headache, longer than one month describes the headache's character.	2 2023 2023
		70551 Magnetic resonance (eg, proton)		
4/1/2023 -	General/Fa	imaging, brain (including brain stem);	This request is for a Brain MRI; Headache best describes the reason that I have requested	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material	this test; New onset within the past month describes the headache's character.	3 2023 2023
0,30,2023 4,1,2023	0,30,2023 mily Fractice Approval	wichout contrast material	and test, new order within the past month describes the headache's character.	3 2023 2023
		70551 Magnetic resonance (eg, proton)	This request is for a Brain MRI; Headache best describes the reason that I have requested	
4/1/2023 -	General/Fa	imaging, brain (including brain stem);	this test.; Worst headache of the patient's life with sudden onset in the past 5 days describes	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material	the headache's character.; This is NOT a Medicare member.	5 2023 2023
-,,	.,,			

4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Dizziness or Vertigo	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; The patient has the inability to speak.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected TIA (stroke) best describes the reason that I have requested this test.; There are documented localizing neurologic findings.	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Pituitary tumor with corroborating physical examination, galactorrhea, neurologic findings and or lab abnormalities best describes the patient's tumor.; This is NOT a Medicare member.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Recent (in the past month) head trauma with neurologic symptoms/findings best describes the reason that I have requested this test.; This is NOT a Medicare member.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have a sudden severe, chronic or recurring or a thunderclap headache.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	Apr-Jun 12 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	Apr-Jun 56 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.	Apr-Jun 21 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown if the patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis.; The patient has new symptoms.; The patient has NOT had a Brain MRI in the last 12 months	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.	Apr-Jun 11 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has a sudden change in mental status.	Apr-Jun 4 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Dizziness or Vertigo	Apr-Jun 8 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has fatigue or malaise	Apr-Jun 1 2023 2023

This request for a Bloch MMI, The study is NOT being requested for evaluation of a lendadest, it is unknown why bits study is Bloch evaluation of a lendadest, it is unknown why bits study is Bloch evaluation of a lendadest, it is unknown why bits study is Bloch evaluation of a lendadest, it is unknown why bits study is Bloch evaluation of a lendadest, it is unknown why bits study is Bloch evaluation of a lendadest, it is unknown why bits study is Bloch evaluation of a lendadest, it is unknown why bits study is Bloch evaluation of a lendadest, it is unknown why bits study is Bloch evaluation of a lendadest, it is unknown why bits study is Bloch evaluation of a lendadest, it is unknown why bits study is Bloch evaluation of a lendadest, it is unknown why bits study is Bloch evaluation of a lendadest, it is unknown why bits study is Bloch evaluation of a lendadest, it is unknown why bits study is Bloch evaluation of a lendadest, it is unknown why bits study is Bloch evaluation of a lendadest, it is unknown why bits study is Bloch evaluation of a lendadest, it is unknown why bits study is Bloch evaluation of a lendadest, it is unknown why bits study is Bloch evaluation of a lendadest, it is unknown why bits study is Bloch evaluation of a lendadest in the study is Bloch evaluation of a lendadest in the study is Bloch evaluation of a lendadest in the study is Bloch evaluation of a lendadest in the study is Bloch evaluation of a lendadest in the study is Bloch evaluation. The patient has a even why section of a lendadest in the study is Bloch evaluation. The patient has a remove y section of a lendadest in the study is Bloch evaluation of a lendadest in the study is Bloch evaluation of a lendadest in the study is Bloch evaluation. The patient has a lendadest study is Bloch evaluation of a lendadest in the study is Bloch evaluation. The patient has a lendadest study is Bloch evaluation of a lendadest study is Bloch evaluation. The patient has a lendadest study is Bloch evaluation of a lendadest study is Bloch evaluation					
April				This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
Septiment Sept			70551 Magnetic resonance (eg, proton)	headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.;	
This requests for a Para MMT. The study is NOT being requested for evaluation of a headers, it is unknown with being arriver, the patient has demony assessment for cognitive without contrast material. This is a new final evaluation. The patient has demony assessment for cognitive without contrast material. This is a new final evaluation. The patient has demony assessment for cognitive without contrast material. This is a new final evaluation. The patient has demony assessment for cognitive without contrast material. This is a new final evaluation. The patient has demony assessment for cognitive without contrast material. This is a new final evaluation. The patient has demony assessment for cognitive without contrast material. This is a new final evaluation. The patient has formed a parameter. The patient has feeding a patient formed and a patient without contrast material. This is a new final evaluation. The patient has feeding from a			imaging, brain (including brain stem);	This is a new/initial evaluation; It is unknown if the patient had a memory assessment for	
1/1/2023 1/1/2023	6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material	cognitive impairment completed	1 2023 2023
1/1/2023 General/Fe Imaging, brain (Including brain strent), This is a newforther all evaluation. The patient had a memory assessment for cognitive April 2023 2023				This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
			70551 Magnetic resonance (eg, proton)	headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.;	
This request for or anim MRI, The study is NOT being requested for evaluation of a headache, it is unknown is study is being ordered. The patients have many suscessment for cognitive manage, brain (including brain stren); impairment completed, the patients have order than a memory assessment for cognitive manage, brain (including brain stren); impairment completed, the patients have remembedic lest, and a support of the cognitive assessment score was greater than are equel to 2.00 and	4/1/2023 -	General/Fa	imaging, brain (including brain stem);	This is a new/initial evaluation; The patient had a memory assessment for cognitive	Apr-Jun
Magnetic resonance (eg. porton) This is a new why this study is being ordered. The patient has Aerony Loss; This is a new April of the patient has Aerony Loss; This is a new April of the patient has Aerony Loss; This is a new April of the patient has Aerony Loss; This is a new April of the patient has normal results of BLI_TMS and other metabolic lass; April of the patient has normal results of BLI_TMS and other metabolic lass; April of the patient has normal results of BLI_TMS and other metabolic lass; April of the patient has normal results of BLI_TMS and the metabolic lass; April of the patient has normal results of BLI_TMS and the patient has normal results of BLI_TMS and the metabolic lass; April of the patient has Normal results of BLI_TMS and the patient has Normal results of BLIT_TMS and the patient has Norma	6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material	impairment completed; The cognitive assessment score was less than 26	1 2023 2023
4/1/2023 - General/rs imaging, brain (including brain stem), impartment completed of 93/2023 4/1/2023 4/1/2023 4/1/2023 4/1/2023 4/1/2023 4/1/2023 4/1/2023 4/1/2023 4/1/2023 5/2023 mily Practice Approval without contrast material imaging, brain (including brain stem), imaging, brain (includ				This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
41/2023 - General/Fa General/Fa General/Fa Septiment Sep				headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.;	
41/2023 - General/Fa General/Fa General/Fa Septiment Sep			70551 Magnetic resonance (eg, proton)	This is a new/initial evaluation; The patient had a memory assessment for cognitive	
6/39/2023 4/1/2023 6/39/2023 mily Practice Approval without controst material The cognitive essessment score was greater than or equal to 26 1 2023 2023 His request is 6 on 10 bit leng requested for evaluation of a headarte, it is unknown why this study is being ordered. The patient has Memory Loss; and the completed imagine brain (including brain stent); This is a new/includation. The patient has No The dan emerous sessment for cognitive imagine brain (including brain stent); without controst material 7055 Magnetic resonance (eg. proton) magine, brain (including brain stent); without controst material 7055 Magnetic resonance (eg. proton) magine, brain (including brain stent); without controst material 7055 Magnetic resonance (eg. proton) magine, brain (including brain stent); without controst material 7055 Magnetic resonance (eg. proton) magine, brain (including brain stent); without controst material 7055 Magnetic resonance (eg. proton) magine, brain (including brain stent); without controst material 7055 Magnetic resonance (eg. proton) magine, brain (including brain stent); without controst material 7055 Magnetic resonance (eg. proton) magine, brain (including brain stent); without controst material 7055 Magnetic resonance (eg. proton) magine, brain (including brain stent); without controst material 7055 Magnetic resonance (eg. proton) magine, brain (including brain stent); without controst material 7055 Magnetic resonance (eg. proton) magine, brain (including brain stent); magine, brain (including brain stent)	4/1/2023 -	General/Fa			Apr-Jun
This request is for a Brain MMI; The study is NOT being requested for evaluation of a headarch; it is patient has NOT being requested for evaluation of a headarch; it is patient has NOT being requested for evaluation of a headarch; it is a new/initial evaluation. The patient has NOT had a memory assessment for cognitive impairment common why his study is NOT being requested for evaluation of a headarch; the patient has NOT had a memory assessment for cognitive impairment common why his study is NOT being requested for evaluation of a headarch; the patient has NOT had a memory assessment for cognitive impairment common why his study is NOT being requested for evaluation of a headarch; the patient has NOT had a memory assessment for cognitive impairment common why his study is not being requested for evaluation of a headarch; the patient has NOT had a memory assessment for cognitive impairment common why his study is being ordered for stroke or TIA (transient schemic activity). The patient has NOT had a memory assessment for cognitive impairment common had a memory assessment for					
A1/2023 - General/Fa imaging, bris including brain stem); without contrast material imaging, brain including brain stem); without contrast material imaging, brain including brain stem); without contrast material imaging, brain including brain stem); without contrast material imaging brain including brain stem); without contrast material imaging, brain including brain stem); witho	0,00,2020 1,2,2020	5/55/2525 mmy radace /ipprova.	William Contract Material	·	1 2023 2023
### AP-June ##			70551 Magnetic resonance (eg. proton)	· · · · · · · · · · · · · · · · · · ·	
6/30/2023 4/1/2023 6/30/2023 mily Practice Approval without contrast material impagement completed 1 2 2023 2023 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	4/1/2022	Ganaral/Ea			Apr.lup
This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache, The patient does NOT have a recent most (within the last 4 weeks) of meurologic symptoms. This study is being ordered for stroke or TAL (transient ischemic attack), The Apr-Jun 6/30/2023 mIJy Practice Approval without contrast material patients. The patient does NOT have a recent most (within the last 4 weeks) of meurologic symptoms. This study is being ordered for stroke or TAL (transient ischemic attack), The Apr-Jun 6/30/2023 mIJy Practice Approval without contrast material patients. The patient does NOT have a recent most (within the last 4 weeks) of meurologic symptoms. This study is being ordered for transian cripiny. 4/1/2023 6/30/2023 mIJy Practice Approval without contrast material without contrast material to speak, or vision changes; The patient has not not be dead arm or leg weshiness, the inability to speak, or vision changes; The patient has not not not without the last 4 weeks) of eurologic symptoms. This study is being ordered for the well patient of the patient does not have dizanses, one sided arm or leg weshiness, the inability to speak, or vision changes; The patient has not not not without this hast 4 weeks) of eurologic symptoms. This study is NOT being requested for evaluation of a headache, The patient has not not not without this hast 4 weeks) of eurologic symptoms. This study is NOT being requested for evaluation of a headache, The patient has not not not without the last 4 weeks) of eurologic symptoms. This study is NOT being requested for evaluation of a headache, The patient has not not not without the last 4 weeks) of eurologic symptoms. This study is NOT being requested for evaluation of a headache, The patient has decreased arm of leg weshings. The patient has a recent noted within the last 4 weeks) of eurologic symptoms. This study is NOT being requested for evaluation of a headache. The patient has decreased are weeks) of eurologic symptoms. This study is NOT being requested for eva					· ·
7551 Magnetic resonance (eg. proton) 4/1/2023 - General/Fa (magnig, brain (including brain stem); symptoms. This study is being ordered for stroke or This (transcript the last 4 weeks) of neurologic 4/1/2023 4/1/2023 - April (including brain stem); symptoms. This study is being ordered for stroke or This (transcript the last 4 weeks) of neurologic 4/1/2023 4/1/2023 - General/Fa (magnig, brain (including brain stem); symptoms; This study is being ordered for stroke or This (transcript the last 4 weeks) of neurologic 4/1/2023 4/1/2023 - April (including brain stem); symptoms; This study is being ordered for traval activity in the last 4 weeks) of neurologic 4/1/2023 4/1/2023 - General/Fa (magnig, brain (including brain stem); symptoms; This study is being ordered for traval activity in the last 4 weeks) of neurologic 5/1/2023 mily Practice Approval without contrast material 5/1/2023 protocol 5/1/2023 mily Practice Approval 5/1/2023 significant for the symptoms of the stat 5/1/2023 significant for the symptoms of the symptoms	6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material	·	2 2023 2023
4/1/2023 General/Fa imaging, brain (including brain stem); symptoms; This study is being ordered for stroke or TIA (transient ischemic attack); The Apr-Jun patient has NOT had a Brain MRI; The study is NOT being requested for evaluation of a headache; The patient does not have distrines, one sided am or lay evakenes, the inability to speak or vision changes; The patient has not have distrines, one sided amor and speakenes, the inability to speak, or vision changes; The patient does not have distrines, one sided amor and speakenes, the inability to speak, or vision changes; The patient does not have distrines, one sided amor and speakenes, the inability to speak, or vision changes; The patient does not have distrines, one sided amor and speakenes, the inability to speak, or vision changes; The patient does not have distrines, one sided amor and speakenes, the inability to speak, or vision changes; The patient of the one side dam or lay evakenes, the inability to speak, or vision changes; The patient of the one side dam or lay evakenes, the inability to speak, or vision changes; The patient of the one side dam or lay evakenes, the inability to speak, or vision changes; The patient of the one side dam or lay evakenes, the inability to speak, or vision changes; The patient of the one side dam or lay evakenes, the inability to speak, or vision changes; The patient of the or that distrines, one sided amor or lay evakenes, the inability to speak, or vision changes; The patient of the or the vision changes and the speakenes of the vision changes. The patient of the or the vision changes are vision changes. The patient has distrines, one sided amor or lay evakenes, the inability to speak, or vision changes; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms. This study is being ordered for vision than the seakenes, and the speakenes are speakenes, the inability to speak or vision changes. The patient had a recent onset within the last 4 weeks) of neurologic symptoms. This study is being orde			70FF1 Magnatic reconstruction	· · · · · · · · · · · · · · · · · · ·	
6/30/2023 4/1/2023 6/30/2023 mily Practice Approval without contrast material patient has NOT had a Brain MBI; the study is NOT being requested for evaluation of a headache; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic symptoms; This study is being ordered for frauma or injury. 2 2023 2023 2023 2023 2023 2023 2023 2	4/4/2022	6 1/5			
4/1/2023 General/Fa General/Fa imaging, brain (including brain stem); without contrast material This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache. The patient does NOT have a recent onset (within the last 4 weeks) of neurologic April and the patient does NOT have a recent onset (within the last 4 weeks) of neurologic April and provided for evaluation of a headache. The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms. This study is being ordered for wellulation of a headache. The patient had a recent onset (within the last 4 weeks) of neurologic symptoms. This study is being ordered for wellulation of a headache. The patient had a recent onset (within the last 4 weeks) of neurologic symptoms. This study is being ordered for wellulation of a headache. The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms. This study is being ordered for wellulation of a headache. The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms. This study is being ordered for stroke or This (transient ischemic attack). General/Fa imaging, brain (including brain stem); General/Fa imaging, brain (including brain stem); without contrast material attack). This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache. The patient had a recent onset (within the last 4 weeks) of neurologic symptoms. This study is being ordered for stroke or This (transient ischemic attack). Africana attack). General/Fa imaging, brain (including brain stem); without contrast material attack). This request is for a Brain MRI; The study is NOT being requested for evaluation of		· ·		· · · · · · · · · · · · · · · · · · ·	
4/1/2023 - General/Fa (maging, brian (including brain stem); without contrast material without contrast material symptoms. This study is NoT being requested for evaluation of a headache; The patient does not have diztures, one deded arm or leg weakness, the inability to speak, or vision changes; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms. This study is NoT being requested for evaluation of a headache; The patient does not have diztures, one deded arm or leg weakness, the inability to speak, or vision changes. The patient had a recent onset (within the last 4 weeks) of neurologic symptoms. This study is being ordered for willuple Sclerosis; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms. This study is NoT being requested for evaluation of a headache; The patient does not have diztures, one sided arm or leg weakness, the inability to speak, or vision changes. The patient had a recent onset (within the last 4 weeks) of neurologic symptoms. This study is NoT being requested for evaluation of a headache; The patient does not have diztures, one sided arm or leg weakness, the inability to speak, or vision changes. The patient does not have diztures, one sided arm or leg weakness, the inability to speak, or vision changes. The patient does not have diztures, one sided arm or leg weakness, the inability to speak, or vision changes. The patient does not have diztures, one sided arm or leg weakness, the inability to speak, or vision changes. The patient does not have diztures, one sided arm or leg weakness, the inability to speak, or vision changes. The patient had a recent onset (within the last 4 weeks) of neurologic symptoms. This study is NOT being requested for evaluation of a headache: The patient had sitziness. The patient had a recent onset (within the last 4 weeks) of neurologic symptoms. 1 203 2023 1/1/2023	6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material	patient has NOT had a Brain MRI in the last 12 months	2 2023 2023
4/1/2023 - General/Fa (maging, brian (including brain stem); without contrast material without contrast material symptoms. This study is NoT being requested for evaluation of a headache; The patient does not have diztures, one deded arm or leg weakness, the inability to speak, or vision changes; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms. This study is NoT being requested for evaluation of a headache; The patient does not have diztures, one deded arm or leg weakness, the inability to speak, or vision changes. The patient had a recent onset (within the last 4 weeks) of neurologic symptoms. This study is being ordered for willuple Sclerosis; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms. This study is NoT being requested for evaluation of a headache; The patient does not have diztures, one sided arm or leg weakness, the inability to speak, or vision changes. The patient had a recent onset (within the last 4 weeks) of neurologic symptoms. This study is NoT being requested for evaluation of a headache; The patient does not have diztures, one sided arm or leg weakness, the inability to speak, or vision changes. The patient does not have diztures, one sided arm or leg weakness, the inability to speak, or vision changes. The patient does not have diztures, one sided arm or leg weakness, the inability to speak, or vision changes. The patient does not have diztures, one sided arm or leg weakness, the inability to speak, or vision changes. The patient does not have diztures, one sided arm or leg weakness, the inability to speak, or vision changes. The patient had a recent onset (within the last 4 weeks) of neurologic symptoms. This study is NOT being requested for evaluation of a headache: The patient had sitziness. The patient had a recent onset (within the last 4 weeks) of neurologic symptoms. 1 203 2023 1/1/2023					
6/30/2023 4/1/2023 6/30/2023 mily Practice Approval without contrast material symptoms. This study is Delieng ordered for trauma or injury. 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material seadche; The patient Age served in the dar recent onset (within the last 4 weeks) of neurologic symptoms; This study is being ordered for Multiple Sclerosis; The patient has a recent onset (within the last 4 weeks) of neurologic symptoms; This study is being ordered for Multiple Sclerosis; The patient has a recent onset (within the last 4 weeks) of neurologic symptoms; This study is being ordered for Multiple Sclerosis; The patient has new symptoms. 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material study. 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material study. 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material study. 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); weeks) of neurologic symptoms; This study is being ordered for stroke or TAI (transient ischemic headship). 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); weeks) of neurologic symptoms; This study is being ordered for stroke or TAI (transient ischemic headship). 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); weeks) of neurologic symptoms; This study is being ordered for Multiple Sclerosis; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms; This study is being ordered for Multiple Sclerosis; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms; This study is NOT being requested for evaluation of a headache; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms; This study is being ordered for stroke or TAI (transient is sherin); weeks) of neurologic symptoms; This study is NOT being			70551 Magnetic resonance (eg, proton)	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache; The patient does not selded arm of eig weakness, the inability to speak, or vision changes; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms; This study is being ordered for Multiple Sclerosis, The patient has a recent onset (within the last 4 weeks) of neurologic symptoms; This study is being ordered for for Multiple Sclerosis, The patient has a recent onset (within the last 4 weeks) of neurologic symptoms; This study is being ordered for for Multiple Sclerosis, The patient has a recent onset (within the last 4 weeks) of neurologic symptoms; This study is being ordered for stroke or Tal (transient ischemic attack). 4/1/2023	4/1/2023 -	General/Fa	imaging, brain (including brain stem);	headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic	Apr-Jun
headache; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms; This study is being ordered for Multiple Sclerosis; The patient had a prevent of the study is NOT being requested for evaluation of a headache; The patient had or sevent onset (within the last 4 weeks) of neurologic symptoms; This study is being ordered for Multiple Sclerosis; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms; This study is being ordered for Multiple Sclerosis; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms; This study is being ordered for Multiple Sclerosis; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms; This study is being ordered for Multiple Sclerosis; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms; This study is being ordered for stroke or TIA (transient ischemic a tatack). 4/1/2023 6/30/2023 mily Practice Approval without contrast material 70551 Magnetic resonance (eg. proton) imaging, brain (including brain stem); without contrast material 70551 Magnetic resonance (eg. proton) imaging, brain (including brain stem); without contrast material 70551 Magnetic resonance (eg. proton) imaging, brain (including brain stem); without contrast material 70551 Magnetic resonance (eg. proton) imaging, brain (including brain stem); without contrast material 70551 Magnetic resonance (eg. proton) imaging, brain (including brain stem); without contrast material 70551 Magnetic resonance (eg. proton) imaging, brain (including brain stem); without contrast material 70551 Magnetic resonance (eg. proton) imaging, brain (including brain stem); without contrast material 70551 Magnetic resonance (eg. proton) imaging, brain (including brain stem); without contrast material 70551 Magnetic resonance (eg. proton) imaging, brain (including brain stem); without contrast material 705	6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material	symptoms.; This study is being ordered for trauma or injury.	2 2023 2023
4/1/2023 - General/Fa imaging, brain (including brain stem); neurologic symptoms; This study is being ordered for Multiple Sclerosis; The patient has Apr-Jun envologic symptoms; This study is being ordered for Multiple Sclerosis; The patient has Apr-Jun envologic symptoms; This study is being ordered for Multiple Sclerosis; The patient has Apr-Jun envologic symptoms; This study is being ordered for Multiple Sclerosis; The patient has Apr-Jun envologic symptoms; This study is being ordered for subtaint of a headache; The patient does not have diztainess, one sided arm or leg weakness, the inability to speak, or vision changes; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms; This study is being ordered for stroke or TIA (transient ischemic Apr-Jun envolved); and the speak of the spe				This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/1/2023 - General/Fa imaging, brain (including brain stem); neurologic symptoms.; This study is being ordered for Multiple Sclerosis; The patient has Apr-Jun headache; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes; The patient and a recent onset (within the last 4 weeks) of neurologic symptoms; This study is being ordered for stroke or TIA (transient least 4 y1/2023 d/1/2023 mily Practice Approval without contrast material strokes). 4/1/2023 - General/Fa (imaging, brain (including brain stem); neurologic symptoms; This study is being ordered for stroke or TIA (transient ischemic approval). 4/1/2023 - General/Fa (imaging, brain (including brain stem); neurologic symptoms; This study is being ordered for whitiple Sclerosis, The patient had a recent onset (within the last 4 weeks) of neurologic symptoms; This study is being ordered for whitiple Sclerosis, The patient had a recent onset (within the last 4 weeks) of neurologic symptoms; This study is being ordered for Multiple Sclerosis, The patient had a recent onset (within the last 4 weeks) of neurologic symptoms; This study is being ordered for Multiple Sclerosis, The patient had a recent onset (within the last 4 weeks) of neurologic symptoms; This study is being ordered for Multiple Sclerosis, The patient had a recent onset (within the last 4 weeks) of neurologic symptoms; This study is being ordered for Multiple Sclerosis, The patient had a recent onset (within the last 4 weeks) of neurologic symptoms; This study is being ordered for Multiple Sclerosis, The patient had a recent onset (within the last 4 weeks) of neurologic symptoms; This study is being ordered for stroke or TIA (transient by a patient had a recent onset (within the last 4 weeks) of neurologic symptoms; This study is being ordered for stroke or TIA (transient by a patient had a recent onset (within the last 4 weeks) of neurologic symptoms; This study is being ordered for trauma or injury. 4/1/2023				headache.; The patient does not have dizziness, one sided arm or leg weakness, the inability	
6/30/2023 Al/2023 of/30/2023 mily Practice Approval without contrast material new symptoms. This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms. This study is being ordered for stroke or TIA (transient is chemic at Apr-Jun 6/30/2023 4/1/2023 fo/30/2023 mily Practice Approval without contrast material at July 2023 fo/30/2023 mily Practice Approval without contrast material at July 2023 fo/30/2023 mily Practice Approval without contrast material at July 2023 fo/30/2023 mily Practice Approval without contrast material at July 2023 fo/30/2023 mily Practice Approval without contrast material at July 2023 for neurologic symptoms. This study is being ordered for Multiple Sclerosis; The Apr-Jun 6/30/2023 4/1/2023 fo/30/2023 mily Practice Approval without contrast material at July 2023 for neurologic symptoms. This study is being ordered for Multiple Sclerosis; The Apr-Jun 6/30/2023 4/1/2023 fo/30/2023 mily Practice Approval without contrast material without contrast material sischemic attack). 4/1/2023 for neurologic symptoms; This study is being ordered for Multiple Sclerosis; The Apr-Jun 6/30/2023 mily Practice Approval without contrast material without contrast material sischemic attack). 4/1/2023 for neurologic symptoms; This study is being ordered for stroke or TIA (transient for a Brain MR); The study is NOT being requested for evaluation of a headache; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms; This study is being ordered for revaluation of a headache; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms; This study is being ordered for revaluation of a headache; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms; This study is being ordered for revaluation of a headache; The patient ha			70551 Magnetic resonance (eg, proton)	to speak, or vision changes.; The patient had a recent onset (within the last 4 weeks) of	
6/30/2023 Al/2023 of/30/2023 mily Practice Approval without contrast material new symptoms. This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms. This study is being ordered for stroke or TIA (transient is chemic at Apr-Jun 6/30/2023 4/1/2023 fo/30/2023 mily Practice Approval without contrast material at July 2023 fo/30/2023 mily Practice Approval without contrast material at July 2023 fo/30/2023 mily Practice Approval without contrast material at July 2023 fo/30/2023 mily Practice Approval without contrast material at July 2023 fo/30/2023 mily Practice Approval without contrast material at July 2023 for neurologic symptoms. This study is being ordered for Multiple Sclerosis; The Apr-Jun 6/30/2023 4/1/2023 fo/30/2023 mily Practice Approval without contrast material at July 2023 for neurologic symptoms. This study is being ordered for Multiple Sclerosis; The Apr-Jun 6/30/2023 4/1/2023 fo/30/2023 mily Practice Approval without contrast material without contrast material sischemic attack). 4/1/2023 for neurologic symptoms; This study is being ordered for Multiple Sclerosis; The Apr-Jun 6/30/2023 mily Practice Approval without contrast material without contrast material sischemic attack). 4/1/2023 for neurologic symptoms; This study is being ordered for stroke or TIA (transient for a Brain MR); The study is NOT being requested for evaluation of a headache; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms; This study is being ordered for revaluation of a headache; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms; This study is being ordered for revaluation of a headache; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms; This study is being ordered for revaluation of a headache; The patient ha	4/1/2023 -	General/Fa		· · · · · · · · · · · · · · · · · · ·	Apr-Jun
This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms; This study is being ordered for stroke or TIA (transient ischemic applicable). This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms. This study is being ordered for stroke or TIA (transient ischemic applicable). The patient had a recent onset (within the last 4 weeks) of neurologic symptoms. This study is being ordered for stroke or TIA (transient ischemic applicable). The patient had a recent onset (within the last 4 weeks) of neurologic symptoms. This study is being ordered for waluation of a headache; The patient has dizziness. The patient had a recent onset (within the last 4 weeks) of neurologic symptoms. This study is being ordered for waluation of a headache; The patient has dizziness. The patient had a recent onset (within the last 4 weeks) of neurologic symptoms. This study is being ordered for waluation of a headache; The patient has dizziness. The patient had a recent onset (within the last 4 weeks) of neurologic symptoms. This study is being ordered for waluation of a headache; The patient has dizziness. The patient had a recent onset (within the last 4 weeks) of neurologic symptoms. This study is being ordered for stroke or TIA (transient headache; The patient has dizziness.) The patient had a recent onset (within the last 4 weeks) of neurologic symptoms. This study is being ordered for stroke or TIA (transient headache; The patient has dizziness.) The patient had a recent onset (within the last 4 weeks) of neurologic symptoms. This study is being ordered for stroke or TIA (transient ischemic attack). 4/1/2023 - General/Fa imaging, brain (including brain stem); headache; The patient has dizziness. The patient has dizziness. The patient has dizziness. The patient has dizziness. The patient has dizziness					
headache; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms; This study is being ordered for stroke or TIA (transient ischemic Apr-Jun 41/2023 - 6/30/2023 mily Practice Approval without contrast material attack). 4 2023 2023 41/2023 - General/Fa (imaging, brain (including brain stem); weeks) of neurologic symptoms; This study is being ordered for evaluation of a headache; The patient has dizziness. The patient had a recent onset (within the last 4 weeks) of neurologic symptoms; This study is being ordered for Multiple Scierosis, The Apr-Jun 4/1/2023 - 6/30/2023 mily Practice Approval without contrast material patient has new symptoms. 4/1/2023 - General/Fa (imaging, brain (including brain stem); weeks) of neurologic symptoms; This study is being ordered for Multiple Scierosis, The Apr-Jun 4/1/2023 - General/Fa (imaging, brain (including brain stem); weeks) of neurologic symptoms; This study is being ordered for stroke or TIA (transient Apr-Jun 4/1/2023 - General/Fa (imaging, brain (including brain stem); weeks) of neurologic symptoms; This study is being ordered for stroke or TIA (transient Apr-Jun 4/1/2023 - General/Fa (imaging, brain (including brain stem); weeks) of neurologic symptoms; This study is being ordered for stroke or TIA (transient Apr-Jun 4/1/2023 - General/Fa (imaging, brain (including brain stem); headache; The patient has dizziness. The patient had a recent onset (within the last 4 Apr-Jun 4/1/2023 - General/Fa (imaging, brain (including brain stem); headache; The patient had a recent onset (within the last 4 Apr-Jun 4/1/2023 - General/Fa (imaging, brain (including brain stem); headache; The patient had a recent onset (within the last 4 Apr-Jun 4/1/2023 - General/Fa (imaging, brain (including brain stem); headache; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms; This study is being ordered for trauma or injury. 2 2023 20	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , ,		, ,	
4/1/2023 - General/Fa imaging, Drain (including brain stem); neurologic symptoms; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms; This study is being ordered for stroke or TIA (transient ischemic for 30/2023 4/1/2023 6/30/2023 mily Practice Approval without contrast material attack). 4/1/2023 - General/Fa imaging, Drain (including brain stem); weeks) of neurologic symptoms; This study is being ordered for Wultiple Sclerosis; The Apr-Jun headache; The patient has dizziness; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms; This study is being ordered for wultiple Sclerosis; The Apr-Jun headache; The patient has dizziness; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms. This study is being ordered for wultiple Sclerosis; The Apr-Jun headache; The patient has dizziness; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms; This study is NOT being requested for evaluation of a headache; The patient has dizziness; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms; This study is being ordered for Wultiple Sclerosis; The Apr-Jun headache; The patient has dizziness; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms; This study is being ordered for valuation of a headache; The patient has dizziness; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms; This study is being ordered for valuation of a headache; The patient has dizziness; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms; This study is being ordered for valuation of a headache; The patient has dizziness; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms; This study is being ordered for valuation of a headache; The patient has one sided arm or leg weakness; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms; This study is being ordered for travle or headache; The					
4/1/2023 General/Fa imaging, brain (including brain stem); neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic Apr-Jun 6/30/2023 mily Practice Approval without contrast material attack). 4 2023 2023 4/1/2023 6/30/2023 mily Practice Approval without contrast material attack). This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Multiple Scienosis; The Apr-Jun 6/30/2023 4/1/2023 6/30/2023 mily Practice Approval without contrast material patient has new symptoms. This study is NOT being requested for evaluation of a headache; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is NOT being requested for evaluation of a headache. The patient has dizziness. The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient Apr-Jun 6/30/2023 4/1/2023 6/30/2023 mily Practice Approval without contrast material ischemic attack). 4 2023 2023 4/1/2023 6/30/2023 mily Practice Approval without contrast material ischemic attack). 4 2023 2023 4/1/2023 6/30/2023 mily Practice Approval without contrast material This request is for a Brain MRI; The study is NOT being requested for evaluation of a weeks) of neurologic symptoms.; This study is being ordered for stroke or Apr-Jun 6/30/2023 4/1/2023 6/30/2023 mily Practice Approval without contrast material This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache; The patient has one sided arm or leg weakness			70551 Magnetic resonance (eg. proton)	· · ·	
6/30/2023 4/1/2023 6/30/2023 mily Practice Approval without contrast material attack). 70551 Magnetic resonance (eg. proton) imaging, brain (including brain stem); weeks) of neurologic symptoms.; This study is not being requested for evaluation of a weeks) of neurologic symptoms.; This study is practice Approval 70551 Magnetic resonance (eg. proton) imaging, brain (including brain stem); weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis; The Apr-Jun patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is not being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 fulzous of 30/2023 mily Practice Approval without contrast material ischemic attack). 70551 Magnetic resonance (eg. proton) imaging, brain (including brain stem); weeks) of neurologic symptoms.; This study is not being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 fulzous of 30/2023 mily Practice Approval without contrast material ischemic attack). 70551 Magnetic resonance (eg. proton) imaging, brain (including brain stem); headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 Apr-Jun of 30/2023 divided for evaluation of a imaging, brain (including brain stem); headache.; The patient had a recent onset (within the last 4 Apr-Jun of 30/2023 divided for evaluation of a imaging, brain (including brain stem); headache.; The patient had or recent onset (within the last 4 Apr-Jun of 30/2023 divided for evaluation of a imaging, brain (including brain stem); weeks) of neurologic symptoms; This study is being ordered for trauma or injury. 2 2023 2023 2023 2023 2023 2023 2023 20	4/1/2023 -	General/Fa		, ,	Anr-lun
This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient had a recent onset (within the last 4 imaging, brain (including brain stem); weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis.; The Apr-Jun patient has new symptoms. This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 without contrast material patient has new symptoms. This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient is chemic attack). 4/1/2023		•			
4/1/2023 - General/Fa imaging, brain (including brain stem); weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis.; The Apr-Jun patient has dizziness.; The patient had a recent onset (within the last 4 Apr-Jun patient has new symptoms. This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient had a recent onset (within the last 4 Apr-Jun deadache.; The patient had a recent onset (within the last 4 Apr-Jun deadache.; The patient had a recent onset (within the last 4 Apr-Jun deadache.; The patient had a recent onset (within the last 4 Apr-Jun deadache.; The patient had a recent onset (within the last 4 Apr-Jun deadache.; The patient had a recent onset (within the last 4 Apr-Jun deadache.; The patient had a recent onset (within the last 4 Apr-Jun deadache.; The patient had a recent onset (within the last 4 Apr-Jun deadache.; The patient had a recent onset (within the last 4 Apr-Jun deadache.; The patient had a recent onset (within the last 4 Apr-Jun deadache.; The patient had a recent onset (within the last 4 Apr-Jun deadache.; The patient had a recent onset (within the last 4 Apr-Jun deadache.; The patient had a recent onset (within the last 4 Apr-Jun deadache.; The patient had a recent onset (within the last 4 Apr-Jun deadache.; The patient had deadache.; The patient had a recent onset (within the last 4 Apr-Jun deadache.; The patient had deadache.; The patient had a recent onset (within the last 4 Apr-Jun deadache.; The patient had deadache.; The patient	6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	Without contrast material	,	4 2023 2023
4/1/2023 - General/Fa imaging, brain (including brain stem); weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis.; The Apr-Jun patient has new symptoms. This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient had a recent onset (within the last 4 Apr-Jun 6/30/2023 4/1/2023 6/30/2023 mily Practice Approval without contrast material inaging, brain (including brain stem); weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack). 4/1/2023 - General/Fa imaging, brain (including brain stem); weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack). 4/1/2023 - General/Fa imaging, brain (including brain stem); headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 Apr-Jun 6/30/2023 4/1/2023 6/30/2023 mily Practice Approval without contrast material weeks) of neurologic symptoms.; This study is being ordered for trauma or injury. 2 2023 2023 2023 2023 2023 2023 2023 2			70554 Manualia anno 1 an	, , , , , , , , , , , , , , , , , , , ,	
6/30/2023 4/1/2023 6/30/2023 mily Practice Approval without contrast material patient has new symptoms. 1 2023 2023 This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has dizziness.; The patient	. /. /				
This request is for a Brain MRI; The study is NOT being requested for evaluation of a 4/1/2023 - General/Fa imaging, brain (including brain stem); weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient Apr-Jun ischemic attack). 4/1/2023 - General/Fa imaging, brain (including brain stem); weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient Apr-Jun ischemic attack). 70551 Magnetic resonance (eg, proton) This request is for a Brain MRI; The study is NOT being requested for evaluation of a 4/1/2023 - General/Fa imaging, brain (including brain stem); headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 Apr-Jun weeks) of neurologic symptoms.; This study is being ordered for trauma or injury. 2 2023 2023 This request is for a Brain MRI; The study is NOT being requested for evaluation of a weeks) of neurologic symptoms.; This study is being ordered for trauma or injury. 2 2023 2023 This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or Apr-Jun (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or Apr-Jun (fransient ischemic attack). 12 2023 2023 This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset w					· ·
Apr-Jun 4/1/2023 - General/Fa Without contrast material This request is for a Brain MRI; The study is NOT being requested for evaluation of a Headache:, The patient has one sided arm or leg weakness. The patient had a recent onset General/Fa General/Fa Without contrast material This request is for a Brain MRI; The study is NOT being requested for evaluation of a Headache:, The patient has one sided arm or leg weakness. The patient had a recent onset General/Fa General/Fa General/Fa Without contrast material This request is for a Brain MRI; The study is NOT being requested for evaluation of a Headache:, The patient has one sided arm or leg weakness. The patient had a recent onset General/Fa Gener	6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material	·	1 2023 2023
4/1/2023 - General/Fa imaging, brain (including brain stem); weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient Apr-Jun ischemic attack). 70551 Magnetic resonance (eg, proton) 4/1/2023 - General/Fa imaging, brain (including brain stem); headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 Apr-Jun weeks) of neurologic symptoms.; This study is being ordered for trauma or injury. 2 2023 2023 70551 Magnetic resonance (eg, proton) headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 Apr-Jun weeks) of neurologic symptoms.; This study is being ordered for trauma or injury. 2 2023 2023 70551 Magnetic resonance (eg, proton) headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or Apr-Jun without contrast material imaging, brain (including brain stem); (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or Apr-Jun TlA (transient ischemic attack). 70551 Magnetic resonance (eg, proton) headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a Headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset Headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset Without contrast material This request is for a Brain MRI; The study is NOT being requested for evaluation of a Headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset Without contrast material Without contrast material This request is for a Brain MRI; The study is NOT being requested for evaluation of a Headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset Withou					
6/30/2023 4/1/2023 6/30/2023 mily Practice Approval without contrast material ischemic attack). 4 2023 2023 70551 Magnetic resonance (eg, proton) This request is for a Brain MRI; The study is NOT being requested for evaluation of a Apr-Jun headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 Apr-Jun weeks) of neurologic symptoms.; This study is being ordered for trauma or injury. 2 2023 2023 This request is for a Brain MRI; The study is NOT being requested for evaluation of a robust is for a Brain MRI; The study is NOT being requested for evaluation of a robust is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury. 2 2023 2023 4/1/2023 - General/Fa imaging, brain (including brain stem); (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or Apr-Jun This request is for a Brain MRI; The study is NOT being requested for evaluation of a robust is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset without contrast material imaging, brain (including brain stem); (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or Apr-Jun without contrast material imaging, brain (including brain stem); (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or Apr-Jun					
70551 Magnetic resonance (eg, proton) 4/1/2023 - General/Fa imaging, brain (including brain stem); headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 Apr-Jun weeks) of neurologic symptoms.; This study is being ordered for trauma or injury. 2 2023 2023 This request is for a Brain MRI; The study is NOT being requested for evaluation of a robust of neurologic symptoms.; This study is DOT being requested for evaluation of a robust of neurologic symptoms.; The patient has one sided arm or leg weakness.; The patient had a recent onset without contrast material without contrast material in line in the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury. 2 2023 2023 This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset without contrast material in the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or Apr-Jun This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset without contrast material headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset without contrast material headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset without contrast material headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset without contrast material headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset without contrast material headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset without contrast material headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset headache.	4/1/2023 -	General/Fa	imaging, brain (including brain stem);	weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient	Apr-Jun
4/1/2023 - General/Fa imaging, brain (including brain stem); headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 Apr-Jun 6/30/2023 4/1/2023 6/30/2023 mily Practice Approval without contrast material weeks) of neurologic symptoms.; This study is being ordered for trauma or injury. 2 2023 2023 This request is for a Brain MRI; The study is NOT being requested for evaluation of a 70551 Magnetic resonance (eg, proton) headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or Apr-Jun 6/30/2023 4/1/2023 6/30/2023 mily Practice Approval without contrast material TIA (transient ischemic attack). 12 2023 2023 This request is for a Brain MRI; The study is NOT being requested for evaluation of a 12 2023 2023 This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset 4/1/2023 - General/Fa imaging, brain (including brain stem); (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or Apr-Jun 4/1/2023 - General/Fa imaging, brain (including brain stem);	6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material	ischemic attack).	4 2023 2023
4/1/2023 - General/Fa imaging, brain (including brain stem); headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 Apr-Jun 6/30/2023 4/1/2023 6/30/2023 mily Practice Approval without contrast material weeks) of neurologic symptoms.; This study is being ordered for trauma or injury. 2 2023 2023 This request is for a Brain MRI; The study is NOT being requested for evaluation of a 70551 Magnetic resonance (eg, proton) headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or Apr-Jun 6/30/2023 4/1/2023 6/30/2023 mily Practice Approval without contrast material TIA (transient ischemic attack). 12 2023 2023 This request is for a Brain MRI; The study is NOT being requested for evaluation of a 12 2023 2023 This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset 4/1/2023 - General/Fa imaging, brain (including brain stem); (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or Apr-Jun 4/1/2023 - General/Fa imaging, brain (including brain stem);					
6/30/2023 4/1/2023 6/30/2023 mily Practice Approval without contrast material weeks) of neurologic symptoms.; This study is being ordered for trauma or injury. 2 2023 2023 This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset 4/1/2023 - General/Fa imaging, brain (including brain stem); (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or Apr-Jun 1/2023 2023 This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset 4/1/2023 - General/Fa imaging, brain (including brain stem); (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or Apr-Jun Apr-Jun 1/2023 - Ap			70551 Magnetic resonance (eg, proton)	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
6/30/2023 4/1/2023 6/30/2023 mily Practice Approval without contrast material weeks) of neurologic symptoms.; This study is being ordered for trauma or injury. 2 2023 2023 This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset 4/1/2023 - General/Fa imaging, brain (including brain stem); (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or Apr-Jun 1/2023 2023 This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset 4/1/2023 - General/Fa imaging, brain (including brain stem); (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or Apr-Jun Apr-Jun 1/2023 - Ap	4/1/2023 -	General/Fa	imaging, brain (including brain stem);	headache.; The patient has dizziness.; The patient had a recent onset (within the last 4	Apr-Jun
This request is for a Brain MRI; The study is NOT being requested for evaluation of a 70551 Magnetic resonance (eg, proton) headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset 4/1/2023 - General/Fa imaging, brain (including brain stem); (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or Apr-Jun 71A (transient ischemic attack). 12 2023 2023 This request is for a Brain MRI; The study is NOT being requested for evaluation of a 70551 Magnetic resonance (eg, proton) headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset 4/1/2023 - General/Fa imaging, brain (including brain stem); (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or Apr-Jun		6/30/2023 mily Practice Approval			•
headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset 4/1/2023 - General/Fa imaging, brain (including brain stem); (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or 6/30/2023 4/1/2023 6/30/2023 mily Practice Approval without contrast material TIA (transient ischemic attack). 12 2023 2023 This request is for a Brain MRI; The study is NOT being requested for evaluation of a 70551 Magnetic resonance (eg, proton) headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset 4/1/2023 - General/Fa imaging, brain (including brain stem); (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or Apr-Jun	, , , , , ,	, , , , , , , , , , , , , , , , , , , ,			
4/1/2023 - General/Fa imaging, brain (including brain stem); (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or Apr-Jun 6/30/2023 d/1/2023 6/30/2023 mily Practice Approval without contrast material TIA (transient ischemic attack). 12 2023 2023 This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset 4/1/2023 - General/Fa imaging, brain (including brain stem); (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or Apr-Jun			70551 Magnetic resonance (eg. proton)		
6/30/2023 4/1/2023 6/30/2023 mily Practice Approval without contrast material TIA (transient ischemic attack). 12 2023 2023 This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset 4/1/2023 - General/Fa imaging, brain (including brain stem); (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or Apr-Jun	4/1/2023 -	General/Fa			Anr-lun
This request is for a Brain MRI; The study is NOT being requested for evaluation of a 70551 Magnetic resonance (eg, proton) headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset 4/1/2023 - General/Fa imaging, brain (including brain stem); (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or Apr-Jun	1 ' '	•			
70551 Magnetic resonance (eg, proton) headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset 4/1/2023 - General/Fa imaging, brain (including brain stem); (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or Apr-Jun	0/30/2023 4/1/2023	0/30/2023 Illily Fractice Approval	WILLIOUT COILLIAST HIALEHAI		12 2023 2023
4/1/2023 - General/Fa imaging, brain (including brain stem); (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or Apr-Jun			70EE1 Magnetic reconance (og. protect)		
	4/1/2022	Conoral/Fa			A mar I
b/3U/2U23 4/1/2U23 b/3U/2U23 mily Practice Approval without contrast material injury. 3 2023 2023					
	6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material	injury.	3 2023 2023

			This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
. /. /		70551 Magnetic resonance (eg, proton)	headache.; The patient has the inability to speak.; The patient had a recent onset (within the	
4/1/2023 -	General/Fa	imaging, brain (including brain stem);	last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material	(transient ischemic attack).	3 2023 2023
		70EE1 Magnetic reconance (eg. proton)	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vision changes.; The patient had a recent onset (within the last 4	
4/1/2023 -	General/Fa	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	weeks) of neurologic symptoms.; There has been a recent assessment of the patient's visual	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material	acuity.; This study is being ordered for stroke or TIA (transient ischemic attack).	3 2023 2023
0/30/2023 4/1/2023	0/30/2023 Illily Fractice Approval	Without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	3 2023 2023
		70551 Magnetic resonance (eg, proton)	headache.; The patient has vision changes.; The patient had a recent onset (within the last 4	
4/1/2023 -	General/Fa	imaging, brain (including brain stem);	weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis.; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material	patient has new symptoms.; The patient had 1-3 episodes in the last 24 months	1 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-,,,,			
		70551 Magnetic resonance (eg, proton)	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/1/2023 -	General/Fa	imaging, brain (including brain stem);	headache.; The patient has vision changes.; The patient had a recent onset (within the last 4	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material	weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1 2023 2023
		70551 Magnetic resonance (eg, proton)	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/1/2023 -	General/Fa	imaging, brain (including brain stem);	headache.; This study is being ordered for a tumor.; The patient does NOT have a biopsy	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material	proven cancer	3 2023 2023
		70551 Magnetic resonance (eg, proton)		
4/1/2023 -	General/Fa	imaging, brain (including brain stem);	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material	headache.; This study is being ordered for and infection or inflammation.	5 2023 2023
		70551 Magnetic resonance (eg, proton)	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/1/2023 -	General/Fa	imaging, brain (including brain stem);	headache.; This study is being ordered for Parkinson's disease.; This study is being ordered	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material	for a new diagnosis of Parkinson's.	1 2023 2023
		70554 Manuakia manana /an mahan)	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/1/2023 -	General/Fa	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	headache.; This study is being ordered for Parkinson's disease.; This study is being ordered for new neurological symptoms.; The neurologic symptoms include worsening Parkinson's	Apr lup
6/30/2023 4/1/2023	· ·	without contrast material	symptoms.	Apr-Jun 1 2023 2023
0/30/2023 4/1/2023	6/30/2023 mily Practice Approval	WILLIOUT COLLEGE HIGHERIAL	symptoms.	1 2023 2023
		70551 Magnetic resonance (eg, proton)	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/1/2023 -	General/Fa	imaging, brain (including brain stem);	headache.; This study is being ordered for seizures.; There has been a change in seizure	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material	pattern or a new seizure.	9 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0,00,2020 mm, 1120000 mpp.010.			
		70551 Magnetic resonance (eg, proton)	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT	
4/1/2023 -	General/Fa	imaging, brain (including brain stem);	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material	Oncology; This case was created via BBI.	1 2023 2023
			This study is being ordered for Vascular Disease.; It is not known if there has been any	
			treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs	
		70551 Magnetic resonance (eg, proton)	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
4/1/2023 -	General/Fa	imaging, brain (including brain stem);	Radiation Oncology; This case was created via BBI.; The primary symptoms began 6 months	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material	to 1 year	1 2023 2023
			; This study is being ordered for trauma or injury.; It is not known if there has been any	
			treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs	
			specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
4/1/2023 -	General/Fa	71250 Computed tomography, thorax;	Radiation Oncology; This case was created via RadMD.; The primary symptoms began less	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material	than 6 months ago	1 2023 2023
			'None of the above' describes the reason for this request.; An abnormal finding on physical	
. /. /2022	0 1/5	74050 0	examination led to the suspicion of infection.; This is a request for a Chest CT.; This study is	
4/1/2023 -	General/Fa	71250 Computed tomography, thorax;	being requested for known or suspected infection (pneumonia, abscess, empyema).; Yes this	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material	is a request for a Diagnostic CT	1 2023 2023

			'None of the above' describes the reason for this request.; This is a request for a Chest CT.;	
			This study is being requested for Screening of Lung Cancer.; This patient is a smoker or has a	
			history of smoking.; The patient has a 20 pack per year history of smoking.; The patient did	
			NOT quit smoking in the past 15 years.; The patient does NOT have signs or symptoms	
			suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained	
			weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer	
4/1/2023 -	General/Fa	71250 Computed tomography, thorax;	Screening or a Chest CT in the past 11 months.; The patient is between 50 and 80 years old.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material	Yes this is a request for a Diagnostic CT	2 2023 2023
			'None of the above' describes the reason for this request.; This study is being requested for	
4/1/2023 -	General/Fa	71250 Computed tomography, thorax;	an unresolved cough; This is a request for a Chest CT.; This study is being requested for none	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material	of the above.; Yes this is a request for a Diagnostic CT	1 2023 2023
			A Chest/Thorax CT is being ordered.; The patient is between 50 and 80 years old.; This	
			patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of	
			smoking.; The patient did NOT quit smoking in the past 15 years.; The patient does NOT have	
			signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up	
			blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT	
4/1/2023 -	General/Fa	71250 Computed tomography, thorax;	for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material	Diagnostic CT; This study is being ordered for screening of lung cancer.	6 2023 2023
			A Chest/Thorax CT is being ordered.; The patient is between 50 and 80 years old.; This	
			patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of	
			smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or	
			symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood,	
			unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for	
4/1/2023 -	General/Fa	71250 Computed tomography, thorax;	Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material	Diagnostic CT; This study is being ordered for screening of lung cancer.	2 2023 2023
			, , , , , , , , , , , , , , , , , , ,	
4/1/2023 -	General/Fa	71250 Computed tomography, thorax;	A Chest/Thorax CT is being ordered.; This study is being ordered for non of the above.; Yes	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material	this is a request for a Diagnostic CT; The study is being ordered for none of the above.	13 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is	
4/1/2023 -	General/Fa	71250 Computed tomography, thorax;	being ordered for Interstitial Lung disease; A chest x-ray has been completed; Ths Interstitial	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material	Lung Disease is suspected; The chest x-ray was abnormal	2 2023 2023
			A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is	
4/1/2023 -	General/Fa	71250 Computed tomography, thorax;	being ordered for Interstitial Lung disease; A chest x-ray has been completed; Ths Interstitial	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material	Lung Disease is suspected; The chest x-ray was abnormal	3 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,		, , , , , , , , , , , , , , , , , , ,	
4/1/2023 -	General/Fa	71250 Computed tomography, thorax;	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material	being ordered for known tumor.	11 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,			
4/1/2023 -	General/Fa	71250 Computed tomography, thorax;	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material	being ordered for suspected pulmonary Embolus.	7 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , , ,		A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is	
4/1/2023 -	General/Fa	71250 Computed tomography, thorax;	being ordered for Unresolved cough; A chest x-ray has been completed; The patient has	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material	been treated for the cough	16 2023 2023
			<u> </u>	
4/1/2023 -	General/Fa	71250 Computed tomography, thorax;	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material	being ordered for Unresolved cough; A chest x-ray has NOT been completed	1 2023 2023
			A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is	
			being ordered for work-up for suspicious mass.; It is unknown if there is radiographic	
4/1/2023 -	General/Fa	71250 Computed tomography, thorax;	evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material	90 days	1 2023 2023
, , , ==	, pp		A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is	
4/1/2023 -	General/Fa	71250 Computed tomography, thorax;	being ordered for work-up for suspicious mass.; There is NO radiographic evidence of lung,	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material	mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	6 2023 2023
, , , , , , , , , , , , ,	, ,			
4/1/2023 -	General/Fa	71250 Computed tomography, thorax;	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material	for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	15 2023 2023
. , ,	. , , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·		

All protection Process					
Contral(P3		•		Abnormal imaging test describes the reason for this request.; This is a request for a Chest	•
4/1/2023 - General/Ta 71250 Compared temography, thorax; This study is being requested for a Deproid CT Part of Deproid CT Part	6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material	· •	30 2023 2023
41/1023 General/Tea 17.95 Compared formography, thrans; without contrast naterial the standard formation or supported blood vessel (vescular) disease, the standard formation of the sequent of of the standard formation of the sequent of t					
6,90/2023 6/26/2023 mily Practice Approval without contrast naterial this is a request for a Dispensitic CT 1,002 2023				· · · · · · · · · · · · · · · · · · ·	
Chest pain describes the reason for this request, An abnormal finding on physical examination for the sequest for a finest (T. files study) is present of the control of infection. The is a request for a finest (T. files study) is present of the control of infection. The is a request for a finest (T. files study) is present of infection. The is a request for a finest (T. files study) is present of infection. The incompanies, above, any office of the control mining (rong) from finest for the control of infection from finest for the control of infection from finest for the control of infection. The incompanies from finest for the control of infection from finest for the control of infection. The study is being requested for a fine of the control of infection from finest for the control of infection from fine finest for the control of infection. The intervent is a request for a finest first in a fine first in a request for a finest first in a request for a finest first in a request for a finest first in a fine first in	1 1 1	· ·			·
esamilation del to the supplicion of infection. This is a request for a Cheer CT, This study is begin requested for formal processing and the supplicion of infection. This is a request for a Diagnostic CT control of the supplicion of the CT, This study is being requested for formal processing. An abormal imaging (pray) finding led to the supplicion of infection. This is a request for a Diagnostic CT control of the supplicion of infection. This is a request for a Diagnostic CT control of infection. This is a request for a Diagnostic CT control of infection. This is a request for a Cheer CT, This study is being requested for whether a diagnosis or supplicion of direction. This is a request for a Diagnostic CT control of the supplicion of infection. This is a request for a Cheer CT, This study is being requested for a Diagnostic CT control of the supplicion of infection. This is a request for a Cheer CT, This study is a diagnosis or supplicion of diagnosis. This is a request for a Cheer CT, This study is a diagnosis or supplicion of diagnosis. This is a request for a Cheer CT, This study is a diagnosis or supplicion of diagnosis. This is a request for a Cheer CT, This study is a diagnosis or supplicion of diagnosis. This is a request for a Cheer CT, This study is a diagnosis or supplicion of diagnosis. This is a request for a Diagnosis or supplicion of diagnosis. This is a request for a Diagnosis or supplicion of career. This is a request for a Cheer CT, This study is being requested for supplicit and a protein of this request. The patient had an abnormal finding on phylosophical diagnosis or supplicion of this request. The patient had an abnormal finding on phylosophical diagnosis or supplicion of this request. The patient had an abnormal finding on phylosophical diagnosis or supplicion of career in this patient had an abnormal finding or phylosophical diagnosis or supplicion of career. This is a request for a Diagnostic CT or supplicit CT or supplic	6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material		1 2023 2023
41/2023 - General/Te (2002) analy Practice Approval without contrast material contrast material is a request for a Disposition of this request, An abnormal imaging (vmy) finding led to the support of t					
6/89/2023 41/2023 6/89/2023 mily Practice Approval 41/2023- 6/89/20	4/4/0000	0 1/5	74070 0		
Check pain discribes the reason for this request, 2+ a shoromal imaging leving finding led to the suppliction of inference (T. This study is being requested for glory). Yes this is a request for a facility of product of the supplication of inference (T. This study is being requested for glory). Yes this is a request for a facility of product of the supplication of inference (T. This study is being requested for a facility of the supplication of the request. Yes the is a request for a facility of the supplication of the request. Yes the supplication of the request. Yes the supplication of the request. Yes the supplication of the request of the supplication of the request. Yes the supplication of the request of the supplication of the request. Yes the supplication of the request of the request. Yes the supplication of the request of the request. Yes the supplication of the request. Yes the yes the request of the request. Yes the supplication of the request. Yes		· ·			
### ### Alignosts	6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material		1 2023 2023
41/2023 - General/Fa 71250 Computed tomography, thorax, without contrast material Diagnostic CT 618/2023 mly Practice Approval without contrast material Computed tomography, thorax, without contrast material Computed tomography, thorax, or computed tomog					
6,930/203 41/2023 6/30/2023 mly Practice Approval without contrast material Degrootic CT Chest pan describes the reason for this request, Another abnormality was relevant in the diagnosis or suspicion of vascular disease, This is a request for a Chest CT. This study is being requested indicated to the supplicated cannot be supplicated cannot be supplicated cannot be supplicated and such as a supplicated to the supplicated cannot be supplicated to describe the reason for this request; The patient had an abnormal finding on physical exament and the supplicated cannot cannot be supplicated to describe the supplicated cannot be suppli	4/1/2022	Con aval/Fa	71350 Committed towns are but the result	· · · · · · · · · · · · · · · · · · ·	A 1
Chest pain describes the reason for this request, Another abnormality was relevant in the diagnosis or suspicion of vascular disease. Yes this is a request for a Chest CT, This study is perind describes the reason for this request, The patient had an abnormal finding on physical exam related to the suspicion of cancer, This is a request for Apr-Jun for 200,000 at MI/1/2023 (6/30/2023 milly Prectice Approval) without contrast material Chest pain describes the reason for this request, The patient had an abnormal finding on physical exam related to the suspicion of cancer, This is a request for chest CT, This study is perind describes the reason for this request, The patient had an abnormal finding on physical exam related to the suspicion of cancer, This is a request for 200,000 at MI/1/2023 (6/30/2023 milly Prectice Approval) without contrast material Chest pain describes the reason for this request, The patient had an abnormal finding on physical exam related to the suspicion of cancer, This is a request for 200,000 at MI/1/2023 (6/30/2023 milly Prectice Approval) without contrast material Chest pain describes the reason for this request, The patient had an abnormal finding on physical exam related to the suspicion of cancer or turnor. Yes this is a request for a forest CT, This study is perind to the suspicion of cancer or turnor. Yes this is a request for 200,000 at MI/1/2023 (6/30/2023 milly Prectice Approval) without contrast material Chest pain describes the reason for this request. This is not with study is being requested for none of the above, Yes this is a request for a Chest CT, This study is being requested for none of the above, Yes this is a request for a Chest CT, This study is being requested for none of the above, Yes this is a request for a Chest CT, This study is being requested for none of the above, Yes this is a request for a Diagnostic CT and the patient of		•			·
disposit or suspicion of vascular diseaser, This is a request for a Chest CT., This study is being requested from hown or suspected blood vessel (vescular) diseaser, yet shis is a request for a Chest CT., This study is being requested from the first of the suspicion of vascular diseaser, and the suppose of the patient had an abnormal finding on physical enables of the suspicion of cancer, This is a request for a Chest CT., This study is being requested from a Chest CT., This study is being requested from a contrast material study is provided to the suspicion of cancer, This is a request for a Chest CT., This study is being requested from a contrast material study is provided to the suspicion of cancer in his patient. This is a request for a Chest CT., This study is being requested from a Chest CT., This study is provided to the suspicion of cancer in his patient. This is a request for a Chest CT., This study is provided to the suspicion of cancer in his patient. This is a request for a Chest CT., This study is provided to the suspicion of cancer in his patient. This is a request for a Chest CT., This study is provided to the suspicion of cancer in his patient. This is a request for a Chest CT., This study is provided to the suspicion of cancer in his patient. This is a request for a Chest CT. This study is being requested to a Chest CT., This study is provided to the suspicion of cancer in his patient. This is a request for a Chest CT. This study is being requested to a Chest CT., This study is possible and the suspicion of cancer in his patient. This is a request for a Chest CT., This study is being requested to cancer to the suspicion of cancer in his patient. This is a request for a Chest CT., This study is being requested to cancer to the suspicion of cancer in his patient. This is a request for a Chest CT., This study is being requested to cancer to the suspicion of cancer in his patient. This is a request for a Chest CT., This study is being requested to cancer to the suspicion of cancer in his study is b	6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material	<u> </u>	1 2023 2023
### ### ##############################					
6,30/2023 4/1/2023 6/30/2023 mily Practice Approval without contrast material for a Diagnostic CT Chest pain describes the reason for this request; The patient had an abnormal finding on physical seam related to the suspicion of cancer; This is a request for a Diagnostic CT 1, 2023 2023 40/1/2023 6/30/2023 mily Practice Approval without contrast material is beign requested for suspected cancer or tumor; yes this is a request for a Diagnostic CT 1, 2023 2023 40/1/2023 6/30/2023 mily Practice Approval without contrast material contrast material specific properties of the suspicion of cancer in this patient, This is a request for a Diagnostic CT 1, 2023 2023 40/1/2023 6/30/2023 mily Practice Approval without contrast material contrast material displays the properties of the suspected cancer or tumor; yes this is a request for a Chest CT, This study is being requested for suspected cancer or tumor; yes this is a request for a Chest CT, This study is being requested for suspected cancer or tumor; yes this is a request for a Chest CT, This study is being requested for suspected cancer or tumor; yes this is a request for a Suspected Cancer or tumor; yes this is a request for a Suspected Cancer or tumor; yes this is a request for a Suspected Cancer or tumor; yes this is a request for a Suspected Cancer or tumor; yes this is a request for a Suspected Cancer or tumor; yes this is a request for a Suspected Cancer or tumor; yes this is a request for a Suspected Cancer or tumor; yes this is a request for a Suspected Cancer or tumor; yes this is a request for a Suspected Cancer or tumor; yes this is a request for a Suspected Cancer or tumor; yes this is a request for a Suspected Cancer or tumor; yes this is a request for a Suspected Cancer or tumor; yes this is a request for a Suspected Cancer or tumor; yes this is a request for a Suspected Cancer or tumor; yes this is a request for a Suspected Cancer or tumor; yes this is a request for a Suspected Cancer or tumor; yes this is a request for a Suspected Cancer or tumor; yes t	4/1/2022	Gonoral/Ea	71250 Computed tomography theray:		Apr.lup
Chest pain describes the reason for this request. The patient had an abnormal finding on physical exam related to the suspicion of cancer; This is a request for a Diagnostic CT 1 2023 2023 (2023 4/1/2023 6/30/2023 mily Practice Approval without contrast material big in the patient pati					
4/1/2023 General/Fa 71,250 Computed tomography, thorax; by physical exam related to the suspicion of cancer; This is a request for a Dispostic CT 1 2023 2023 A (7),2023 mily Practice Approval without contrast material is begrenous terms of the suspicion of cancer; This is a request for a Dispostic CT 1 2023 2023 A (7),2023 follows a provided tomography, thorax; by the provided tomography	0/30/2023 4/1/2023	0/30/2023 Illily Fractice Approval	WILLIOUT COILL AST III ALEI IAI	ioi a Diagnostic Ci	1 2023 2023
4/1/2023 General/Fa 71,250 Computed tomography, thorax; by physical exam related to the suspicion of cancer., This is a request for a Dispositic CT 1, 2023 2023 and 1/2023 6/30/2023 mily Practice Approval without contrast material is begreened for a company of the suspicion of cancer. This is a request for a Dispositic CT 1, 2023 2023 and 1/2023 6/30/2023 mily Practice Approval without contrast material CP 1/2023 6/30/2023 mily Practice Approval without contrast material CP 1/2023 6/30/2023 mily Practice Approval without contrast material CP 1/2023 6/30/2023 mily Practice Approval without contrast material CP 1/2023 6/30/2023 mily Practice Approval without contrast material CP 1/2023 6/30/2023 mily Practice Approval without contrast material CP 1/2023 6/30/2023 mily Practice Approval without contrast material CP 1/2023 6/30/2023 mily Practice Approval without contrast material CP 1/2023 6/30/2023 mily Practice Approval without contrast material CP 1/2023 6/30/2023 mily Practice Approval without contrast material CP 1/2023 6/30/2023 mily Practice Approval without contrast material CP 1/2023 6/30/2023 mily Practice Approval without contrast material CP 1/2023 6/30/2023 mily Practice Approval without contrast material CP 1/2023 6/30/2023 mily Practice Approval without contrast material CP 1/2023 6/30/2023 mily Practice Approval without contrast material CP 1/2023 6/30/2023 mily Practice Approval without contrast material CP 1/2023 6/30/2023 mily Practice Approval without contrast material CP 1/2023 6/30/2023 mily Practice Approval without contrast material CP 1/2023 6/30/2023 mily Practice Approval without contrast material CP 1/2023 6/30/2023 mily Practice Approval without contrast material CP 1/2023 6/30/2023 mily Practice Approval without contrast material CP 1/2023 6/30/2023 mily Practice Approval without contrast material CP 1/2023 6/30/2023 mily Practice Approval Without contrast material CP 1/2023 6/30/2023 mily Practice Approval Without contrast material CP 1/2023 6/30/2023 mily Practice Approval Without c				Chest pain describes the reason for this request . The nationt had an abnormal finding on	
6/30/2023 4/1/2023 6/30/2023 willy Practice Approval without contrast material without contrast material so beign requested for suspected cancer or tumor. Yes this is a request for a Diagnostic CT Chest pain describes the reason for this request; The patient had an abnormal imaging (paraly finding related to the suspicion of cancer in this patient; This is a request for a Chest CT, 174023 6/30/2023 4/1/2023 6/30/2023 willy Practice Approval without contrast material Chest pain describes the reason for this request. This reason this Study is being requested for a Diagnostic CT Diagnostic CT Diagnostic CT Chest pain describes the reason for this request. This study is being requested is unknown. This is a request for a Diagnostic CT 2 2023 2023 4/1/2023 6/30/2023 mily Practice Approval without contrast material Chest pain describes the reason for this request. This study is being requested for an one of the above. Yes this is a request for a Diagnostic CT Chest pain describes the reason for this request. This study is being requested for an one of the above. Yes this is a request for a Diagnostic CT Chest pain describes the reason for this request. This study is being requested for an unresolved cough; This is a request for a Deaptotic CT 2 2023 2023 4/1/2023 6/30/2023 mily Practice Approval without contrast material cheave. Yes this is a request for a Diagnostic CT 1 2023 2023 4/1/2023 6/30/2023 mily Practice Approval without contrast material Chest CT, Yes this is a request for a Diagnostic CT 1 2023 2023 2023 2023 4/1/2023 6/30/2023 mily Practice Approval without contrast material Chest CT, Yes this is a request for a Diagnostic CT 1 2023 2023 2023 2023 2024 2024 2025 2025 2025 2026 2026 2026 2027 2027 2027 2028 2028 2028 2029 2029 2029 2029 2029	4/1/2023 -	General/Fa	71250 Computed tomography, thoray:		Anr-lun
Chest pair describes the reason for this request. The patient had an abnormal imaging (sray) finding related to the suspicion of cancer in this patient, This is a request for a Chest Apr-Jun 6/30/2023 al/1/2023 6/30/2023 mily Practice Approval without contrast material Diagnostic CT CT, This study is beign requested for suspected cancer or tumor; Yes this is a request for a Chest CT, This reason for this request, This reason this study is being requested is unknown. This is a request for a Chest CT, This study is being requested is unknown. This is a request for a Chest CT, This study is being requested for none of the 6/30/2023 mily Practice Approval without contrast material above. Yes this is a request for a Chest CT, This study is being requested for none of the 6/30/2023 al/1/2023 6/30/2023 mily Practice Approval without contrast material above. Yes this is a request for a Chest CT, This study is being requested for an unknown. This is a request for a Chest CT, This study is being requested for an unknown. Yes this is a request for a Chest CT, This study is being requested for an unknown. Yes this is a request for a Chest CT, This study is being requested for an unknown. Yes this is a request for a Chest CT, This study is being requested for an unknown. Yes this is a request for a Chest CT, This study is being requested for an unknown. Yes this is a request for a Chest CT, This study is being requested for an unknown. Yes this is a request for a Chest CT, This study is being requested for an unknown. Yes this is a request for a Chest CT, This study is being requested for none of the above. Yes this is a request for a Chest CT, This study is being requested for an unknown. Yes this is a request for a Chest CT, This study is being requested for an unknown. Yes this is a request for a Chest CT, This study is being requested for an unknown. Yes this is a request for a Chest CT, This study is being the chest CT, This study is part of the above. Yes this is a request for a Chest CT, This study is part of the abo	' '	•			
4/1/2023 - General/Fa 71250 Computed tomography, thorax; CT, This study is being requested for a chest CT, This study is being requested for a Chest CD, This study is being requested for a Chest CD, This study is being requested for a Chest CD, This study is being requested for a Chest CD, This study is being requested for a Chest CD, This study is being requested for a Chest CD, This study is being requested for a Chest CD, This study is being requested for one of the above. Yes this is a request for a Chest CD, This study is being requested for one of the above. Yes this is a request for a Chest CD, This study is being requested for an one of the above. Yes this is a request for a Chest CD, This study is being requested for an Apr-Jun chrosover (Chest pain describes the reason for this request, This study is being requested for an Apr-Jun chrosover (Chest pain describes the reason for this request, This study is being requested for an Apr-Jun chrosover (Chest pain describes the reason for this request, This study is being requested for an Apr-Jun chrosover (Chest pain describes the reason for this request, This study is being requested for an Apr-Jun chrosover (Chest pain describes the reason for this request, This is the appearance of the above. Yes this is a request for a Chest CT, This study is being requested for an Apr-Jun chrosover (Chest pain describes the reason for this request, This is the above. Yes this is a request for a Chest CT, This study is being requested for an Apr-Jun chrosover (Chest pain describes the reason for this request, This is a request for a Chest CT, This study is being requested for an Apr-Jun chrosover (Chest pain describes the reason for this request, This is a request for a Chest CT, This study is being requested for an Apr-Jun chrosover (Chest CD) and the above. Yes this is a request for a Chest CT, This is the distinct the above. Yes this is a request for a Chest CT, This is the distinct the above. Yes this is a request for a Chest CT, This is the distinct the above. Yes t	0/30/2023 4/1/2023	0/30/2023 mily Practice Approval	without contrast material		1 2023 2023
4/1/2023 General/Fa 71250 Computed tomography, thorax; CT:, This study is beign requested oncer or tumor; Yes this is a request for a Apr-lum (5/30/2023 mily Practice Approval) without contrast material shove; Yes this is a requested or a for this request; This reason this study is being requested is unknown; This is a request for a Diagnostic CT 2023 2023 (7/2023 mily Practice Approval) without contrast material shove; Yes this is a request for a Diagnostic CT 2023 2023 (7/2023 mily Practice Approval) without contrast material shove; Yes this is a request for a Diagnostic CT 2023 2023 (7/2023 mily Practice Approval) without contrast material shove; Yes this is a request for a Diagnostic CT 2023 2023 (7/2023 mily Practice Approval) without contrast material shove; Yes this is a request for a Diagnostic CT 2023 2023 (7/2023 mily Practice Approval) without contrast material shove; Yes this is a request for a Diagnostic CT 2023 2023 (7/2023 mily Practice Approval) without contrast material 2023 2023 (7/2023 mily Practice Approval) without contrast material 2023 2023 (7/2023 mily Practice Approval) without contrast material 2023 2023 (7/2023 mily Practice Approval) without contrast material 2023 2023 (7/2023 mily Practice Approval) without contrast material 2023 2023 (7/2023 mily Practice Approval) without contrast material 2023 2023 2023 2023 2023 2023 2023 202				· · · · · · · · · · · · · · · · · · ·	
6/30/2023 4/1/2023 General/Fa 71250 Computed tomography, thorax; unresolved cough; This is a request for a Diagnostic CT 2 2023 2023 4/1/2023 6/30/2023 mily Practice Approval without contrast material 2 2023 2023 4/1/2023 6/30/2023 mily Practice Approval 2 2023 2023 2023 2023 4/1/2023 6/30/2023 mily Practice Approval 2 2023 2023 2023 2023 4/1/2023 6/30/2023 mily Practice Approval 2 2023 2023 2023 2023 2023 2023 2023 2	4/1/2023 -	General/Fa	71250 Computed tomography thorax:	· · · · · · · · · · · · · · · · · · ·	Anr-lun
Chest pain describes the reason for this request; This reagest, This reagest from a found is study is being requested is unknown; This is a request for a Chest T; This is study is being requested for none of the above; Yes this is a request for a Diagnostic CT Chest pain describes the reason for this request; This study is being requested for none of the above; Yes this is a request for a Diagnostic CT Chest pain describes the reason for this request; This study is being requested for none of the above; Yes this is a request for a Diagnostic CT Chest pain describes the reason for this request; This study is being requested for none of the above; Yes this is a request for a Diagnostic CT 1 2023 2023 4/1/2023 6/30/2023 mily Practice Approval Apr-Jun 6/30/2023 mily Practice Approval Apr-Jun 6/30/2023 mily Practice Approval Apr-Jun Chest CT; Yes this is a request for a Diagnostic CT Coughing up blood (hemoptysis) describes the reason for this request; This is a request for a Diagnostic CT Coughing up blood (hemoptysis) describes the reason for this request; This is a request for a Diagnostic CT 1 2023 2023 4/1/2023 6/30/2023 mily Practice Approval Apr-Jun Chest CT; Yes this is a request for a Diagnostic CT Chest CT; Yes this is a request for a Diagnostic CT Chest CT; Yes this is a request for a Diagnostic CT Chest CT; Yes this is a request for a Diagnostic CT Chest CT; Yes this is a request for a Diagnostic CT Chest CT; Yes this is a request for a Diagnostic CT Chest CT; Yes this is a request for a Diagnostic CT Chest CT; Yes this is a request for a Diagnostic CT Chest CT; Yes this is a request for a Diagnostic CT Chest CT; Yes this is a request for a Diagnostic CT Chest CT; Yes this is a request for a Diagnostic CT Chest CT; Yes this is a request for a Diagnostic CT Chest CT; Yes this is a request for a Diagnostic CT Chest CT; Yes this is a request for a Diagnostic CT Chest CT; Yes this is a request for a Diagnostic CT Chest Diagnost CT; This study is being requested for Apr-Jun					
4/1/2023 - General/Fa 71250 Computed tomography, thorax; unknown; This is a request for a Diagnostic CT 2 2023 2023 2023 2023 2023 2023 2023 2	0/30/2023 4/1/2023	0/30/2023 Hilly Fractice Approval	Without contrast material	•	2 2023 2023
6/30/2023 4/1/2023 6/30/2023 mily Practice Approval 4/1/2023- 6/30/2	4/1/2023 -	General/Fa	71250 Computed tomography thorax:		Anr-lun
Chest pain describes the reason for this request.; This study is being requested for an unresolved cough; This is a request for a Chest CT.; This study is being requested for an unresolved cough; This is a request for a Diagnostic CT 1 2023 2023 4/1/2023 6/30/2023 mily Practice Approval without contrast material the above; Yes this is a request for a Diagnostic CT 1 2023 2023 4/1/2023 6/30/2023 mily Practice Approval without contrast material Chest CT.; Yes this is a request for a Diagnostic CT 1 2023 2023 Enter answer here - or Type In UMs. Hadlock says that her cough started 1-2 months ago. She says she brings up yellow philogm sometimes. It is off and on all day. At night she uses an albuter of nebulzer, nasal sprays, and uses her CPAP but keeps waking up. This study is being ordered for Inflammatory/ Infectious Disease; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The Apr-Jun 6/30/2023 4/1/2023 6/30/2023 mily Practice Approval without contrast material primary symptons began less than 6 months ago, Medications were given for this diagnosis 1 2023 2023 4/1/2023 - General/Fa General/Fa 71250 Computed tomography, thorax; patient and a Low Dose CT for Lung Cancer Screening of Lung Cancer; It is unknown if the patient had a Low Dose CT for Lung Cancer Screening of Lung Cancer; It is unknown if the patient had a Low Dose CT for Lung Cancer Screening of a Diagnostic CT 1 2023 2023 4/1/2023 - General/Fa 71250 Computed tomography, thorax; being ordered, This study is being ordered for Par-Jun 6/30/2023 mily Practice Approval without contrast material vascular disease other than cardiac. 1 2023 2023 1 tis unknown if the patient was seen by a specialist because of the traumatic injury; None of the above describes the reason for this request for a Diagnostic CT Apr-Jun being ordered for a Diagnostic CT in this study is being ordered for a Par-Jun v	1 1				·
6/30/2023 4/1/2023 General/Fa 71250 Computed tomography, thorax; unresolved cough; This is a request for a Chest CT.; This study is being requested for none of 6/30/2023 mily Practice Approval without contrast material the above; Yes this is a request for a Diagnostic CT 1 2023 2023 4/1/2023 General/Fa 71250 Computed tomography, thorax; Coughing up blood (hemoptysis) describes the reason for this request; This is a request for a Diagnostic CT 1 2023 2023 4/1/2023 4/1/2023 G/30/2023 mily Practice Approval without contrast material Chest CT.; Yes this is a request for a Diagnostic CT 1 2023 2023 Enter answer here - or Type in UMs. Haddlock says that her cough started 1-2 months ago. She says she brings up yellow philegm sometimes. It is off and on all day. At night she uses an albuterol nebulizer, nasal sprays, and uses her CPAP but keeps waking up; This study is being ordered for inflammatoryl infectious Disease; There has been treatment or conservative therapy; The ordering MDs specialty is NOT Hematologisty Oncologist, Thoracic Surgery, 4/1/2023 General/Fa 71250 Computed tomography, thorax; Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD; The Apr-Jun 6/30/2023 4/1/2023 G/30/2023 mily Practice Approval without contrast material primary symptoms began less than 6 months ago. Medications were given for this diagnosis 1 2023 2023 Enter answer here - or Type In Unknown if No Info Given. A Chest/Thorax CT is being ordered. This study is being ordered for inthe past 11 months; Apr-Jun 6/30/2023 4/1/2023 G/30/2023 mily Practice Approval without contrast material Yes this is a request for a Diagnostic CT in the past 11 months; Apr-Jun 6/30/2023 4/1/2023 G/30/2023 mily Practice Approval without contrast material Yes this is a request for a Diagnostic CT; This study is being ordered for Apr-Jun 6/30/2023 4/1/2023 G/30/2023 mily Practice Approval without contrast material Yes this is a request for a Diagnostic CT; This study is being requested for Apr-Jun 6/30/2023 4/1/2023 G/30/2023	0,00,000	с, се, 2020 г.т., г. 2000 г. г.р. 2000			
6/30/2023 4/1/2023 6/30/2023 mily Practice Approval without contrast material the above.; Yes this is a request for a Diagnostic CT 1 2023 2023 4/1/2023 General/Fa General/Fa 71250 Computed tomography, thorax; without contrast material Chest CT.; Yes this is a request for a Diagnostic CT 1 2023 2023 Enter answer here - or Type In Unkos. Hadlock says that her cough started 1-2 months ago. She says she brings up yellow phlegm sometimens. It is off and on all day. At night she uses an albuterol nebulizer, nasal sprays, and uses her CPAP but keeps waking up; This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs speciality is NOT Hematologist/Dnocalogist. Thoracic Surgery, 4/1/2023 6/30/2023 mily Practice Approval without contrast material primary symptoms began less than 6 months ago, Medications were given for this diagnosis 1 2023 2023 4/1/2023 6/30/2023 mily Practice Approval without contrast material primary symptoms began less than 6 months ago, Medications were given for this diagnosis 1 2023 2023 Enter answer here - or Type in Unkowom if No Info Given. A Chest/Thorax CT is being ordered. This study is being ordered for screening of lung cancer.; It is unknown if the 4/1/2023 6/30/2023 mily Practice Approval without contrast material Yes this is a request for a Diagnostic CT 1 2023 2023 4/1/2023 6/30/2023 mily Practice Approval without contrast material Yes this is a request for a Diagnostic CT 1 2023 2023 4/1/2023 6/30/2023 mily Practice Approval without contrast material Yes this is a request for a Diagnostic CT 1 1 2023 2023 4/1/2023 6/30/2023 mily Practice Approval without contrast material Yes this is a request for a Diagnostic CT 1 1 2023 2023 4/1/2023 6/30/2023 mily Practice Approval without contrast material Yes this is a request for a Diagnostic CT 1 1 2023 2023 4/1/2023 6/30/2023 mily Practice Approval without contrast material Yes this is a request for a Diagnostic CT 1 1 2023 2023 4/1/2023 6/30/2023 mily Pra	4/1/2023 -	General/Fa	71250 Computed tomography, thorax:		Apr-Jun
4/1/2023 - General/Fa 71250 Computed tomography, thorax; Coughing up blood (hemoptysis) describes the reason for this request; This is a request for a 1 2023 2023 2023 2023 2023 2023 2023 20		•			
6/30/2023 mily Practice Approval without contrast material Chest CT.; Yes this is a request for a Diagnostic CT 1 2023 2023 Enter answer here - or Type In UMs. Hadlock says that her cough started 1-2 months ago. She says she brings up yellow phlegm sometimes. It is off and on all day. At night she uses an albuterol nebulizer, nasal sprays, and uses her CPAP but keeps waking up; This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, 4/1/2023 6/30/2023 mily Practice Approval without contrast material primary symptoms began less than 6 months ago; Medications were given for this diagnosis 1 2023 2023 Enter answer here - or Type In UMs. Hadlock says that her cough started 1-2 months ago. She says she brings up yellow phlegm sometimes. It is off and on all day. At night she uses an albuterol nebulizer, nasal sprays, and uses her CPAP but keeps waking up; This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, 4/1/2023 6/30/2023 mily Practice Approval without contrast material primary symptoms began less than 6 months ago; Medications were given for this diagnosis 1 2023 2023 Enter answer here - or Type In UMs. Mallock says that her cough started 1-2 months ago; Medications were given for this fide months ago; Medications were given for this fully in the patient had a low Dose CT for Lung Cancer Screening of lung cancer.; It is unknown if the patient had a low Dose CT for Lung Cancer Screening of lung cancer.; It is unknown if the patient was seen by a specially stop and practice. The patient was seen by a specially stop and practice. The patient was seen by a specially stop and practice. This study is being ordered for a Chest CT.; This study is being ordered for a Chest CT.; This study is being ordered for a Chest CT.; This study is bein	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , , ,		,,	
6/30/2023 mily Practice Approval without contrast material Chest CT.; Yes this is a request for a Diagnostic CT 1 2023 2023 Enter answer here - or Type in UMs. Hadlock says that her cough started 1-2 months ago. She says she brings up yellow phlegm sometimes. It is off and on all day. At night she uses an albuterol nebulizer, nasal sprays, and uses her CPAP but keeps waking up; This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy; The ordering MDs specialty is NOT Hematologist/Noncologist, Thoracic Surgery, A/1/2023 6/30/2023 mily Practice Approval without contrast material primary symptoms began less than 6 months ago; Medications were given for this diagnosis 1 2023 2023 Enter answer here - or Type in UMs. Hadlock says that her cough started 1-2 months ago. She says she brings up yellow phlegm sometimes. It is off and on all day. At night she uses an albuterol nebulizer, nasal sprays, and uses her CPAP but keeps waking up; This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy; The ordering MDs specialty is NOT Hematologist/Noncologist, Thoracic Surgery, A/1/2023 6/30/2023 mily Practice Approval without contrast material primary symptoms began less than 6 months ago; Medications were given for this diagnosis 1 2023 2023 Enter answer here - or Type in UMs. Hadlock says that her cough started 1-2 months ago; Medications were given for this indigenosis 1 2023 2023 Enter answer here - or Type in UMs. Hadlock says that her cough started 1-2 months ago; Medications were given for this high started 1-2 months ago; Medications were given for this high specialty is not flooring and specialty is not flooring and specialty is being ordered for Screening of lung cancer.; It is unknown if the pattent was seen by a specialty is not flooring and practice Approval without contrast material very started 1-2 months and primary symptoms began request for a Diagnostic CT; This study is being ordered for	4/1/2023 -	General/Fa	71250 Computed tomography, thorax;	Coughing up blood (hemoptysis) describes the reason for this request.; This is a request for a	Apr-Jun
Enter answer here - or Type In UMs. Hadlock says that her cough started 1-2 months ago. She says she brings up yellow phlegm sometimes. It is off and on all day. At night she uses an albuterol nebulizer, nasal sprays, and uses her CPAP but keeps waking up; This study is being ordered for Inflammatory/ Infectious Disease; There has been treatment or conservative therapy; The ordering MDs specialty is NOT Hematologist/Doncologist, Thoracic Surgery, 4/1/2023	1 1				
She says she brings up yellow phlegm sometimes. It is off and on all day. At night she uses an albuterol nebulizer, nasal sprays, and uses her CPAP but keeps waking up; This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist./Oncologist, Thoracic Surgery, 4/1/2023 - General/Fa 71250 Computed tomography, thorax; Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The Apr-Jun 6/30/2023 4/1/2023 6/30/2023 mily Practice Approval without contrast material primary symptoms began less than 6 months ago; Medications were given for this diagnosis 1 2023 2023 Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; This study is being ordered.; This study is being ordered for screening of lung cancer, it is unknown if the patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Apr-Jun 4/1/2023 - General/Fa 71250 Computed tomography, thorax; patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Apr-Jun 4/1/2023 - General/Fa 71250 Computed tomography, thorax; being ordered.; Yes this is a request for a Diagnostic CT 1 2023 2023 It is not known if there is radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for Apr-Jun 6/30/2023 4/1/2023 6/30/2023 mily Practice Approval without contrast material vascular disease other than cardiac. 1 2023 2023 It is unknown if the patient was seen by a specialist because of the traumatic injury.; None of the above' were noted on evaluation after the injury.; This is a request for a Chest CT.; This study is being requested for Apr-Jun 4/1/2023 - General/Fa 71250 Computed tomography, thorax; evaluation after the injury.; This is a request for a Chest CT.; This study is being requested for Apr-Jun	,,,,,	,, ,		σ του τη του τη του τη του	
albuterol nebulizer, nasal sprays, and uses her CPAP but keeps waking up; This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, 4/1/2023 - General/Fa 71250 Computed tomography, thorax; Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The Apr-Jun primary symptoms began less than 6 months ago; Medications were given for this diagnosis 1 2023 2023 Enter answer here - or Type in Unknown if No Info Given. A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; It is unknown if the 4/1/2023 - General/Fa 71250 Computed tomography, thorax; patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Apr-Jun 4/1/2023 - General/Fa 71250 Computed tomography, thorax; being ordered for a Diagnostic CT 1 2023 2023 4/1/2023 - General/Fa 71250 Computed tomography, thorax; being ordered for a Diagnostic CT 1 1 2023 2023 4/1/2023 - General/Fa 71250 Computed tomography, thorax; being ordered for a Diagnostic CT; This study is being ordered for a Diagnostic CT; This study is being ordered for a Diagnostic CT; This study is being ordered for a Diagnostic CT; This study is being ordered for a Diagnostic CT; This study is being ordered for a Diagnostic CT; This study is being ordered for a Diagnostic CT; This study is being ordered for a Diagnostic CT; This study is being ordered for a Diagnostic CT; This study is being ordered for a Diagnostic CT; This study is being ordered for the above' describes the reason for this request. Yone of the above' were noted on 4/1/2023 - General/Fa 71250 Computed tomography, thorax; evaluation after the injury.; This is a request for a Chest CT.; This study is being requested for Apr-Jun				Enter answer here - or Type In UMs. Hadlock says that her cough started 1-2 months ago.	
ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, 4/1/2023 - General/Fa 71250 Computed tomography, thorax; Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD; The Apr-Jun primary symptoms began less than 6 months ago; Medications were given for this diagnosis 1 2023 2023 Enter answer here - or Type In Unknown if No Info Given. A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; It is unknown if the 4/1/2023 - General/Fa 71250 Computed tomography, thorax; patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Apr-Jun vishous and representation of the displayment of the above describes the reason for this request for a Chest CT.; This study is being requested for Apr-Jun of the above describes the reason for this request. This is a request for a Chest CT.; This study is being requested for Apr-Jun vascular disease other than cardiac.				She says she brings up yellow phlegm sometimes. It is off and on all day. At night she uses an	
therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, 4/1/2023 - General/Fa 71250 Computed tomography, thorax; Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The Apr-Jun primary symptoms began less than 6 months ago; Medications were given for this diagnosis 1 2023 2023 Enter answer here - or Type In Unknown if No Info Given. A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; It is unknown if the patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Apr-Jun follows a first or a Diagnostic CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Apr-Jun follows a first or a Diagnostic CT for a Diagnostic CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Apr-Jun follows a first or a Diagnostic CT for a Diagnostic CT for Dia				albuterol nebulizer, nasal sprays, and uses her CPAP but keeps waking up; This study is being	
4/1/2023 - General/Fa 71250 Computed tomography, thorax; Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The Apr-Jun primary symptoms began less than 6 months ago; Medications were given for this diagnosis 1 2023 2023 Enter answer here - or Type In Unknown if No Info Given. A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; It is unknown if the patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Apr-Jun 4/1/2023 - General/Fa 71250 Computed tomography, thorax; patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Apr-Jun 4/1/2023 - General/Fa 71250 Computed tomography, thorax; being ordered.; Yes this is a request for a Diagnostic CT 1 2023 2023 It is not known if there is radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for Apr-Jun 4/1/2023 - G930/2023 mily Practice Approval without contrast material vascular disease other than cardiac. 1 2023 2023 It is unknown if the patient was seen by a specialist because of the traumatic injury.; 'None of the above' describes the reason for this request.; 'None of the above' were noted on 4/1/2023 - General/Fa 71250 Computed tomography, thorax; evaluation after the injury.; This is a request for a Chest CT.; This study is being requested for Apr-Jun 4/1/2023 - General/Fa 71250 Computed tomography, thorax; evaluation after the injury.; This is a request for a Chest CT.; This study is being requested for Apr-Jun 4/1/2023 - General/Fa 71250 Computed tomography, thorax; evaluation after the injury.; This is a request for a Chest CT.; This study is being requested for Apr-Jun				ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative	
6/30/2023 4/1/2023 6/30/2023 mily Practice Approval without contrast material primary symptoms began less than 6 months ago; Medications were given for this diagnosis 1 2023 2023 Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; It is unknown if the 4/1/2023 - General/Fa 71250 Computed tomography, thorax; patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Apr-Jun 6/30/2023 4/1/2023 6/30/2023 mily Practice Approval without contrast material Yes this is a request for a Diagnostic CT 1 2023 2023 It is not known if there is radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for Apr-Jun 6/30/2023 4/1/2023 6/30/2023 mily Practice Approval without contrast material vascular disease other than cardiac. 1 2023 2023 It is unknown if the patient was seen by a specialist because of the traumatic injury.; 'None of the above' describes the reason for this request.; 'None of the above' were noted on 4/1/2023 - General/Fa 71250 Computed tomography, thorax; evaluation after the injury.; This is a request for a Chest CT.; This study is beign requested for Apr-Jun				therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery,	
Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being ordered.; This study is being ordered.; This study is being ordered for screening of lung cancer.; It is unknown if the 4/1/2023 - General/Fa 71250 Computed tomography, thorax; patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Apr-Jun Yes this is a request for a Diagnostic CT 1 2023 2023 It is not known if there is radiologic evidence of mediastinal widening.; A Chest/Thorax CT is 4/1/2023 - General/Fa 71250 Computed tomography, thorax; being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for Apr-Jun vascular disease other than cardiac. 1 2023 2023 It is unknown if the patient was seen by a specialist because of the traumatic injury.; None of the above' describes the reason for this request.; None of the above' were noted on 4/1/2023 - General/Fa 71250 Computed tomography, thorax; evaluation after the injury.; This is a request for a Chest CT.; This study is being requested for Apr-Jun evaluation after the injury. This is a request for a Chest CT.; This study is being requested for Apr-Jun evaluation after the injury.; This is a request for a Chest CT.; This study is being requested for Apr-Jun evaluation after the injury.	4/1/2023 -	General/Fa	71250 Computed tomography, thorax;	Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The	Apr-Jun
ordered.; This study is being ordered for screening of lung cancer.; It is unknown if the 4/1/2023 - General/Fa 71250 Computed tomography, thorax; patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Apr-Jun 6/30/2023 4/1/2023 6/30/2023 mily Practice Approval without contrast material Yes this is a request for a Diagnostic CT 1 2023 2023 1 it is not known if there is radiologic evidence of mediastinal widening.; A Chest/Thorax CT is 4/1/2023 - General/Fa 71250 Computed tomography, thorax; being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for Apr-Jun 6/30/2023 4/1/2023 6/30/2023 mily Practice Approval without contrast material vascular disease other than cardiac. 1 2023 2023 It is unknown if the patient was seen by a specialist because of the traumatic injury.; None of the above' describes the reason for this request.; None of the above' were noted on 4/1/2023 - General/Fa 71250 Computed tomography, thorax; evaluation after the injury.; This is a request for a Chest CT.; This study is beign requested for Apr-Jun	6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material	primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1 2023 2023
4/1/2023 - General/Fa 71250 Computed tomography, thorax; patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Apr-Jun Yes this is a request for a Diagnostic CT 1 2023 2023 Vest this is a request for a Diagnostic CT 1 2023 2023 Vest this is a request for a Diagnostic CT 1 2023 2023 Vest this is a request for a Diagnostic CT 1 2023 2023 Vest this is a request for a Diagnostic CT This study is being ordered for Apr-Jun Vascular disease other than cardiac. 1 2023 2023 Vest this is a request for a Diagnostic CT; This study is being ordered for Apr-Jun Vascular disease other than cardiac. 1 2023 2023 Vest this is a request for a Diagnostic CT; This study is being ordered for Apr-Jun Vascular disease other than cardiac. 1 2023 2023 Vest this is a request for a Diagnostic CT; This study is being ordered for Apr-Jun Vascular disease other than cardiac. 1 2023 2023 Vest this is a request for a Diagnostic CT; This study is being ordered for Apr-Jun Vascular disease other than cardiac. 1 2023 2023 Vest this is a request for a Diagnostic CT; This study is being ordered for Apr-Jun Vascular disease other than cardiac. 1 2023 2023 Vest this is a request for a Diagnostic CT; This study is being ordered for Apr-Jun Vascular disease other than cardiac. 1 2023 2023 Vest this is a request for a Diagnostic CT; This study is being ordered for Apr-Jun Vascular disease other than cardiac. 2 2023 2023 Vest this is a request for a Diagnostic CT; This study is being requested for Apr-Jun Vascular disease other than cardiac. 2 2023 2023 Vest this is a request for a Diagnostic CT; This study is being requested for Apr-Jun Vascular disease other than cardiac. 2 2023 2023 Vest this is a request for a Diagnostic CT; This study is being requested for Apr-Jun Vascular disease other than cardiac. 2 2023 2023 Vest this is a request for a Diagnostic CT; This study is being request for a Diagnostic CT;				Enter answer here - or Type In Unknown If No Info Given. A Chest/Thorax CT is being	
6/30/2023 d/1/2023 6/30/2023 mily Practice Approval without contrast material Yes this is a request for a Diagnostic CT 1 2023 2023 It is not known if there is radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for Apr-Jun 6/30/2023 d/1/2023 6/30/2023 mily Practice Approval without contrast material vascular disease other than cardiac. 1 2023 2023 It is unknown if the patient was seen by a specialist because of the traumatic injury.; 'None of the above' describes the reason for this request.; 'None of the above' were noted on 4/1/2023 - General/Fa 71250 Computed tomography, thorax; evaluation after the injury.; This is a request for a Chest CT.; This study is beign requested for Apr-Jun				ordered.; This study is being ordered for screening of lung cancer.; It is unknown if the	
It is not known if there is radiologic evidence of mediastinal widening.; A Chest/Thorax CT is 4/1/2023 - General/Fa 71250 Computed tomography, thorax; being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for Apr-Jun 4/1/2023 - 6/30/2023 mily Practice Approval without contrast material vascular disease other than cardiac. 1 2023 2023 It is unknown if the patient was seen by a specialist because of the traumatic injury.; 'None of the above' describes the reason for this request.; 'None of the above' were noted on 4/1/2023 - General/Fa 71250 Computed tomography, thorax; evaluation after the injury.; This is a request for a Chest CT.; This study is beign requested for Apr-Jun	4/1/2023 -	General/Fa	71250 Computed tomography, thorax;	patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.;	Apr-Jun
4/1/2023 - General/Fa 71250 Computed tomography, thorax; being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for Apr-Jun vascular disease other than cardiac. 1 2023 2023 It is unknown if the patient was seen by a specialist because of the traumatic injury.; 'None of the above' describes the reason for this request.; 'None of the above' were noted on 4/1/2023 - General/Fa 71250 Computed tomography, thorax; evaluation after the injury.; This is a request for a Chest CT.; This study is being ordered for Apr-Jun Apr-Jun	6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material	Yes this is a request for a Diagnostic CT	1 2023 2023
6/30/2023 4/1/2023 6/30/2023 mily Practice Approval without contrast material vascular disease other than cardiac. 1 2023 2023 It is unknown if the patient was seen by a specialist because of the traumatic injury.; 'None of the above' describes the reason for this request.; 'None of the above' were noted on 4/1/2023 - General/Fa 71250 Computed tomography, thorax; evaluation after the injury.; This is a request for a Chest CT.; This study is beign requested for Apr-Jun				It is not known if there is radiologic evidence of mediastinal widening.; A Chest/Thorax CT is	
It is unknown if the patient was seen by a specialist because of the traumatic injury.; 'None of the above' describes the reason for this request.; 'None of the above' were noted on 4/1/2023 - General/Fa 71250 Computed tomography, thorax; evaluation after the injury.; This is a request for a Chest CT.; This study is beign requested for Apr-Jun		General/Fa	71250 Computed tomography, thorax;	being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for	Apr-Jun
of the above' describes the reason for this request.; 'None of the above' were noted on 4/1/2023 - General/Fa 71250 Computed tomography, thorax; evaluation after the injury.; This is a request for a Chest CT.; This study is beign requested for Apr-Jun	6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material	vascular disease other than cardiac.	1 2023 2023
of the above' describes the reason for this request.; 'None of the above' were noted on 4/1/2023 - General/Fa 71250 Computed tomography, thorax; evaluation after the injury.; This is a request for a Chest CT.; This study is beign requested for Apr-Jun					
4/1/2023 - General/Fa 71250 Computed tomography, thorax; evaluation after the injury.; This is a request for a Chest CT.; This study is beign requested for Apr-Jun				• • • • • • • • • • • • • • • • • • • •	
				of the above' describes the reason for this request.; 'None of the above' were noted on	
6/30/2023 4/1/2023 6/30/2023 mily Practice Approval without contrast material chest injury or trauma within the past 2 weeks.; Yes this is a request for a Diagnostic CT 1 2023 2023	1 ' '	· ·			
	6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material	chest injury or trauma within the past 2 weeks.; Yes this is a request for a Diagnostic CT	1 2023 2023

			this walk your fit has been a great in a Chart way of Chart Thomas CT in he is a sed and Man	
			It is unknown if they had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for work-up for suspicious	
4/1/2023 -	General/Fa	71250 Computed tomography, thorax;	mass.; There is radiographic evidence of lung, mediastinal mass, or physical evidence of	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material	chest wall mass noted in the last 90 days	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 IIIIIy Fractice Approval	Without contrast material	Chest wan mass noted in the last 50 days	1 2023 2023
			No, the patient was NOT seen by a specialist because of the traumatic injury.; Chest pain	
			describes the reason for this request.; Abnormal finding on physical examination was noted	
4/1/2023 -	General/Fa	71250 Computed tomography, thorax;	on evaluation after the injury.; This is a request for a Chest CT.; This study is beign requested	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material	for chest injury or trauma within the past 2 weeks.; Yes this is a request for a Diagnostic CT	1 2023 2023
			NONE; This study is being ordered for Inflammatory/ Infectious Disease.; There has been	
			treatment or conservative therapy.; The ordering MDs specialty is NOT	
			Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -	General/Fa	71250 Computed tomography, thorax;	Oncology; This case was created via RadMD.; The primary symptoms began less than 6	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material	months ago; Medications were given for this diagnosis	1 2023 2023
			Patient is having seizure like episodes, losing weight, passing out; This study is being ordered	
			for a neurological disorder.; There has been treatment or conservative therapy.; The	
4/4/2022	Conoral/Fo	71350 Committed to many on but the year.	ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,	Amm I
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	71250 Computed tomography, thorax; without contrast material	Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	Apr-Jun 1 2023 2023
0/30/2023 4/1/2023	6/30/2023 Illily Plactice Approval	WILLIOUT COILTIAST Material	symptoms begain less than 6 months ago, Other not listed was done for this diagnosis	1 2025 2025
4/1/2023 -	General/Fa	71250 Computed tomography, thorax;	Post-operative evaluation describes the reason for this request.; This is a request for a Chest	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material	CT.; Yes this is a request for a Diagnostic CT	1 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		, , , , , , , , , , , , , , , , , , , ,	
			Pt is needing study to determine the source of occurring symptoms; This study is being	
			ordered for something other than: known trauma or injury, metastatic disease, a	
			neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular	
			disease.; It is not known if there has been any treatment or conservative therapy.; There are	
			2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist,	
4/1/2023 -	General/Fa	71250 Computed tomography, thorax;	Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material	via RadMD.; The primary symptoms began 6 months to 1 year	1 2023 2023
			There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	
			Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -	Canaral/Fa	71350 Committed to many on his the year.	Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	Amm I
6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	71250 Computed tomography, thorax; without contrast material	This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Illily Flactice Approval	without contrast material	began o months to 1 year, wedications were given for this diagnosis	1 2023 2023
			There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	
			Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
			Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -	General/Fa	71250 Computed tomography, thorax;	This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material	began less than 6 months ago; Medications were given for this diagnosis	1 2023 2023
			There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	
			Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
			Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -	General/Fa	71250 Computed tomography, thorax;	This study is being ordered for Cancer/Tumor/Metastatic Disease; The primary symptoms	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material	began more than 1 year ago; Chemotherapy was given for this diagnosis	1 2023 2023
			There has been treatment or consequenting the argument. The audition MADs or contains to NOT	
			There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	
			Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -	General/Fa	71250 Computed tomography, thorax;	Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material	began less than 6 months ago; Medications were given for this diagnosis	1 2023 2023
0,30,2023 4,1,2023	5/30/2023 mily Mactice Approval	without contrast material	Degan icas dian o montra ago, iniculcadona were given for this diagnosis	1 2023 2023

6/30/2023 4/1/2023 6/30/2023 mily Practice Approval without contrast material months ago 1 2023 2 There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology, This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; 4/1/2023	Apr-Jun 3 2023 Apr-Jun
Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; 4/1/2023 - 6/30/2023 mily Practice Approval without contrast material months ago months ago months ago nordered for Other not listed; The primary symptoms began less than 6 for Abdomen/Pelvis and Chest ordered in combination.; 4/1/2023 - 6/30/2023 mily Practice Approval without contrast material months ago nordered for Other not listed; The primary symptoms began less than 6 for Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; 4/1/2023 - 6/30/2023 mily Practice Approval without contrast material began less than 6 months ago nordered for Cancer/Tumor/ Metastatic Disease; The primary symptoms for Sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis; There is Nor Tadiologic evidence of pneumoconiosis e.g. black lung disease or silicosis; There is Nor Tadiologic evidence of pneumoconiosis e.g. black lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis; There is Nor Tadiologic evidence of pneumoconiosis e.g. black lung disease or silicosis; There is Nor Tadiologic evidence of pneumoconiosis e.g. black lung disease or silicosis; There is Nor Tadiologic evidence of pneumoconiosis e.g. black lung disease or silicosis; There is Nor Tadiologic evidence of pneumoconiosis e.g. black lung disease or silicosis; There is Nor Tadiologic evidence of pneumoconiosis e.g. black lung disease or silicosis; There is Nor Tadiologic evidence of pneumoconiosis e.g. black lung disease or silicosis; There is Nor Tadiologic evidence of pneumoconiosis e.g. black lung disease or silicosis; There is Nor Tadiologic evidence of pneumoconiosis e.g. black lung disease or silicosis; There is nor Tadiologic evidence of non-resolving pneumonia for 6	Apr-Jun 3 2023 Apr-Jun
4/1/2023 - General/Fa 71250 Computed tomography, thorax; This study is being ordered for Other not listed; The primary symptoms began less than 6 6/30/2023 mily Practice Approval without contrast material months ago 1 2023 2 7 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Apr-Jun 3 2023 Apr-Jun
6/30/2023 4/1/2023 6/30/2023 mily Practice Approval without contrast material months ago 1 2023 2 There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; 4/1/2023	Apr-Jun 3 2023 Apr-Jun
There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist, Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; 4/1/2023	Apr-Jun 3 2023 Apr-Jun
NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; 4/1/2023	3 2023 Apr-Jun
Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; 4/1/2023 - General/Fa 71250 Computed tomography, thorax; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago 2 2023 2 There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of a lung asscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is no radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a 4/1/2023 - General/Fa 71250 Computed tomography, thorax; request for a Diagnostic CT; This study is being ordered for known or suspected in fill ammatory disease or pneumonia. 3 2023 2023 2023 2023 2023 2023 2023 2	3 2023 Apr-Jun
4/1/2023 - General/Fa 71250 Computed tomography, thorax; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago 2 2023 2 7	3 2023 Apr-Jun
6/30/2023 #4/1/2023 6/30/2023 mily Practice Approval without contrast material began less than 6 months ago 2 2023 2 There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for known or suspected inflammatory disease or pneumonia. 4/1/2023 - General/Fa 71250 Computed tomography, thorax; request for a Diagnostic CT; This study is being ordered for known or suspected inflammatory disease or pneumonia. There is radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; 4/1/2023 - General/Fa 71250 Computed tomography, thorax; Yes this is a request for a Diagnostic CT; This study is being ordered for vascular disease of the following ordered following ordered for vascular disease of the following ordered following o	3 2023 Apr-Jun
There is no radiologic evidence of absestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a fer antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a fer antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a fer antibiotic cmarkent was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a fer antibiotic cmarkent was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a fer antibiotic cmarkent was prescribed. There is radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for vascular disease of fer a Diagnostic CT; This study is being ordered for vascular disease of the fer than cardiac. There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic	Apr-Jun
sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a 4/1/2023 - General/Fa 71250 Computed tomography, thorax; request for a Diagnostic CT; This study is being ordered for known or suspected inflammatory disease or pneumonia. 3 2023 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a 4/1/2023 - General/Fa 71250 Computed tomography, thorax; request for a Diagnostic CT; This study is being ordered for known or suspected inflammatory disease or pneumonia. 3 2023 2 4/1/2023 - General/Fa 71250 Computed tomography, thorax; Yes this is a request for a Diagnostic CT; This study is being ordered for known or suspected inflammatory disease or pneumonia. 3 2023 2 4/1/2023 - General/Fa 71250 Computed tomography, thorax; Yes this is a request for a Diagnostic CT; This study is being ordered for vascular disease 6/30/2023 4/1/2023 6/30/2023 mily Practice Approval without contrast material other than cardiac. 1 2023 2 There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic	
disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a 4/1/2023 - General/Fa 71250 Computed tomography, thorax; request for a Diagnostic CT; This study is being ordered for known or suspected inflammatory disease or pneumonia. 3 2023 2 4/1/2023 - General/Fa 71250 Computed tomography, thorax; Yes this is a request for a Diagnostic CT; This study is being ordered for known or suspected inflammatory disease or pneumonia. 3 2023 2 4/1/2023 - General/Fa 71250 Computed tomography, thorax; Yes this is a request for a Diagnostic CT; This study is being ordered for vascular disease of the present of the pr	
after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a 4/1/2023 - General/Fa 71250 Computed tomography, thorax; request for a Diagnostic CT; This study is being ordered for known or suspected inflammatory disease or pneumonia. 3 2023 2 There is radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; 4/1/2023 - General/Fa 71250 Computed tomography, thorax; Yes this is a request for a Diagnostic CT; This study is being ordered for vascular disease or pneumonia. 1 2023 2 4/1/2023 - General/Fa 71250 Computed tomography, thorax; Yes this is a request for a Diagnostic CT; This study is being ordered for vascular disease or pneumonia for 6 weeks after antibiotic	
4/1/2023 - General/Fa 71250 Computed tomography, thorax; request for a Diagnostic CT; This study is being ordered for known or suspected inflammatory disease or pneumonia. 3 2023 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
6/30/2023 d/1/2023 6/30/2023 mily Practice Approval without contrast material inflammatory disease or pneumonia. 3 2023 d There is radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; 4/1/2023 - General/Fa 71250 Computed tomography, thorax; Yes this is a request for a Diagnostic CT; This study is being ordered for vascular disease of the than cardiac. 1 2023 d There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic	
There is radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.; 4/1/2023 - General/Fa 71250 Computed tomography, thorax; Yes this is a request for a Diagnostic CT; This study is being ordered for vascular disease A chest/Thorax CT is being ordered.; 6/30/2023 4/1/2023 6/30/2023 mily Practice Approval without contrast material other than cardiac. 1 2023 2 There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic	
4/1/2023 - General/Fa 71250 Computed tomography, thorax; Yes this is a request for a Diagnostic CT; This study is being ordered for vascular disease 6/30/2023 mily Practice Approval without contrast material other than cardiac. 1 2023 2 There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic	
There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic	Apr-Jun
There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic	3 2023
treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a	
	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 mily Practice Approval without contrast material pneumonia. 6 2023 2	
They did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; Yes this is a	
request for a Diagnostic CT; This study is being ordered for work-up for suspicious mass.;	
4/1/2023 - General/Fa 71250 Computed tomography, thorax; There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 mily Practice Approval without contrast material mass noted in the last 90 days 4 2023 2	3 2023
They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; Yes this is a request	
for a Diagnostic CT; This study is being ordered for work-up for suspicious mass.; There is	
4/1/2023 - General/Fa 71250 Computed tomography, thorax; radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 mily Practice Approval without contrast material noted in the last 90 days	3 2023
This is a request for a Thorax (Chest) CT.; 'None of the above' describes the reason for this	
4/1/2023 - General/Fa 71250 Computed tomography, thorax; request.; This reason this study is being requested is unknown.; This study is being	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 mily Practice Approval without contrast material requested for none of the above.; Yes this is a request for a Diagnostic CT 1 2023 2	3 2023
This is a request for a Thorax (Chest) CT.; Abnormal finding on examination of the chest,	
4/1/2023 - General/Fa 71250 Computed tomography, thorax; chest wall and or lungs describes the reason for this request.; Yes this is a request for a	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 mily Practice Approval without contrast material Diagnostic CT 2 2023 2	3 2023
	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 mily Practice Approval without contrast material request.; Yes this is a request for a Diagnostic CT 3 2023 2021	3 2023
	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 mily Practice Approval without contrast material CT.; Yes this is a request for a Diagnostic CT 2 2023 2	3 2023
71271 Computed tomography, thorax, ; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT	
	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 mily Practice Approval without contrast material(s) Oncology; This case was created via RadMD.	3 2023
This request is for a Low Dose CT for Lung Cancer Screening.; It is unknown if this patient has	
had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.;	
71271 Computed tomography, thorax, The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are	
	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 mily Practice Approval without contrast material(s) Premier Health Plan 1 2023 2	2023
This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a	
71271 Computed tomography, thorax, Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with	
0. 1/5	
4/1/2023 - General/Fa low dose for lung cancer screening, pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.; The health carrier is NOT Virginia Premier Health Plan 4 2023 2	Apr-Jun

4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The health carrier is NOT Virginia Premier Health Plan	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; It is unknown if the patient has a 20 pack per year history of smoking.; It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; The health carrier is NOT Virginia Premier Health Plan	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.; The health carrier is NOT Virginia Premier Health Plan	Apr-Jun 163 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.; The health carrier is NOT Virginia Premier Health Plan	Apr-Jun 164 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.; The health carrier is NOT Virginia Premier Health Plan	Apr-Jun 36 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	ascending aortic aneurysm; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	CHEST PAIN;THORACIC PAIN; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; There are new signs or symptoms indicative of a dissecting aortic aneurysm.; Yes, this is a request for a Chest CT Angiography.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	Enter answer here - or Type In Unknown If No Info Given. It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	follow up CTA for Saddle Embolus; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.; It is not known if this is a pre-operative evaluation, post operative evaluation or follow up to a previous angiogram or MR angiogram.; Yes, this is a request for a Chest CT Angiography.	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023 4/1/	General/f /2023 6/30/2023 mily Prac	~ · ·	This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; There are no new signs or symptoms indicative of a dissecting aortic aneurysm.; This is not an evaluation for thoracic outlet syndrome.; There are signs or symptoms indicative of vascular insufficiency to the neck or arms.; Yes, this is a request for a Chest CT Angiography.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/	General/f /2023 6/30/2023 mily Prac		This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/	General/I /2023 6/30/2023 mily Prac		This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	Apr-Jun 14 2023 2023
4/1/2023 - 6/30/2023 4/1/	General/f /2023 6/30/2023 mily Prac		The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Lower extremity weakness.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/	General/f /2023 6/30/2023 mily Prac		This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began less than 6 months ago	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/	General/F /2023 6/30/2023 mily Prac		This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; It is unknown if there is a reason why the patient cannot have a Cervical Spine MRI.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/	General/f /2023 6/30/2023 mily Prac		This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI. This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/	General/I /2023 6/30/2023 mily Prac		study is being ordered for neurological deficits.; The patient is experiencing or presenting symptoms of lower extremity weakness.; There is a reason why the patient cannot have a Cervical Spine MRI. Enter answer here - or Type In Unknown If No Info Given. This is a request for a thoracic	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/	General/I /2023 6/30/2023 mily Prac		spine CT.; Caller does not know whether there is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT This study is being ordered for trauma or injury.; There has not been any treatment or	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/	General/f /2023 6/30/2023 mily Prac		conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began less than 6 months ago	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/	General/I /2023 6/30/2023 mily Prac		; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/	General/I /2023 6/30/2023 mily Prac		This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/	General/f /2023 6/30/2023 mily Prac		This is a request for a lumbar spine CT.; Known Tumor with or without metastasis; Yes this is a request for a Diagnostic CT	Apr-Jun 2 2023 2023

				This is a request for a lumbar spine CT.; Pre-Operative Evaluation; The patient does have	
				new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.;	
				The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is	
				no weakness or reflex abnormality.; Surgery is scheduled within the next 4 weeks.; Yes, the	
4/1/2023 -	G	ieneral/Fa	72131 Computed tomography, lumbar	last Lumbar spine MRI was performed within the past two weeks.; There is not x-ray	Apr-Jun
6/30/2023 4/1/	/2023 6/30/2023 m	nily Practice Approval	spine; without contrast material	evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2023 2023
				This is a request for a lumbar spine CT.; Suspected Tumor with or without Metastasis; There	
4/1/2023 -	G	ieneral/Fa	72131 Computed tomography, lumbar	is no evidence of tumor or metastasis on a bone scan or x-ray.; Yes this is a request for a	Apr-Jun
6/30/2023 4/1/	/2023 6/30/2023 m	nily Practice Approval	spine; without contrast material	Diagnostic CT	1 2023 2023
				This study is being ordered for trauma or injury.; There has not been any treatment or	
				conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is	
				NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -	G	ieneral/Fa	72131 Computed tomography, lumbar	Oncology; This case was created via BBI.; The primary symptoms began less than 6 months	Apr-Jun
6/30/2023 4/1/	/2023 6/30/2023 m	nily Practice Approval	spine; without contrast material	ago	1 2023 2023
.,,	,	, рр	· · · · · · · · · · · · · · · · · · ·		
			72141 Magnetic resonance (eg, proton)	; There has not been any treatment or conservative therapy.; This case was created via	
4/1/2023 -	G	eneral/Fa	imaging, spinal canal and contents,	RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms	Apr-Jun
6/30/2023 4/1/		nily Practice Approval	cervical; without contrast material	began more than 1 year ago	1 2023 2023
, , , . , . ,	,,	, pp	,	66-year-old female coming in today with complaints of increased dizziness, intermittent	
				diaphoresis episodes and concerns about possible recurrence of her MS. Patient reports	
				that in 2004 she was told that she was in remission from her MS and has not had; There has	
			72141 Magnetic resonance (eg, proton)	been treatment or conservative therapy.; This case was created via RadMD.; This study is	
4/1/2023 -	G	eneral/Fa	imaging, spinal canal and contents,	being ordered for Multiple Sclerosis; The primary symptoms began more than 1 year ago;	Apr-Jun
6/30/2023 4/1/		nily Practice Approval	cervical; without contrast material	Other not listed was done for this diagnosis	1 2023 2023
0/30/2023 4/1/	72023 0/30/2023 11	my rracace Approvar	cervical, without contrast material	dizziness; loss of balance; numbness; This study is being ordered for a neurological disorder.;	1 2025 2025
				There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	
			72141 Magnetic resonance (eg, proton)	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -	G	eneral/Fa	imaging, spinal canal and contents,	Oncology; This case was created via RadMD.; It is unknown when the primary symptoms	Apr-Jun
6/30/2023 4/1/		nily Practice Approval	cervical; without contrast material	began; Medications were given for this diagnosis	1 2023 2023
0/30/2023 4/1/	/2023 0/30/2023 11	my rractice Approvai	Cervical, without contrast material	began, Medications were given for this diagnosis	1 2023 2023
				increased pain in the neck and right shoulder, numbness and tingle in bilateral arm; This	
				study is being ordered for something other than: known trauma or injury, metastatic	
				disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
				vascular disease.; There has not been any treatment or conservative therapy.; There are 2	
			72141 Magnetic resonance (eg, proton)	exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist,	
4/1/2023 -		ieneral/Fa			Anr lun
6/30/2023 4/1/			imaging, spinal canal and contents,	Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created	Apr-Jun 1 2023 2023
6/30/2023 4/1/	/2023 6/30/2023 11	nily Practice Approval	cervical; without contrast material	via RadMD.; The primary symptoms began 6 months to 1 year	1 2023 2023
			721/11 Magnetic reconance (og. proton)		
4/1/2023 -	_	eneral/Fa	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	It is not known if there has been any treatment or conservative therapy.; This study is being	Ang live
1 1		· · ·		, , , , , , , , , , , , , , , , , , , ,	Apr-Jun
6/30/2023 4/1/	/2U23 0/3U/2U23 M	nily Practice Approval	cervical; without contrast material	ordered for Other not listed; The primary symptoms began less than 6 months ago Patient has tried chiropractor care, home therapy, and medications; This study is being	1 2023 2023
				ordered for something other than: known trauma or injury, metastatic disease, a	
				neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular	
			724.44 84	disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is	
4/4/2022			72141 Magnetic resonance (eg, proton)	NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -		ieneral/Fa	imaging, spinal canal and contents,	Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year	Apr-Jun
6/30/2023 4/1/	/2023 6/30/2023 m	nily Practice Approval	cervical; without contrast material	ago; Home Exercise was done for this diagnosis	1 2023 2023
			72141 Magnatia sacanana (a	There has been treatment or consequently thousand This consequently BDI Till 1	
4/4/2022	_		72141 Magnetic resonance (eg, proton)	There has been treatment or conservative therapy.; This case was created via BBI.; This study	
4/1/2023 -		eneral/Fa	imaging, spinal canal and contents,	is being ordered for Other; The primary symptoms began more than 1 year ago; Physical	Apr-Jun
6/30/2023 4/1/	/2023 6/30/2023 m	nily Practice Approval	cervical; without contrast material	Therapy was completed for this diagnosis	1 2023 2023
			72141 Magnetic resonance (eg, proton)	There has been treatment or conservative therapy.; This study is being ordered for Other not	
4/1/2023 -		eneral/Fa	imaging, spinal canal and contents,	listed; The primary symptoms began less than 6 months ago; Medications were given for this	Apr-Jun
6/30/2023 4/1/	/2023 6/30/2023 m	nily Practice Approval	cervical; without contrast material	diagnosis	2 2023 2023

		72141 Magnetic resonance (eg, proton)		
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	imaging, spinal canal and contents, cervical; without contrast material	There has not been any treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago	Apr-Jun 1 2023 2023
0,30,2023 4,1,2023	0/30/2023 milly Fractice Approval	cervical, without contrast material	receiving lear bisorder, the printary symptoms began less than o months ago	1 2023 2025
		72141 Magnetic resonance (eg, proton)		
4/1/2023 -	General/Fa	imaging, spinal canal and contents,	This is a request for cervical spine MRI; The reason for ordering this procedure is unknown.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	cervical; without contrast material	It is unknown if any of these apply to the patient	3 2023 2023
		72141 Magnetic resonance (eg, proton)		
4/1/2023 -	General/Fa	imaging, spinal canal and contents,	This is a request for cervical spine MRI; The reason for ordering this test is Known or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	cervical; without contrast material	suspected infection or abscess	2 2023 2023
		72141 Magnetic resonance (eg, proton)		
4/1/2023 -	General/Fa	imaging, spinal canal and contents,	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	cervical; without contrast material	deficits; This is a Medicare member.; The patient has Focal upper extremity weakness	1 2023 2023
		72141 Magnetic resonance (eg, proton)	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic	
4/1/2023 -	General/Fa	imaging, spinal canal and contents,	deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	cervical; without contrast material	physical examination	1 2023 2023
		72141 Magnetic resonance (eg, proton)		
4/1/2023 -	General/Fa	imaging, spinal canal and contents,	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	cervical; without contrast material	deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	5 2023 2023
4/1/2023 -	General/Fa	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	cervical; without contrast material	with myelopathy	1 2023 2023
1,1,1015	c, co, coco mm, madade Approva	cervical, mandat contract material	man in peroperation	1 2023 2023
		72141 Magnetic resonance (eg, proton)	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent	
4/1/2023 -	General/Fa	imaging, spinal canal and contents,	injury; It is unknown if any of these apply to the patient; It is unknown if the trauma or injury	Apr-Jur
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	cervical; without contrast material	occur within the past 72 hours. This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent	1 2023 2023
		72141 Magnetic resonance (eg, proton)	injury; The patient has a new onset or changing radiculitis / radiculopathy; The trauma or	
4/1/2023 -	General/Fa	imaging, spinal canal and contents,	injury did NOT occur within the past 72 hours.; The pain did NOT begin within the past 6	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	cervical; without contrast material	weeks.	1 2023 2023
		72141 Magnetic resonance (eg, proton)	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent	
4/1/2023 -	General/Fa	imaging, spinal canal and contents,	injury; The trauma or injury occur within the past 72 hours.; There is new onset	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	cervical; without contrast material	radiculitis/radiculopathy.	2 2023 2023
		72141 Magnetic resonance (eg, proton)	This is a request for cervical spine MRI; This procedure is being requested for Acute / new	
4/1/2023 -	General/Fa	imaging, spinal canal and contents,	neck pain; The pain began within the past 6 weeks.; The patient does not have a neurological	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	cervical; without contrast material	deficit, PT or home exercise, diagnostic test, or abnormal xray.	1 2023 2023
			This is a request for cervical spine MRI; This procedure is being requested for Acute / new	
4/4/2022	C-1/5	72141 Magnetic resonance (eg, proton)	neck pain; The pain began within the past 6 weeks.; The patient had an abnormal xray	
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	imaging, spinal canal and contents, cervical; without contrast material	indicating a complex fracture or other significant abnormality involving the cervical spine; This is a Medicare member.	Apr-Jun 1 2023 2023
0/30/2023 4/1/2023	6/50/2025 Illily Practice Approval	Cervical, without Contrast material	This is a request for cervical spine MRI; This procedure is being requested for Acute / new	1 2023 2023
		72141 Magnetic resonance (eg, proton)	neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This	
4/1/2023 -	General/Fa	imaging, spinal canal and contents,	is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	cervical; without contrast material	examination	1 2023 2023
		72141 Magnetic resonance (eg, proton)	This is a request for cervical spine MRI; This procedure is being requested for Acute / new	
4/1/2023 -	General/Fa	imaging, spinal canal and contents,	neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	cervical; without contrast material	is NOT a Medicare member.; The patient has Focal upper extremity weakness	1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient does not have any of the above listed items	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had a diagnostic test (such as EMG/nerve conduction) involving the Cervical Spine	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is a Medicare member.	Apr-Jun 5 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	Apr-Jun 4 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is a Medicare member.	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	Apr-Jun 8 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Known tumor with or without metastasis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for None of the above; None of the above describes the reason for requesting this procedure.	Apr-Jun 4 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for None of the above; Pre-operative evaluation describes the reason for requesting this procedure.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	unknown; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	; There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Multiple Sclerosis; The primary symptoms began less than 6 months ago	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	; There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago	Apr-Jun 1 2023 2023

			66-year-old female coming in today with complaints of increased dizziness, intermittent	
			diaphoresis episodes and concerns about possible recurrence of her MS. Patient reports	
			that in 2004 she was told that she was in remission from her MS and has not had; There has	
		72146 Magnetic resonance (eg, proton)	been treatment or conservative therapy.; This case was created via RadMD.; This study is	
4/1/2023 -	General/Fa	imaging, spinal canal and contents,	being ordered for Multiple Sclerosis; The primary symptoms began more than 1 year ago;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	thoracic; without contrast material	Other not listed was done for this diagnosis	1 2023 2023
. /. /2022	0 1/5	72146 Magnetic resonance (eg, proton)	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic	
4/1/2023 -	General/Fa	imaging, spinal canal and contents,	back pain; The patient does have new or changing neurologic signs or symptoms.; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	thoracic; without contrast material	patient does have a new foot drop.	1 2023 2023
		7044644 11 ()	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic	
4/4/2022	0 1/5	72146 Magnetic resonance (eg, proton)	back pain; The patient does have new or changing neurologic signs or symptoms.; The	
4/1/2023 -	General/Fa	imaging, spinal canal and contents,	patient does not have a new foot drop.; The patient does not have new signs or symptoms of	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	thoracic; without contrast material	bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.	1 2023 2023
			This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic	
		7044644 11 /	back pain; The patient does not have new or changing neurologic signs or symptoms.; The	
. /. /2022	0 1/5	72146 Magnetic resonance (eg, proton)	patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once	
4/1/2023 -	General/Fa	imaging, spinal canal and contents,	for these symptoms.; The physician has directed conservative treatment for the past 6	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	thoracic; without contrast material	weeks.; The patient has completed 6 weeks of physical therapy?	1 2023 2023
		724.46.84	This is a second for a through soil a NADL. This should be had a second and for A section Changes	
4/4/2022	C 1/5-	72146 Magnetic resonance (eg, proton)	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic	A.z. Izra
4/1/2023 -	General/Fa	imaging, spinal canal and contents,	back pain; The patient does not have new or changing neurologic signs or symptoms.; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	thoracic; without contrast material	patient has NOT had back pain for over 4 weeks.	2 2023 2023
		72146 Magnetic resonance (eg, proton)	This is a request for a thoracic spine MRI.; This study is being ordered for Follow-up to	
4/1/2023 -	General/Fa		Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering	Apr lup
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	imaging, spinal canal and contents,		Apr-Jun 1 2023 2023
0/30/2023 4/1/2023	6/30/2023 Illily Practice Approval	thoracic; without contrast material	physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1 2023 2023
		72146 Magnetic resonance (eg, proton)		
4/1/2023 -	General/Fa	imaging, spinal canal and contents,	This is a request for a thoracic spine MRI.; This study is being ordered for Known Tumor with	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	thoracic; without contrast material	or without metastasis	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Hilly Fractice /Approval	thoracie, without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Neurological	1 2023 2023
			deficits; The patient does have new or changing neurologic signs or symptoms.; The patient	
		72146 Magnetic resonance (eg, proton)	does not have a new foot drop.; The patient does not have new signs or symptoms of	
4/1/2023 -	General/Fa	imaging, spinal canal and contents,	bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	thoracic; without contrast material	weakness.;	1 2023 2023
0,00,2020 1,2,2020	0/50/2025 mm; Haddec 7(pp.614)	thoracle, without contract material	Treatmess,	1 2020 2020
		72148 Magnetic resonance (eg, proton)	; There has not been any treatment or conservative therapy.; This case was created via	
4/1/2023 -	General/Fa	imaging, spinal canal and contents,	RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	lumbar; without contrast material	began more than 1 year ago	1 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	,	; This study is being ordered for something other than: known trauma or injury, metastatic	
			disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
			vascular disease.; There has been treatment or conservative therapy.; The ordering MDs	
		72148 Magnetic resonance (eg, proton)	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
4/1/2023 -	General/Fa	imaging, spinal canal and contents,	Radiation Oncology; This case was created via RadMD.; The primary symptoms began more	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	lumbar; without contrast material	than 1 year ago; Physical Therapy was completed for this diagnosis	1 2023 2023
., ., .,	.,,,, рргота	,	66-year-old female coming in today with complaints of increased dizziness, intermittent	
			diaphoresis episodes and concerns about possible recurrence of her MS. Patient reports	
			that in 2004 she was told that she was in remission from her MS and has not had; There has	
		72148 Magnetic resonance (eg, proton)	been treatment or conservative therapy.; This case was created via RadMD.; This study is	
4/1/2023 -	General/Fa	imaging, spinal canal and contents,	being ordered for Multiple Sclerosis; The primary symptoms began more than 1 year ago;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	lumbar; without contrast material	Other not listed was done for this diagnosis	1 2023 2023
0,00,2020 4,1,2020	5,55,2525 mmy rractice ripproval	.aa., without contrast material	Care instruction was done for this diagnosis	1 2023 2023

			Patient presenting for PT follow-up. A CT abdomen last year incidentally showed degenerative disc changes in the lower thoracic spine and degenerative facet changes in the	
			lumbar spine. She does c/o chronic cervical pain with pain in RUE, thoracic pain, I; There has	
		72148 Magnetic resonance (eg, proton)	been treatment or conservative therapy.; This case was created via RadMD.; This study is	
4/1/2023 -	General/Fa	imaging, spinal canal and contents,	being ordered for Other; The primary symptoms began more than 1 year ago; Physical	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	lumbar; without contrast material	Therapy was completed for this diagnosis	1 2023 2023
		72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic	
4/1/2023 -	General/Fa	imaging, spinal canal and contents,	back pain.; This study is being requested for Neurologic deficits; This is NOT a Medicare	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	lumbar; without contrast material	member.; The patient has Dermatomal sensory changes on physical examination	2 2023 2023
		724.40 Managetia announce (an araban)		
4/1/2023 -	General/Fa	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	The study requested is a Lumbar Spine MRI.; None of the above has been completed for the	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	lumbar; without contrast material	patient's back pain; The procedure is being ordered for acute or chronic back pain	1 2023 2023
		72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; Something other than listed has been	
4/1/2023 - 6/30/2023 4/1/2023	General/Fa	imaging, spinal canal and contents, lumbar; without contrast material	completed for the patient's back pain; The procedure is being ordered for acute or chronic	Apr-Jun 1 2023 2023
0/30/2023 4/1/2023	6/30/2023 mily Practice Approval	iumbar, without contrast material	back pain	1 2023 2023
		72148 Magnetic resonance (eg, proton)		
4/1/2023 -	General/Fa	imaging, spinal canal and contents,	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	lumbar; without contrast material	back pain.; This study is being requested for None of the above	1 2023 2023
		72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -	General/Fa	imaging, spinal canal and contents,	This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	lumbar; without contrast material	General/Family Practice	3 2023 2023
4/1/2023 -	General/Fa	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	lumbar; without contrast material	months	51 2023 2023
1,00,000	o, oo,			
		72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -	General/Fa	imaging, spinal canal and contents,	This study is being requested for 6 weeks of completed conservative care in the past 6	Apr-Jun 52 2023 2023
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	lumbar; without contrast material	months	52 2023 2023
		72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -	General/Fa	imaging, spinal canal and contents,	This study is being requested for an Abnormal nerve study (EMG) involving the lumbar	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	lumbar; without contrast material	spine; This is NOT a Medicare member.	1 2023 2023
		72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -	General/Fa	imaging, spinal canal and contents,	This study is being requested for an Abnormal x-ray indicating a complex fracture or severe	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	lumbar; without contrast material	anatomic derangement of the lumbar spine; This is NOT a Medicare member.	6 2023 2023
4/1/2023 -	Conorel/Fe	72148 Magnetic resonance (eg, proton)	The childure groups to die a Lumber Coine MADL. The matient has a gride as absonic has been a	Ame leve
6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); The patient has None of the above	Apr-Jun 3 2023 2023
0,00,2020 4,1,2020	5,55,2525 mily rideace ripproval	iamou, incloud contrast material	stady is seeing requested for medicinglical deficingly, the patient has frome of the above	3 2023 2023
		72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -	General/Fa	imaging, spinal canal and contents,	This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	lumbar; without contrast material	The patient has Abnormal Reflexes	6 2023 2023
		72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -	General/Fa	imaging, spinal canal and contents,	This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	lumbar; without contrast material	The patient has Dermatomal sensory changes on physical examination	1 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	Apr-Jun 5 2023 2023
0,00,2020 1,1,2020	0,00,2025 mm, 1,404,00 7,pp. 044.	iambar, menoae contrace material	The particle has room extremity meaniness	3 2023 2023
		72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -	General/Fa	imaging, spinal canal and contents,	This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	lumbar; without contrast material	The patient has New symptoms of bowel or bladder dysfunction	1 2023 2023
		72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -	General/Fa	imaging, spinal canal and contents,	This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	lumbar; without contrast material	The patient has New symptoms of paresthesia evaluated by a neurologist	2 2023 2023
		724.40 Managatia anno anno (no mantan)	The shade accepted the Lamber Color MDL. The settent has contract the descrip-	
4/1/2023 -	General/Fa	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	lumbar; without contrast material	The patient has Physical exam findings consistent with myelopathy	6 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	о, со, дода ини, и состое и прегосог		personner, and	
		72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -	General/Fa	imaging, spinal canal and contents,	This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	lumbar; without contrast material	The patient has Unilateral focal muscle wasting	1 2023 2023
		72148 Magnetic resonance (eg, proton)		
4/1/2023 -	General/Fa	imaging, spinal canal and contents,	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	lumbar; without contrast material	This study is being requested for None of the above	15 2023 2023
. /. /		72148 Magnetic resonance (eg, proton)		
4/1/2023 -	General/Fa	imaging, spinal canal and contents,	The study requested is a Lumbar Spine MRI.; The patient has Other; This procedure is NOT	Apr-Jun 1 2023 2023
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	lumbar; without contrast material	being ordered for acute or chronic back pain	1 2023 2023
		72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; A Physician	
4/1/2023 -	General/Fa	imaging, spinal canal and contents,	supervised home exercise program has been completed for the patient's back pain; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	lumbar; without contrast material	procedure is being ordered for acute or chronic back pain	1 2023 2023
		724.40 Managatia anagana (an aratan)	The shade assessment of the Lamber Color MDL. This case was assessed in DDL Madientics	
4/1/2023 -	General/Fa	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; Medications have been taken for the patient's back pain; The procedure is being ordered for acute or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	lumbar; without contrast material	chronic back pain	2 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , , ,	,		
		72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; Physical therapy	
4/1/2023 -	General/Fa	imaging, spinal canal and contents,	has been completed for the patient's back pain; The procedure is being ordered for acute or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	lumbar; without contrast material	chronic back pain	4 2023 2023
		72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; A	
4/1/2023 -	General/Fa	imaging, spinal canal and contents,	Physician supervised home exercise program has been completed for the patient's back	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	lumbar; without contrast material	pain; The procedure is being ordered for acute or chronic back pain	5 2023 2023
		72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Ice	
4/1/2023 -	General/Fa	imaging, spinal canal and contents,	and/or heat has been used for the patient's back pain; The procedure is being ordered for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	lumbar; without contrast material	acute or chronic back pain	2 2023 2023
		72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree;	
4/1/2023 -	General/Fa	imaging, spinal canal and contents,	Medications have been taken for the patient's back pain; The procedure is being ordered for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	lumbar; without contrast material	acute or chronic back pain	30 2023 2023
4/4/2022	Constalle	72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree;	
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	imaging, spinal canal and contents, lumbar; without contrast material	Physical therapy has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	Apr-Jun 8 2023 2023
0/30/2023 4/1/2023	0/30/2023 Illily Plactice Approval	iumpai, without contrast filaterial	ordered for acute of chilotile back pails	0 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; The patient has Physical exam findings consistent with myelopathy; This procedure is NOT being ordered for acute or chronic back pain	Apr-Jun 1 2023 2023
4/1/2023 -	4/4/2022	General/Fa	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	There has been treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical	Apr-Jun
6/30/2023 4/1/2023 - 6/30/2023		General/Fa 6/30/2023 mily Practice Approval	lumbar; without contrast material 72192 Computed tomography, pelvis; without contrast material	Therapy was completed for this diagnosis Continued pelvic pain off and on. Seen gyn. US done with no abnormal findings. Getting a second opinion if a few weeks from another gyn.; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2023 2023 Apr-Jun 1 2023 2023
4/1/2023 -		General/Fa	72192 Computed tomography, pelvis;	looking for possible anal abscess.;PT REPORTS THAT SHE HAS Hemorrhoids SHE IS IN EXTREME PAIN FROM THIS. PT RATES PAIN AS A 10/10 ON NUMERICAL SCALE. IT HAS BEEN HURTING BADLY FOR THE LAST MONTH. PT IS TEARFUL AND CRYING. DENIES PRESSURE SENSATION AROUND; This study is being ordered due to known or suspected infection.; "The ordering physician is NOT a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; "There are NO active, clinical findings or endoscopic findings of Crohn's disease, ulcerative colitis, or diverticulitis."; "There are no radiographical or ultrasound findings consistent with abnormal fluid collection, pelvic abscess, pelvic inflammation or ascites."; "There are no physical findings or abnormal blood work consistent with peritonitis, pelvic inflammatory disease, or appendicitis."; This is a request for a Pelvis CT.; Yes this is a request	Apr-Ju n
6/30/2023	4/1/2023	6/30/2023 mily Practice Approval	without contrast material	for a Diagnostic CT This study is being ordered as a follow-up to trauma.; "The ordering physician is a	1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Approval	72192 Computed tomography, pelvis; without contrast material	gastroenterologist, urologist, gynecologist, or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered because of a suspicious mass/ tumor.; "The patient has had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a Diagnostic CT	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered due to known or suspected infection.; "The ordering physician is a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023		General/Fa 6/30/2023 mily Practice Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered due to organ enlargement.; There is ultrasound or plain film evidence of a pelvic organ enlargement.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is being ordered for initial staging.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT; This study is being ordered for something other than: known trauma or injury, metastatic	Apr-Jun 1 2023 2023
4/1/2023 -	4/1/2022	General/Fa	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast	disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more	Apr-Jun 1 2023 2023
6/30/2023 4/1/2023 - 6/30/2023		General/Fa 6/30/2023 mily Practice Approval	material(s) 72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	than 1 year ago; Physical Therapy was completed for this diagnosis Elevated PSA ,; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2023 2023 Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	The patient is female.; Persistent pain best describes the reason for this procedure; The patient did physical therapy.; Four weeks or more of conservative treatment was completed.; The treatment was completed within the last 6 months.; An Xray has been previously conducted.; The pain is musculoskeletal	Apr-Jun 1 2023 2023

		72406 Manuatia anno (an anno 1	The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the	
4/4/2022	C 1/5-	72196 Magnetic resonance (eg, proton)	reason for this procedure; A CT Scan has been previously conducted.; Prior imaging was	A and I am
4/1/2023 -	General/Fa	imaging, pelvis; with contrast	abnormal; The ordering provider's is NOT Surgery, Surgical Oncology, Urology,	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material(s) 72196 Magnetic resonance (eg, proton)	Hematologist/Oncologist or Interventional Radiology.; The patient's cancer is suspected The patient is male.; Persistent pain best describes the reason for this procedure; A CT scan	1 2023 2023
4/1/2023 -	General/Fa	imaging, pelvis; with contrast	and ultrasound have been previously conducted.; Prior imaging was abnormal; The pain is in	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material(s)	the Lower abdomen	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Illily Fractice Approval	72196 Magnetic resonance (eg, proton)	the Lower abdomen	1 2023 2023
4/1/2023 -	General/Fa	imaging, pelvis; with contrast	This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material(s)	joint or bone infection.; The study is being ordered for osteomyelitis.	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 mily Fractice Approval	72196 Magnetic resonance (eg, proton)	joint of both infections, the study is being ordered for osteomyents.	1 2023 2023
4/1/2023 -	General/Fa	imaging, pelvis; with contrast	This is a request for a Pelvis MRI.; The study is being ordered for pelvic trauma or injury.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material(s)	This is an evaluation of the tail bone (coccyx).	1 2023 2023
0,00,2020 1,2,2020	0/00/2020 mmy radace //pp/01a/	72196 Magnetic resonance (eg, proton)	This is a request for a Pelvis MRI.; The study is being ordered for suspicion of tumor, mass,	1 2020 2020
4/1/2023 -	General/Fa	imaging, pelvis; with contrast	neoplasm, or metastatic disease.; The patient has NOT had previous abnormal imaging	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material(s)	including a CT, MRI or Ultrasound.	2 2023 2023
0,00,000	0,00, =0=0 ·····, · · · · · · · · · · · · · · · ·		There is not a history of upper extremity joint or long bone trauma or injury.; This is not a	
			preoperative or recent postoperative evaluation.; There is suspicion of upper extremity	
4/1/2023 -	General/Fa	73200 Computed tomography, upper	neoplasm or tumor or metastasis.; This is a request for an Arm CT Non Joint; Yes this is a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	extremity; without contrast material	request for a Diagnostic CT	1 2023 2023
, , ,			This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.;	
4/1/2023 -	General/Fa	73200 Computed tomography, upper	There is a history of upper extremity joint or long bone trauma or injury.; Yes this is a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	extremity; without contrast material	request for a Diagnostic CT	8 2023 2023
	•	·	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.;	
			There is not a history of upper extremity joint or long bone trauma or injury.; This is not a	
			preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity	
			neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint	
4/1/2023 -	General/Fa	73200 Computed tomography, upper	infection.; The ordering physician is not an orthopedist or rheumatologist.; Yes this is a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	extremity; without contrast material	request for a Diagnostic CT	1 2023 2023
		73206 Computed tomographic		
		angiography, upper extremity, with		
		contrast material(s), including		
4/1/2023 -	General/Fa	noncontrast images, if performed, and		Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	image postprocessing	Yes, this is a request for CT Angiography of the upper extremity.	2 2023 2023
		73220 Magnetic resonance (eg, proton)		
		imaging, upper extremity, other than		
		joint; without contrast material(s),		
4/1/2023 -	General/Fa	followed by contrast material(s) and	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	further sequences	postoperative evaluation.	2 2023 2023
		73220 Magnetic resonance (eg, proton)	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent	
		imaging, upper extremity, other than	postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or	
		joint; without contrast material(s),	metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The	
4/1/2023 -	General/Fa	followed by contrast material(s) and	ordering physician is not an orthopedist.; There is a history of upper extremity trauma or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	further sequences	injury.	4 2023 2023
		73220 Magnetic resonance (eg, proton)	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent	
		imaging, upper extremity, other than	postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or	
4/4/0000	0 1/5	joint; without contrast material(s),	metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The	
4/1/2023 -	General/Fa	followed by contrast material(s) and	ordering physician is not an orthopedist.; There is not a history of upper extremity trauma or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	further sequences	injury.	1 2023 2023
		73220 Magnetic resonance (eg, proton)		
		imaging, upper extremity, other than		
4/1/2022	Conord III	joint; without contrast material(s),	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent	A 1
4/1/2023 -	General/Fa	followed by contrast material(s) and	postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	further sequences	metastasis.	2 2023 2023

		73220 Magnetic resonance (eg, proton)	This study is being ordered for trauma or injury.; There has been treatment or conservative	
		imaging, upper extremity, other than	therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery,	
		joint; without contrast material(s),	Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The	
4/1/2023 -	General/Fa	followed by contrast material(s) and	primary symptoms began 6 months to 1 year; Physical Therapy was completed for this	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	further sequences	diagnosis	1 2023 2023
		·	bilaterial shoulder pain, seeing chiropractor, still has pain, numbness of hands, Left Shoulder	
			Special Tests Hawkin's test: positive, Neer's test: positive, Speed's test: positive, and empty	
			can sign: positive.; This study is being ordered for a neurological disorder.; There has been	
			treatment or conservative therapy.; The ordering MDs specialty is NOT	
		73221 Magnetic resonance (eg, proton)	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/4/2022	6			A I
4/1/2023 -	General/Fa	imaging, any joint of upper extremity;	Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material(s)	year; Other not listed was done for this diagnosis	1 2023 2023
			increased pain in the neck and right shoulder, numbness and tingle in bilateral arm; This	
			study is being ordered for something other than: known trauma or injury, metastatic	
			disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
			vascular disease.; There has not been any treatment or conservative therapy.; There are 2	
		73221 Magnetic resonance (eg, proton)	exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist,	
4/1/2023 -	General/Fa	imaging, any joint of upper extremity;	Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material(s)	via RadMD.; The primary symptoms began 6 months to 1 year	1 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,	(1)	, , , , , , , , , , , , , , , , , , , ,	
		73221 Magnetic resonance (eg, proton)	no info given; The pain is from an old injury.; It is not known if the member has failed a 4	
4/1/2023 -	General/Fa	imaging, any joint of upper extremity;	week course of conservative management in the past 3 months.; This request is for a wrist	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material(s)	MRI.; This study is requested for evalutation of wrist pain.	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 IIIIIy Flactice Approval	without contrast material(s)	PT HAS BEEN REFERRED TO ORTHO AWAITING CONFIRMATION OF APPT; The pain is from a	1 2023 2023
		72221 Magnetic recognition (e.g. protect)	•	
4/4/2022	61/5-	73221 Magnetic resonance (eg, proton)	recent injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; There	A 1
4/1/2023 -	General/Fa	imaging, any joint of upper extremity;	is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material(s)	requested for evalutation of wrist pain.	1 2023 2023
			Pt has had multiple flares of pain in the right shoulder assisting in lift of a family member	
			with BI-LAT BKA. X Ray shows some bone fragmentation and abnormal growth; This study is	
			being ordered for trauma or injury.; There has been treatment or conservative therapy.; The	
		73221 Magnetic resonance (eg, proton)	ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,	
4/1/2023 -	General/Fa	imaging, any joint of upper extremity;	Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material(s)	symptoms began less than 6 months ago; Medications were given for this diagnosis	1 2023 2023
			Pt has had worsening HA's, dizzines, and left shoulder pain.; This study is being ordered for a	
			neurological disorder.; There has been treatment or conservative therapy.; The ordering	
		73221 Magnetic resonance (eg, proton)	MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical	
4/1/2023 -	General/Fa	imaging, any joint of upper extremity;	Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material(s)	began 6 months to 1 year; Medications were given for this diagnosis	1 2023 2023
-, 50, 2025 4, 1, 2025	-, -0, 2020, . racace /ipproval		2-0-1. 2onini to 2 year, medications nere given for this diagnosis	1 2023 2023
		73221 Magnetic resonance (eg, proton)	The pain is described as chronic; The member has failed a 4 week course of conservative	
4/1/2023 -	General/Fa	imaging, any joint of upper extremity;	management in the past 3 months.; This is a request for an elbow MRI; The study is	Ane lin
1 ' '	•			Apr-Jun 4 2023 2023
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material(s)	requested for evaluation of elbow pain.	4 2023 2023
		72224 84	The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has not been	
4/4/2022		73221 Magnetic resonance (eg, proton)	established.; The patient has had recent plain films, bone scan or ultrasound of the knee.;	
4/1/2023 -	General/Fa	imaging, any joint of upper extremity;	The imaging studies were abnormal.; This request is for a wrist MRI.; This study is requested	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material(s)	for evalutation of wrist pain.	1 2023 2023
		73221 Magnetic resonance (eg, proton)	The pain is from a recent injury.; Surgery or arthrscopy is scheduled in the next 4 weeks.;	
4/1/2023 -	General/Fa	imaging, any joint of upper extremity;	There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material(s)	is requested for evalutation of wrist pain.	2 2023 2023
		73221 Magnetic resonance (eg, proton)	The requested study is a Shoulder MRI.; It is not known if the study is requested for shoulder	
4/1/2023 -	General/Fa	imaging, any joint of upper extremity;	pain.; The study is for a mass, tumor or cancer.; The diagnosis of Mass, Tumor, or Cancer has	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material(s)	been established.; The study is requested for staging.	1 2023 2023
0,30,2023 4,1,2023	5,50,2025 mmy ractice Approval	at contrast material(s)	seen established, the study is requested for stagning.	1 2023 2023

		73221 Magnetic resonance (eg, proton)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	
4/1/2023 - 6/30/2023 4/1/2	General/Fa 023 6/30/2023 mily Practice Approval	imaging, any joint of upper extremity; without contrast material(s)	described as chronic; It is not known if the physician has directed conservative treatment for the past 4 weeks.	Apr-Jun 1 2023 2023
0/30/2023 4/1/2	023 0/30/2023 IIIIIy Fractice Approval	without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	1 2023 2023
			described as chronic; The physician has directed conservative treatment for the past 4	
			weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The	
			patient has been treated with medication.; It is not known if the patient has completed 4	
		73221 Magnetic resonance (eg, proton)	weeks or more of Chiropractic care.; The physician has directed a home exercise program for	
4/1/2023 -	General/Fa	imaging, any joint of upper extremity;	at least 4 weeks.; It is not known if the The home treatment included exercise, prescription	Apr-Jun
6/30/2023 4/1/2	023 6/30/2023 mily Practice Approval	without contrast material(s)	medication and follow-up office visits.; The patient received oral analgesics.	2 2023 2023
		72224 Manustin services (services)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	
4/1/2023 -	General/Fa	73221 Magnetic resonance (eg, proton)	described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare	Anr lun
6/30/2023 4/1/2	•	imaging, any joint of upper extremity; without contrast material(s)	member.	Apr-Jun 10 2023 2023
0/30/2023 4/1/2	023 0/30/2023 IIIIIy Fractice Approval	without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	10 2023 2023
			described as chronic; The physician has directed conservative treatment for the past 4	
			weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been	
		73221 Magnetic resonance (eg, proton)	treated with medication.; The patient has not completed 4 weeks or more of Chiropractic	
4/1/2023 -	General/Fa	imaging, any joint of upper extremity;	care.; The physician has not directed a home exercise program for at least 4 weeks.; The	Apr-Jun
6/30/2023 4/1/2	023 6/30/2023 mily Practice Approval	without contrast material(s)	patient received oral analgesics.	2 2023 2023
			The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	
. /. /	- 1/-	73221 Magnetic resonance (eg, proton)	described as chronic; The physician has directed conservative treatment for the past 4	
4/1/2023 -	General/Fa	imaging, any joint of upper extremity;	weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been	Apr-Jun
6/30/2023 4/1/2	023 6/30/2023 mily Practice Approval	without contrast material(s)	treated with medication.; The patient recevied joint injection(s).	1 2023 2023
		73221 Magnetic resonance (eg, proton)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	
4/1/2023 -	General/Fa	imaging, any joint of upper extremity;	described as chronic; The physician has not directed conservative treatment for the past 4	Apr-Jun
6/30/2023 4/1/2		without contrast material(s)	weeks.	4 2023 2023
	, , , , , , , , , , , , , , , , , , , ,	· ,	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a	
		73221 Magnetic resonance (eg, proton)	recent injury.; It is not known if there is a suspicion of tendon, ligament, rotator cuff injury,	
4/1/2023 -	General/Fa	imaging, any joint of upper extremity;	or labral tear.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is not a	Apr-Jun
6/30/2023 4/1/2	023 6/30/2023 mily Practice Approval	without contrast material(s)	suspicion of fracture not adequately determined by x-ray.	1 2023 2023
		70004.4		
4/4/2022	Canadal/Fa	73221 Magnetic resonance (eg, proton)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a	A mar Ivon
4/1/2023 - 6/30/2023 4/1/2	General/Fa	imaging, any joint of upper extremity; without contrast material(s)	recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is	Apr-Jun 1 2023 2023
6/30/2023 4/1/2	023 6/30/2023 mily Practice Approval	without contrast material(s)	not know if surgery or arthrscopy is scheduled in the next 4 weeks.	1 2023 2023
		73221 Magnetic resonance (eg, proton)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a	
4/1/2023 -	General/Fa	imaging, any joint of upper extremity;	recent injury; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.;	Apr-Jun
6/30/2023 4/1/2	023 6/30/2023 mily Practice Approval	without contrast material(s)	Surgery or arthrscopy is not scheduled in the next 4 weeks.	13 2023 2023
		73221 Magnetic resonance (eg, proton)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a	
4/1/2023 -	General/Fa	imaging, any joint of upper extremity;	recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.;	Apr-Jun
6/30/2023 4/1/2	023 6/30/2023 mily Practice Approval	without contrast material(s)	Surgery or arthrscopy is scheduled in the next 4 weeks.; This is NOT a Medicare member.	1 2023 2023
		72221 Magnetic reconance (og protect)	The requested study is a Shoulder MDL. The request is for shoulder pair : The rais is from a	
4/1/2023 -	General/Fa	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity;	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is not a suspicion of tendon, ligament, rotator cuff injury or labral tear.;	Apr-Jun
6/30/2023 4/1/2	•	without contrast material(s)	There is a suspicion of fracture not adequately determined by x-ray.	1 2023 2023
3,30,2023 4,1/2	5,55,2525 may i ractice rippioval			1 2023 2023
		73221 Magnetic resonance (eg, proton)		
4/1/2023 -	General/Fa	imaging, any joint of upper extremity;	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not	Apr-Jun
6/30/2023 4/1/2	023 6/30/2023 mily Practice Approval	without contrast material(s)	from a recent injury, old injury, chronic pain or a mass.	1 2023 2023

			The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; The	
			study is for a mass, tumor or cancer.; The diagnosis of Mass, Tumor, or Cancer has been	
		73221 Magnetic resonance (eg, proton)	established.; The study is requested for follow-up.; The study is not requested to detect	
4/1/2023 -	General/Fa	imaging, any joint of upper extremity;	residual cancer after a course of treatment has been completed?; It is unknown if the patient	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material(s)	is presenting with unresolved or new symptoms	1 2023 2023
			The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; The	
			study is for a mass, tumor or cancer.; The diagnosis of Mass, Tumor, or Cancer has been	
		73221 Magnetic resonance (eg, proton)	established.; The study is requested for follow-up.; The study is not requested to detect	
4/1/2023 -	General/Fa	imaging, any joint of upper extremity;	residual cancer after a course of treatment has been completed?; The patient is presenting	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material(s)	with unresolved or new symptoms	1 2023 2023
			This is a request for an upper extremity joint MRI.; The patient does have documented	
. /. /		73221 Magnetic resonance (eg, proton)	weakness or partial loss of feeling in the upper extremity.; There has has been a history of	
4/1/2023 -	General/Fa	imaging, any joint of upper extremity;	significant trauma, dislocation or injury to the joint within the past 6 weeks.; The patient	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material(s)	does have an abnormal plain film study of the joint.	1 2023 2023
			This is a request for an upper extremity joint MRI.; The patient does have documented	
			weakness or partial loss of feeling in the upper extremity.; There is no history of significant	
. /. /		73221 Magnetic resonance (eg, proton)	trauma, dislocation or injury to the joint within the past 6 weeks.; The patient does have an	
4/1/2023 -	General/Fa	imaging, any joint of upper extremity;	abnormal plain film study of the joint.; The patient has been treated with and failed a course	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	without contrast material(s)	of four weeks of supervised physical therapy.	1 2023 2023
			There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no	
			suspicion of lower extremity bone or joint infection.; There is a history of lower extremity	
4/1/2023 -	General/Fa	73700 Computed tomography, lower	joint or long bone trauma or injury.; This is Diagnostic (being used to determine the cause of	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	extremity; without contrast material	pain or follow up on prior abnormal imaging)	1 2023 2023
			There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is	
4/1/2023 -	General/Fa	73700 Computed tomography, lower	suspicion of lower extremity bone or joint infection.; This is Diagnostic (being used to	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	extremity; without contrast material	determine the cause of pain or follow up on prior abnormal imaging)	2 2023 2023
4/1/2023 -	General/Fa	73700 Computed tomography, lower	There is suspicion of a lower extremity neoplasm, tumor or metastasis.; This is Diagnostic	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	extremity; without contrast material	(being used to determine the cause of pain or follow up on prior abnormal imaging)	2 2023 2023
			This is a request for a foot CT.; "There is not a history (within the past six weeks) of	
			significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal	
			coalition.; There is a history of new onset of severe pain in the foot within the last two	
4/1/2023 -	General/Fa	73700 Computed tomography, lower	weeks.; The patient has a documented limitation of their range of motion.; Yes this is a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	extremity; without contrast material	request for a Diagnostic CT	1 2023 2023
			This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic	
			CT.; There is not a suspected infection of the hip.; The patient has not been treated with and	
			failed a course of supervised physical therapy.; There is not a mass adjacent to or near the	
			hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or	
			injury to the hip."; There is not a suspicion of AVN.; The patient does not have an abnormal	
			plain film study of the hip other than arthritis.; The patient has not used a cane or crutches	
			for greater than four weeks.; The patient has a documented limitation of their range of	
			motion.; The patient has been treated with anti-inflammatory medication in conjunction	
4/1/2023 -	General/Fa	73700 Computed tomography, lower	with this complaint.; This study is not being ordered by an operating surgeon for pre-	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	extremity; without contrast material	operative planning.; Yes this is a request for a Diagnostic CT	1 2023 2023
. /. /			This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a	
4/1/2023 -	General/Fa	73700 Computed tomography, lower	lower extremity neoplasm, tumor or metastasis.; There is suspicion of lower extremity bone	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	extremity; without contrast material	or joint infection.; This is a request for a Leg CT.; Yes this is a request for a Diagnostic CT	1 2023 2023
			This is not a preoperative or recent postoperative evaluation.; There is suspicion of a lower	_
4/1/2023 -	General/Fa	73700 Computed tomography, lower	extremity neoplasm, tumor or metastasis.; This is a request for a Leg CT.; Yes this is a request	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	extremity; without contrast material	for a Diagnostic CT	1 2023 2023
		73706 Computed tomographic		
		angiography, lower extremity, with		
		contrast material(s), including		
4/1/2023 -	General/Fa	noncontrast images, if performed, and		Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	image postprocessing	Yes, this is a request for CT Angiography of the lower extremity.	4 2023 2023

		73720 Magnetic resonance (eg, proton) imaging, lower extremity other than		
. /. /2022	0 1/5	joint; without contrast material(s),		
4/1/2023 -	General/Fa	followed by contrast material(s) and	There is a pulsaitile mass.; "There is evidence of tumor or mass from a previous exam, plain	Apr-Jun 2 2023 2023
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	further sequences 73720 Magnetic resonance (eg, proton)	film, ultrasound, or previous CT or MRI."; Non Joint is being requested.	2 2023 2023
		imaging, lower extremity other than		
		joint; without contrast material(s),		
4/1/2023 -	General/Fa	followed by contrast material(s) and		Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	further sequences	This is a request for a foot MRI.; The study is being oordered for infection.	2 2023 2023
	, , , , , , , , , , , , , , , , , , , ,	73720 Magnetic resonance (eg, proton)	· · · · · · · · · · · · · · · · · · ·	
		imaging, lower extremity other than		
		joint; without contrast material(s),	This is a request for a foot MRI.; The study is being oordered for infection.; There are NO	
4/1/2023 -	General/Fa	followed by contrast material(s) and	physical exam findings, laboratory results, other imaging including bone scan or plain film	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	further sequences	confirming infection, inflammation and or aseptic necrosis.	1 2023 2023
		73720 Magnetic resonance (eg, proton)		
		imaging, lower extremity other than	This is a request for a foot MRI.; The study is being oordered for infection.; There are	
		joint; without contrast material(s),	physical exam findings, laboratory results, other imaging including bone scan or plain film	
4/1/2023 -	General/Fa	followed by contrast material(s) and	confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	further sequences	not planned for in the next 4 weeks.	2 2023 2023
		73720 Magnetic resonance (eg, proton)		
		imaging, lower extremity other than		
	- 1/-	joint; without contrast material(s),	This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They did	
4/1/2023 -	General/Fa	followed by contrast material(s) and	not have 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	further sequences	not had a recent bone scan.	1 2023 2023
		73720 Magnetic resonance (eg, proton) imaging, lower extremity other than		
		joint; without contrast material(s),		
4/1/2023 -	General/Fa	followed by contrast material(s) and	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	further sequences	ordered for acute pain.	1 2023 2023
0,00,2020	0,00,2020 mm, radade ripprova.	73720 Magnetic resonance (eg, proton)	ordered for dedice paint	1 2023 2023
		imaging, lower extremity other than		
		joint; without contrast material(s),	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being	
4/1/2023 -	General/Fa	followed by contrast material(s) and	ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	further sequences	been treated with anti-inflammatory medication for at least 6 weeks.	1 2023 2023
		73720 Magnetic resonance (eg, proton)		
		imaging, lower extremity other than		
		joint; without contrast material(s),		
4/1/2023 -	General/Fa	followed by contrast material(s) and	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	further sequences	ordered for chronic pain.; The patient has NOT had foot pain for over 4 weeks.	1 2023 2023
		73720 Magnetic resonance (eg, proton)		
		imaging, lower extremity other than	Thirtie and another for the AADI. The should be a second of the second o	
4/1/2023 -	Congret/Fe	joint; without contrast material(s),	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being	A 1
	General/Fa	followed by contrast material(s) and	ordered for known or suspected septic arthritis or osteomyelitis.; A plain x-ray of the area	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	further sequences	been done.; The results of the plain film x-ray were abnormal.	1 2023 2023
		73720 Magnetic resonance (eg, proton) imaging, lower extremity other than		
		joint; without contrast material(s),		
4/1/2023 -	General/Fa	followed by contrast material(s) and	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	further sequences	imaging.; 'None of the above' were noted as an indication for knee imaging.	3 2023 2023
0,50,2025 4,1,2025	5/35/2023 mily Fractice Approval	73720 Magnetic resonance (eg, proton)	mogning, mone of the above were noted as an indication for knee indefing.	3 2023 2023
		imaging, lower extremity other than		
		joint; without contrast material(s),	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee	
4/1/2023 -	General/Fa	followed by contrast material(s) and	imaging.; Injection into the knee in the past 90 days for treatment and continued pain was	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	further sequences	noted as an indication for knee imaging	1 2023 2023
			5 5	

		7070014		
		73720 Magnetic resonance (eg, proton)		
		imaging, lower extremity other than		
		joint; without contrast material(s),	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an	
4/1/2023 -	General/Fa	followed by contrast material(s) and	indication for knee imaging; An MRI showed an abnormality; The ordering MDs specialty is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	further sequences	NOT Orthopedics.	1 2023 2023
		73720 Magnetic resonance (eg, proton)		
		imaging, lower extremity other than		
		joint; without contrast material(s),	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an	
4/1/2023 -	General/Fa	followed by contrast material(s) and	indication for knee imaging; An Ultrasound showed an abnormality; The ordering MDs	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	further sequences	specialty is NOT Orthopedics.	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Illily Fractice Approval	73720 Magnetic resonance (eg, proton)	specialty is NOT Orthopeales.	1 2023 2023
		imaging, lower extremity other than		
		joint; without contrast material(s),	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an	
4/1/2023 -	General/Fa	followed by contrast material(s) and	indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	further sequences	NOT Orthopedics.	6 2023 2023
		73720 Magnetic resonance (eg, proton)		
		imaging, lower extremity other than		
		joint; without contrast material(s),	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
4/1/2023 -	General/Fa	followed by contrast material(s) and	an indication for knee imaging; 'None of the above' were noted on the physical examination;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	further sequences	The ordering MDs specialty is NOT Orthopedics.	4 2023 2023
,,,,,	, , , , , , , , , , , , , , , , , , ,	73720 Magnetic resonance (eg, proton)		
		imaging, lower extremity other than		
		joint; without contrast material(s),	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
4/1/2023 -	General/Fa	followed by contrast material(s) and	an indication for knee imaging; Abnormal Varus or Valgus stress testing was noted on the	American
1 1	· ·			Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	further sequences	physical examination; The ordering MDs specialty is NOT Orthopedics.	5 2023 2023
		73720 Magnetic resonance (eg, proton)		
		imaging, lower extremity other than		
		joint; without contrast material(s),	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
4/1/2023 -	General/Fa	followed by contrast material(s) and	an indication for knee imaging; Effusion with blood (Hemarthrosis) was noted on the	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	further sequences	physical examination; The ordering MDs specialty is NOT Orthopedics.	1 2023 2023
		73720 Magnetic resonance (eg, proton)		
		imaging, lower extremity other than		
		joint; without contrast material(s),	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
4/1/2023 -	General/Fa	followed by contrast material(s) and	an indication for knee imaging; Instability was noted on the physical examination; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	further sequences	patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics.	7 2023 2023
5,51,2525 1,2,2525	о, оо, додо, табаго търгота.	73720 Magnetic resonance (eg, proton)	penaltic and a second management, most as any most appearant, in the contract of the contract	
		imaging, lower extremity other than	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
		joint; without contrast material(s),	an indication for knee imaging; Instability was noted on the physical examination; The	
4/1/2022	Conoral/Fo	• •		Ame I.m
4/1/2023 -	General/Fa	followed by contrast material(s) and	patient is being treated with a Knee immobilizer; The ordering MDs specialty is NOT	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	further sequences	Orthopedics.	2 2023 2023
		73720 Magnetic resonance (eg, proton)		
		imaging, lower extremity other than	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
		joint; without contrast material(s),	an indication for knee imaging; Instability was noted on the physical examination; The	
4/1/2023 -	General/Fa	followed by contrast material(s) and	patient is being treated with a Neoprene knee sleeve; The ordering MDs specialty is NOT	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	further sequences	Orthopedics.	1 2023 2023
		73720 Magnetic resonance (eg, proton)		
		imaging, lower extremity other than		
		joint; without contrast material(s),	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
4/1/2023 -	General/Fa	followed by contrast material(s) and	an indication for knee imaging; Instability was noted on the physical examination; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	further sequences	patient is being treated with Crutches; The ordering MDs specialty is NOT Orthopedics.	1 2023 2023
2,00,2020 4,1,2020	1, 10, 2020, . ractice / pprovar	73720 Magnetic resonance (eg, proton)	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	1 2023 2023
		imaging, lower extremity other than	an indication for knee imaging; Instability was noted on the physical examination; The	
4/4/2022	C1/5-	joint; without contrast material(s),	patient is not being treated with any of the listed items (crutches, knee immobilizer, wheel	A
4/1/2023 -	General/Fa	followed by contrast material(s) and	chair, neoprene knee sleeve, ace bandage, knee brace); The ordering MDs specialty is NOT	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	further sequences	Orthopedics.	2 2023 2023

		7070014		
		73720 Magnetic resonance (eg, proton)		
		imaging, lower extremity other than		
		joint; without contrast material(s),	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
4/1/2023 -	General/Fa	followed by contrast material(s) and	an indication for knee imaging; Locking was noted on the physical examination; The ordering	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	further sequences	MDs specialty is NOT Orthopedics.	3 2023 2023
		73720 Magnetic resonance (eg, proton)		
		imaging, lower extremity other than		
		joint; without contrast material(s),	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
4/1/2023 -	General/Fa	followed by contrast material(s) and	an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	further sequences	noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	21 2023 2023
, , , , ,	, , , , , , , , , , , , , , , , , , , ,	73720 Magnetic resonance (eg, proton)	·	
		imaging, lower extremity other than		
		joint; without contrast material(s),	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
4/1/2023 -	General/Fa	followed by contrast material(s) and	an indication for knee imaging; Positive Lachmann's test or "drawer" sign (abnormal) was	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	*	noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	3 2023 2023
0/30/2023 4/1/2023	6/30/2023 Illily Practice Approval	further sequences 73720 Magnetic resonance (eg, proton)	noted on the physical examination, the ordering wide specialty is NOT Orthopedics.	3 2023 2023
		imaging, lower extremity other than		
4/4/2022	Comp. 1/5	joint; without contrast material(s),	This is a second for a Keep AADI. The making it is a first of the second	
4/1/2023 -	General/Fa	followed by contrast material(s) and	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	further sequences	physician supervised home exercise in the past 3 months	7 2023 2023
		73720 Magnetic resonance (eg, proton)		
		imaging, lower extremity other than		
		joint; without contrast material(s),	This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing	
4/1/2023 -	General/Fa	followed by contrast material(s) and	status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	further sequences	treated with a Knee immobilizer; The ordering MDs specialty is NOT Orthopedics.	1 2023 2023
		73720 Magnetic resonance (eg, proton)		
		imaging, lower extremity other than		
		joint; without contrast material(s),	This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing	
4/1/2023 -	General/Fa	followed by contrast material(s) and	status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	further sequences	treated with Crutches; The ordering MDs specialty is NOT Orthopedics.	3 2023 2023
0,00,2020 1,2,2020	5/55/2525 mm/ 1746466 /Approva	73720 Magnetic resonance (eg, proton)	dedica man drateries, the dratering most specially is not orthopeares.	5 2025 2025
		imaging, lower extremity other than		
		joint; without contrast material(s),	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a	
4/1/2023 -	General/Fa	followed by contrast material(s) and	suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next	Apr-Jun
6/30/2023 4/1/2023	•	•	4 weeks.	3 2023 2023
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	further sequences	4 weeks.	3 2023 2023
		73720 Magnetic resonance (eg, proton)		
		imaging, lower extremity other than		
		joint; without contrast material(s),	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a	
4/1/2023 -	General/Fa	followed by contrast material(s) and	suspicion of a tendon or ligament injury.; Surgery or arthrscopy is scheduled in the next 4	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	further sequences	weeks.	1 2023 2023
		73720 Magnetic resonance (eg, proton)		
		imaging, lower extremity other than		
		joint; without contrast material(s),	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO	
4/1/2023 -	General/Fa	followed by contrast material(s) and	suspicion of a tendon or ligament injury.; There is a suspicion of fracture not adequately	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	further sequences	determined by x-ray.	1 2023 2023
		73720 Magnetic resonance (eg, proton)		
		imaging, lower extremity other than		
		joint; without contrast material(s),		
4/1/2023 -	General/Fa	followed by contrast material(s) and	This is not a pulsatile mass.; There is a suspicion of an infection.; The patient is taking	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	further sequences	antibiotics.; Non Joint is being requested.	2 2023 2023
2,00,2020 4,1,2020	-, -0, 2020 mm, . radice //pp/0401	73720 Magnetic resonance (eg, proton)		2 2023 2023
		imaging, lower extremity other than		
		joint; without contrast material(s),	This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a	
4/1/2022	Conorel/Fe	• •	·	Amountere
4/1/2023 -	General/Fa	followed by contrast material(s) and	fracture which does not show healing (non-union fracture).; This is not a pre-operative study	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	further sequences	for planned surgery.; Non Joint is being requested.	3 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began less than 6 months ago	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a mass.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for staging.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a mass.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were abnormal.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to an old injury.; The member has not failed a 4 week course of conservative management in the past 3 months.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; The request is not for hip pain.; The study is for post operative evaluation.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RBI. The primary symptoms became less than 6 months are	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 mily Practice Approval General/Fa 6/30/2023 mily Practice Approval	74150 Computed tomography, abdomen; without contrast material	via BBI.; The primary symptoms began less than 6 months ago NONE; This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	74150 Computed tomography, abdomen; without contrast material	This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for pre-operative evaluation.; Yes this is a request for a Diagnostic CT; This is NOT a Medicare member. This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer,	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	74150 Computed tomography, abdomen; without contrast material	mass, or rule out metastases.; No, this is not a request for follow up to a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; It is unknown if this study is being ordered for staging of a known tumor (not) prostate, known prostate CA with PSA> 10, abdominal mass, retroperitoneal mass or new symptoms including hematuria with known CA or tumor.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023

			This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer,	
			mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or	
4/1/2023 -	General/Fa	74150 Computed tomography,	abdominal cancer.; This study being ordered for a palpable, observed or imaged upper	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	abdomen; without contrast material	abdominal mass.; Yes this is a request for a Diagnostic CT; This is NOT a Medicare member.	2 2023 2023
0/30/2023 4/1/2023	5/35/2525 mmy Practice Approval	abdomen, without contrast material	abdominal mass., res ans is a requestion a biagnostic er, rins is not a medicale member.	2 2023 2023
			This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer,	
			mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or	
4/1/2023 -	General/Fa	74150 Computed tomography,	abdominal cancer.; This study being ordered for a palpable, observed or imaged upper	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	abdomen; without contrast material	abdominal mass.; Yes this is a request for a Diagnostic CT; This is NOT a Medicare member.	3 2023 2023
	, , , , , , , , , , , , , , , , , , , ,	·	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer,	
			mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or	
4/1/2023 -	General/Fa	74150 Computed tomography,	abdominal cancer.; This study being ordered for initial staging of a known tumor other than	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	abdomen; without contrast material	prostate.; Yes this is a request for a Diagnostic CT	1 2023 2023
			This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer,	
4/1/2023 -	General/Fa	74150 Computed tomography,	mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	abdomen; without contrast material	abdominal cancer.; Yes this is a request for a Diagnostic CT; This is a Medicare member.	1 2023 2023
			This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral	
4/1/2023 -	General/Fa	74150 Computed tomography,	stone.; This patient is experiencing hematuria.; Yes this is a request for a Diagnostic CT; This	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	abdomen; without contrast material	is NOT a Medicare member.	1 2023 2023
			This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or	
4/1/2023 -	General/Fa	74150 Computed tomography,	tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	abdomen; without contrast material	Sigmoidoscopy.; Yes this is a request for a Diagnostic CT; This is a Medicare member.	4 2023 2023
			This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or	
4/1/2023 -	General/Fa	74150 Computed tomography,	tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	abdomen; without contrast material	Sigmoidoscopy.; Yes this is a request for a Diagnostic CT; This is NOT a Medicare member.	8 2023 2023
			This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or	
			tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy,	
			or Sigmoidoscopy.; The patient does not have new symptoms including hematuria, new lab	
. /. /	- 15		results or other imaging studies including ultrasound, doppler or x-ray (plain film) findings,	
4/1/2023 -	General/Fa	74150 Computed tomography,	suspicion of an adrenal mass or suspicion of a renal mass.; Yes this is a request for a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	abdomen; without contrast material	Diagnostic CT	1 2023 2023
			This is a year and fay on Abdaman CT. This should is being address for an infection such as	
			This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are	
			abnormal lab results or physical findings on exam such as rebound or guarding that are	
			consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered	
4/1/2023 -	General/Fa	74150 Computed tomography,	for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	abdomen; without contrast material	Colitis, Diverticulitis, or Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 mmy Practice Approval	abdomen, without contrast material	This is a request for an Abdomen CT.; This study is being ordered for an infection such as	1 2023 2023
			pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are NO	
			abnormal lab results or physical findings on exam such as rebound or guarding that are	
			consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered	
			for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative	
4/1/2023 -	General/Fa	74150 Computed tomography,	Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	abdomen; without contrast material	hepatitis C.; Yes this is a request for a Diagnostic CT	1 2023 2023
.,,,,,,,, _	., , ,		-b	
			This is a request for an Abdomen CT.; This study is being ordered for another reason besides	
			Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or	
			Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc; There	
4/1/2023 -	General/Fa	74150 Computed tomography,	are clinical findings or indications of unexplained weight loss of greater than 10% body	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	abdomen; without contrast material	weight in 1 month; Yes this is a request for a Diagnostic CT; This is a Medicare member.	1 2023 2023
			· · · · · · · · · · · · · · · · · · ·	

			This is a request for an Abdomen CT.; This study is being ordered for another reason besides	
			Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or	
4/1/2023 -	General/Fa	74150 Computed tomography,	Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	abdomen; without contrast material	with gastroparesis; Yes this is a request for a Diagnostic CT	9 2023 2023
0/30/2023 4/1/2023	0/30/2023 Hilly Fractice Approval	abdomen, without contrast material	This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.;	9 2023 2023
4/1/2023 -	General/Fa	74150 Computed tomography,	Something other than the spleen, liver or kidney is enlarged.; Yes this is a request for a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	abdomen; without contrast material	Diagnostic CT	1 2023 2023
			This study is being ordered for something other than: known trauma or injury, metastatic	
			disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
			vascular disease.; There has been treatment or conservative therapy.; The ordering MDs	
			specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
4/1/2023 -	General/Fa	74150 Computed tomography,	Radiation Oncology; This case was created via BBI.; The primary symptoms began less than 6	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	abdomen; without contrast material	months ago; Medications were given for this diagnosis	1 2023 2023
		744.74 Community of the community		
		74174 Computed tomographic angiography, abdomen and pelvis, with		
		contrast material(s), including		
4/1/2023 -	General/Fa	noncontrast images, if performed, and		Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	image postprocessing	This is a request for CT Angiography of the Abdomen and Pelvis.	1 2023 2023
-, 50, 2025 4, 1, 2025	1, 10, 2020, . ractice //pprovai	74175 Computed tomographic	a request of arring ograph, or an around officer unit revisi	1 2023 2023
		angiography, abdomen, with contrast		
		material(s), including noncontrast		
4/1/2023 -	General/Fa	images, if performed, and image		Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	postprocessing	Yes, this is a request for CT Angiography of the abdomen.	1 2023 2023
			Enter answer here - or Type In UMs. Hadlock says that her cough started 1-2 months ago.	
			She says she brings up yellow phlegm sometimes. It is off and on all day. At night she uses an	
			albuterol nebulizer, nasal sprays, and uses her CPAP but keeps waking up; This study is being	
			ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative	
4/1/2022	General/Fa	74176 Computed tomography,	therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery,	A I
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	abdomen and pelvis; without contrast material	Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Hilly Fractice Approval	Haterial	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	1 2023 2023
			Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
		74176 Computed tomography,	Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -	General/Fa	abdomen and pelvis; without contrast	This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material	began 6 months to 1 year; Medications were given for this diagnosis	1 2023 2023
			There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	
			Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
		74176 Computed tomography,	Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -	General/Fa	abdomen and pelvis; without contrast	This study is being ordered for Cancer/Tumor/ Metastatic Disease; The primary symptoms	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material	began less than 6 months ago; Medications were given for this diagnosis	1 2023 2023
			There has been treatment or consequently thereby . The ordering MDs cresislates NOT	
			There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
		74176 Computed tomography,	Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -	General/Fa	abdomen and pelvis; without contrast	This study is being ordered for Cancer/Tumor/ Metastatic Disease; The primary symptoms	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material	began more than 1 year ago; Chemotherapy was given for this diagnosis	1 2023 2023
-,50,2025 4,1,2025	1, 10, 2020, . ractice //pproval		2-20-111010 and 2 year age, enemotically may given for any authoris	1 2023 2023
			There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	
			Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
		74176 Computed tomography,	Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -	General/Fa	abdomen and pelvis; without contrast	This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material	began less than 6 months ago; Medications were given for this diagnosis	1 2023 2023

			There has not been any treatment or conservative therapy.; The ordering MDs specialty is	
		7417C Committed to accommiss	NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -	Conoral/Fa	74176 Computed tomography,	Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	A m . I
6/30/2023 4/1/2023	General/Fa	abdomen and pelvis; without contrast material	This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms	Apr-Jun 2 2023 2023
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material	began less than 6 months ago This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The	2 2023 2023
		74176 Computed tomography,	reason for the study is renal calculi, kidney or ureteral stone.; It is not known if this study is	
4/1/2023 -	General/Fa	abdomen and pelvis; without contrast	being requested for abdominal and/or pelvic pain.; The study is not requested for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material	hematuria.; Yes this is a request for a Diagnostic CT	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Illily Flactice Approval	Illateriai	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The	1 2023 2023
			reason for the study is renal calculi, kidney or ureteral stone.; This study is not being	
			requested for abdominal and/or pelvic pain.; It is not known if the study is requested for	
		74176 Computed tomography,	hematuria.; The results of the urinalysis were normal.; Yes this is a request for a Diagnostic	
4/1/2023 -	General/Fa	abdomen and pelvis; without contrast	CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material	treatment.	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Illily Flactice Apploval	Illateriai	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The	1 2023 2023
			reason for the study is renal calculi, kidney or ureteral stone.; This study is not being	
			requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; It is	
		74176 Computed tomography,	not known if the urinalysis results were normal or abnormal.; Yes this is a request for a	
4/1/2023 -	General/Fa	abdomen and pelvis; without contrast	Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material	or treatment.	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Illily Fractice Approval	material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The	1 2023 2023
			reason for the study is renal calculi, kidney or ureteral stone.; This study is not being	
			requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The	
		74176 Computed tomography,	results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.;	
4/1/2023 -	General/Fa	abdomen and pelvis; without contrast	Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material	cancer such as for diagnosis or treatment.	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Illily Flactice Approval	Illateriai	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The	1 2023 2023
		74176 Computed tomography,	reason for the study is renal calculi, kidney or ureteral stone.; This study is not being	
4/1/2023 -	General/Fa	abdomen and pelvis; without contrast	requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material	this is a request for a Diagnostic CT	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Hilly Fractice Approval	material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study	1 2023 2023
			is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results	
		74176 Computed tomography,	were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit	
4/1/2023 -	General/Fa	abdomen and pelvis; without contrast	for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material	request for a Diagnostic CT	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Hilly Fractice Approval	material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study	1 2023 2023
			is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were	
		74176 Computed tomography,	abnormal.; The urinalysis was positive for hematuria/blood.; It is not known if the pain is	
4/1/2023 -	General/Fa	abdomen and pelvis; without contrast	acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material	Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2023 2023
0,00,000	5,55, 2525 ·····, · · · · · · · · · · · · · · · ·		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study	
			is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were	
		74176 Computed tomography,	abnormal.; The urinalysis was positive for hematuria/blood.; It is not known if the pain is	
4/1/2023 -	General/Fa	abdomen and pelvis; without contrast	acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material	or lipase lab test.; Yes this is a request for a Diagnostic CT	2 2023 2023
.,,	, , , , , , , , , , , , , , , , , , , ,		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study	
			is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were	
			abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for	
		74176 Computed tomography,	chronic pain.; This is not the first visit for this complaint.; There has not been a physical	
4/1/2023 -	General/Fa	abdomen and pelvis; without contrast	exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material	Diagnostic CT	1 2023 2023
,, ., .,	, , , , , , , , , , , , , , , , , , , ,		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study	
			is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were	
		74176 Computed tomography,	abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for	
4/1/2023 -	General/Fa	abdomen and pelvis; without contrast	chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material	Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2023 2023
.,,	.,,	*** *	, , , , , , , , , ,	

4/1/2023 -	General/Fa	74176 Computed tomography, abdomen and pelvis; without contrast	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lines of the patient of the patient of the patient did not have a mylase or lines of the patient of the patient did not have a mylase or lines or lines or	Apr-Jun 12 2023 2023
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material	lipase lab test.; Yes this is a request for a Diagnostic CT	12 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
			This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study	
4/1/2023 -	General/Fa	74176 Computed tomography, abdomen and pelvis; without contrast	is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for ketones.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material	results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1 2023 2023
4/1/2023 -	General/Fa	74176 Computed tomography, abdomen and pelvis; without contrast	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material	Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for something other than billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; It is unknown if there has been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	Apr-Jun 3 2023 2023

			This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study	
		7/176 Computed tomography	is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were	
4/1/2023 -	General/Fa	74176 Computed tomography, abdomen and pelvis; without contrast	normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material	request for a Diagnostic CT	3 2023 2023
0/30/2023 4/1/2023	0/30/2023 mily Practice Approval	material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; The	3 2023 2023
			reason for the study is renal calculi, kidney or ureteral stone.; This study is not being	
		74176 Computed tomography,	requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes	
4/1/2023 -	General/Fa	abdomen and pelvis; without contrast	this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material	such as for diagnosis or treatment.	1 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2,00,2020,		This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This	
		74176 Computed tomography,	study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is	
4/1/2023 -	General/Fa	abdomen and pelvis; without contrast	acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material	Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2023 2023
	, , , , , , , , , , , , , , , , , , , ,		This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This	
		74176 Computed tomography,	study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is	
4/1/2023 -	General/Fa	abdomen and pelvis; without contrast	acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material	or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2023 2023
			This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This	
		74176 Computed tomography,	study is being requested for abdominal and/or pelvic pain.; The study is being ordered for	
4/1/2023 -	General/Fa	abdomen and pelvis; without contrast	acute pain.; There has not been a physical exam.; The patient did not have a amylase or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material	lipase lab test.; Yes this is a request for a Diagnostic CT	1 2023 2023
			This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This	
			study is being requested for abdominal and/or pelvic pain.; The study is being ordered for	
		74176 Computed tomography,	chronic pain.; This is not the first visit for this complaint.; It is unknown if there has been a	
4/1/2023 -	General/Fa	abdomen and pelvis; without contrast	physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material	a Diagnostic CT	1 2023 2023
			This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This	
		74176 Computed tomography,	study is being requested for abdominal and/or pelvic pain.; The study is being ordered for	
4/1/2023 -	General/Fa	abdomen and pelvis; without contrast	chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material	Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2023 2023
			This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This	
		74176 Computed tomography,	study is being requested for abdominal and/or pelvic pain.; The study is being ordered for	
4/1/2023 -	General/Fa	abdomen and pelvis; without contrast	chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material	lipase lab test.; Yes this is a request for a Diagnostic CT	14 2023 2023
			This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This	
. /. /2022	0 1/5	74176 Computed tomography,	study is being requested for abdominal and/or pelvic pain.; The study is being ordered for	
4/1/2023 -	General/Fa	abdomen and pelvis; without contrast	chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material	The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	2 2023 2023
			This is a year, set for an Ahdaman and Dalvis CT . A suinal sie has not have accomplated. This	
		7/176 Computed tomography	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This	
4/1/2023 -	General/Fa	74176 Computed tomography,	study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The	A manual trans
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	abdomen and pelvis; without contrast material	results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
0/30/2023 4/1/2023	6/30/2023 Illily Plactice Approval	material	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been	1 2023 2023
			completed.; This study is being requested for abdominal and/or pelvic pain.; The study is	
		74176 Computed tomography,	being ordered for chronic pain.; This is not the first visit for this complaint.; It is unknown if	
4/1/2023 -	General/Fa	abdomen and pelvis; without contrast	there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material	test.; Yes this is a request for a Diagnostic CT	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 mily Fractice Approval	material	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been	1 2023 2023
		74176 Computed tomography,	completed.; This study is being requested for abdominal and/or pelvic pain.; The study is	
4/1/2023 -	General/Fa	abdomen and pelvis; without contrast	being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material	patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2023 2023
0,30,2023 4,1,2023	5,35/2023 mily Fractice Approval	74176 Computed tomography,	This is a request for an Abdomen and Pelvis CT.; It is not known if this study is being	1 2023 2023
4/1/2023 -	General/Fa	abdomen and pelvis; without contrast	requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material	is a request for a Diagnostic CT	1 2023 2023
0,30,2023 4,1,2023	0,00,2020 mmy Fractice Approval	material	a requestion a biognostic et	1 2023 2023

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

			This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the	
			listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The	
			study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE	
			(system matched response); C/O muscle spasms-acute onset,8 days. Spasms started in RUQ	
			and progressed to all over the abdomen. Nausea, constipation, decreased appetite &	
		74176 Computed tomography,	weight loss. He has been on clear liquids since the symptoms started. Had colonoscopy in	
4/1/2023 -	General/Fa	abdomen and pelvis; without contrast	2019 which was normal.; This is study NOT being ordered for a concern of cancer such as for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material	diagnosis or treatment.	1 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,		This is a reguest for an Abdomen and Pelvis CT.; The reason for the study is none of the	
			listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The	
		74176 Computed tomography,	study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; Reason: ELSE	
4/1/2022	General/Fa		, , ,	American
4/1/2023 -	·	abdomen and pelvis; without contrast	(system matched response); Chiari I malformation; This is study NOT being ordered for a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material	concern of cancer such as for diagnosis or treatment.	1 2023 2023
			This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the	
			listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The	
		74176 Computed tomography,	study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; Reason: ELSE	
4/1/2023 -	General/Fa	abdomen and pelvis; without contrast	(system matched response); melena and hernia; This is study NOT being ordered for a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material	concern of cancer such as for diagnosis or treatment.	1 2023 2023
			This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the	
			listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The	
		74176 Computed tomography,	study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; Reason: ELSE	
4/1/2023 -	General/Fa	abdomen and pelvis; without contrast	(system matched response); VOMITING WHEN EATING; This is study NOT being ordered for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material	a concern of cancer such as for diagnosis or treatment.	1 2023 2023
0/00/2020 1/2/2020	0/30/2023 mmy : racade / pprova:	74176 Computed tomography,	This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post	1 2025 2025
4/1/2023 -	General/Fa	abdomen and pelvis; without contrast	op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The	Apr-Jun
	•	· · · · · · · · · · · · · · · · · · ·		1 2023 2023
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material	study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2023 2023
		7470	This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post	
		74176 Computed tomography,	op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The	
4/1/2023 -	General/Fa	abdomen and pelvis; without contrast	study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material	NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2023 2023
			This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass	
			or suspected tumor or metastasis.; It is not known if this study is being requested for	
		74176 Computed tomography,	abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did	
4/1/2023 -	General/Fa	abdomen and pelvis; without contrast	NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material	Diagnostic CT	1 2023 2023
	, , , , , , , , , , , , , , , , , , , ,		This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass	
			or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study	
			is not being requested for abdominal and/or pelvic pain.; The study is not requested for	
			hematuria.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The	
		74176 Computed tomography,	patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT	
4/1/2023 -	General/Fa			American
	· · ·	abdomen and pelvis; without contrast	completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material	is a request for a Diagnostic CT	1 2023 2023
			This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass	
			or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is	
			not being requested for abdominal and/or pelvic pain.; The study is not requested for	
		74176 Computed tomography,	hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The	
4/1/2023 -	General/Fa	abdomen and pelvis; without contrast	patient has NOT completed a course of chemotherapy or radiation therapy within the past	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material	90 days.; Yes this is a request for a Diagnostic CT	2 2023 2023
			This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass	
			or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is	
			not being requested for abdominal and/or pelvic pain.; The study is not requested for	
			hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The	
		74176 Computed tomography,	patient has NOT completed a course of chemotherapy or radiation therapy within the past	
4/1/2022	Conoral/Fa			A man last
4/1/2023 -	General/Fa	abdomen and pelvis; without contrast	90 days.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material	concern of cancer such as for diagnosis or treatment.	2 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; It is not known if this is the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	Apr-Jun 30 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	Apr-Jun 4 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones, Kidney/Renal cyst, Anerysm or a Pelvis Mass.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	Apr-Jun 4 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	Apr-Jun 14 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023

			This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
		74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the	
4/1/2023 -	General/Fa	abdomen and pelvis; without contrast	first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material	known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 IIIIIy Fractice /ipprovar	material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	1 2023 2023
		74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/1/2023 -	General/Fa	abdomen and pelvis; without contrast	this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material	NOT performed.; Yes this is a request for a Diagnostic CT	18 2023 2023
0/30/2023 4/1/2023	0/30/2023 Illily Fractice Approval	iliatellai	NOT performed, results is a request for a biagnostic ci	18 2023 2023
			This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
		74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/1/2023 -	General/Fa		this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	abdomen and pelvis; without contrast material	performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	1 2023 2023
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material	performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	1 2023 2023
			This is a year, sat far an Abdaman and Dalvie CT. This study is being year, sated for abdaminal	
		7417C Committed tomography	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
4/4/2022	0 1/5	74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/1/2023 -	General/Fa	abdomen and pelvis; without contrast	this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material	performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	5 2023 2023
			This is a second for an Abdaman and Babis CT Till a late to the second State of the se	
		74476 Community of the same of	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
. /. /		74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/1/2023 -	General/Fa	abdomen and pelvis; without contrast	this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material	performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	6 2023 2023
			This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
			and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
		74176 Computed tomography,	this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was	
4/1/2023 -	General/Fa	abdomen and pelvis; without contrast	performed.; The results of the exam were normal.; The patient did not have an Ultrasound.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material	Yes this is a request for a Diagnostic CT	2 2023 2023
			This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
			and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
			this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was	
		74176 Computed tomography,	performed.; The results of the exam were normal.; The patient had an Ultrasound.; The	
4/1/2023 -	General/Fa	abdomen and pelvis; without contrast	Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones,	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material	Kidney/Renal cyst, Anerysm or a Pelvis Mass.; Yes this is a request for a Diagnostic CT	1 2023 2023
			This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
			and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
			this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was	
		74176 Computed tomography,	performed.; The results of the exam were normal.; The patient had an Ultrasound.; The	
4/1/2023 -	General/Fa	abdomen and pelvis; without contrast	Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material	not have an endoscopy.; Yes this is a request for a Diagnostic CT	1 2023 2023
			This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
		74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/1/2023 -	General/Fa	abdomen and pelvis; without contrast	this complaint.; There has been a physical exam.; The patient is female.; It is not known if a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material	pelvic exam was performed.; Yes this is a request for a Diagnostic CT	6 2023 2023
			This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
		74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/1/2023 -	General/Fa	abdomen and pelvis; without contrast	this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material	performed.; Yes this is a request for a Diagnostic CT	11 2023 2023
			This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
		74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/1/2023 -	General/Fa	abdomen and pelvis; without contrast	this complaint.; There has been a physical exam.; The patient is male.; It is not known if a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material	rectal exam was performed.; Yes this is a request for a Diagnostic CT	4 2023 2023

			This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
. /. /	- 1/-	74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/1/2023 -	General/Fa	abdomen and pelvis; without contrast	this complaint.; There has been a physical exam.; The patient is male.; It is not known if a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material	rectal exam was performed.; Yes this is a request for a Diagnostic CT This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	5 2023 2023
		74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this	
4/1/2023 -	General/Fa	abdomen and pelvis; without contrast	complaint.; The patient had an amylase lab test.; The results of the lab test were abnormal.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material	Yes this is a request for a Diagnostic CT	4 2023 2023
0/30/2023 4/1/2023	0/30/2023 mily Practice Approval	material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	4 2023 2023
		74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this	
4/1/2023 -	General/Fa	abdomen and pelvis; without contrast	complaint.; The patient had an lipase lab test.; The results of the lab test were abnormal.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material	Yes this is a request for a Diagnostic CT	4 2023 2023
0,00,000	о, со, доле и и и и и и и и и и и и и и и и и и и		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for	. ====
			abdominal and/or pelvic pain.; The patient did NOT have an abnormal abdominal	
		74176 Computed tomography,	Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT; There is NO	
4/1/2023 -	General/Fa	abdomen and pelvis; without contrast	documentation of a known tumor or a known diagnosis of cancer; This is study being	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material	ordered for a concern of cancer such as for diagnosis or treatment.	1 2023 2023
		74176 Computed tomography,	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for	
4/1/2023 -	General/Fa	abdomen and pelvis; without contrast	abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material	for a Diagnostic CT	9 2023 2023
		74176 Computed tomography,	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for	
4/1/2023 -	General/Fa	abdomen and pelvis; without contrast	abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material	for a Diagnostic CT	10 2023 2023
			This is a request for an Abdomen and Pelvis CT.; This study is not being requested for	
		74176 Computed tomography,	abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request	
4/1/2023 -	General/Fa	abdomen and pelvis; without contrast	for a Diagnostic CT; It is unknown if this study being ordered for a concern of cancer such as	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material	for diagnosis or treatment.	1 2023 2023
			This is a request for an Abdomen and Pelvis CT.; This study is not being requested for	
		74176 Computed tomography,	abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request	
4/1/2023 -	General/Fa	abdomen and pelvis; without contrast	for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material	diagnosis or treatment.	42 2023 2023
			This is a request for an Abdomen and Pelvis CT.; This study is not being requested for	
. /. /	- 1/-	74176 Computed tomography,	abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT; There is	
4/1/2023 -	General/Fa	abdomen and pelvis; without contrast	documentation of a known tumor or a known diagnosis of cancer; This is study being	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material	ordered for a concern of cancer such as for diagnosis or treatment.	4 2023 2023
			A CT Comban has been sent in the conducted Britanian and a transfer of the conducted	
		74101 Magnetic reconnect (or master)	A CT Scan has been previously conducted.; Prior imaging was abnormal; The ordering	
4/1/2023 -	General/Fa	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast	provider's is NOT Surgery, Surgical Oncology, Urology, Hematologist/Oncologist or Interventional Radiology.; Tumor, mass, neoplasm, or metastatic disease best describes the	Apr-Jun
7 7				1 2023 2023
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material(s)	reason for this procedure.; The patient's cancer is suspected; Renal cancer is suspected.	1 2023 2023
			A CT Scan has been previously conducted.; Prior imaging was inconclusive; The ordering	
		74181 Magnetic resonance (eg, proton)	provider's is NOT Surgery, Surgical Oncology, Urology, Hematologist/Oncologist or	
4/1/2023 -	General/Fa	imaging, abdomen; without contrast	Interventional Radiology.; Tumor, mass, neoplasm, or metastatic disease best describes the	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material(s)	reason for this procedure.; The patient's cancer is suspected; Renal cancer is suspected.	1 2023 2023
0/30/2023 4/1/2023	6/36/2023 mily Fractice Approval	74181 Magnetic resonance (eg, proton)	An MRI has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease best	1 2023 2023
4/1/2023 -	General/Fa	imaging, abdomen; without contrast	describes the reason for this procedure.; The patient's cancer is suspected; Liver cancer is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material(s)	suspected.	1 2023 2023
-,,	-,, <u>,,,,,,,, -</u>	74181 Magnetic resonance (eg, proton)	An ultrasound has been previously conducted.; Prior imaging was abnormal; Tumor, mass,	1 2020 2020
4/1/2023 -	General/Fa	imaging, abdomen; without contrast	neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material(s)	cancer is known; This is being requeted for initial staging.	1 2023 2023
, , , , ,	, , , , , , , , , , , , , , , , , , ,	74181 Magnetic resonance (eg, proton)	,	
4/1/2023 -	General/Fa	imaging, abdomen; without contrast		Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material(s)	Other not listed best describes the reason for this procedure.	2 2023 2023

			This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; It is not	
		74181 Magnetic resonance (eg, proton)	known if the study is for follow up or staging.; The patient did NOT have chemotherapy,	
4/1/2023 -	General/Fa	imaging, abdomen; without contrast	radiation therapy or surgery in the last 3 months.; They did NOT have an Abdomen MRI in	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material(s)	the last 10 months.	1 2023 2023
			This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This	
. /. /		74181 Magnetic resonance (eg, proton)	study is being ordered for follow-up.; The patient did NOT have chemotherapy, radiation	
4/1/2023 -	General/Fa	imaging, abdomen; without contrast	therapy or surgery in the last 3 months.; They did NOT have an Abdomen MRI in the last 10	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material(s)	months.	1 2023 2023
		74181 Magnetic resonance (eg, proton)	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This	
4/1/2023 -	General/Fa	imaging, abdomen; without contrast	study is being ordered for follow-up.; The patient had chemotherapy, radiation therapy or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material(s)	surgery in the last 3 months.	1 2023 2023
			This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or	
. /. /		74181 Magnetic resonance (eg, proton)	suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT,	
4/1/2023 -	General/Fa	imaging, abdomen; without contrast	MRI or Ultrasound.; A abnormality was found on the pancreas during a previous CT, MRI or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material(s)	Ultrasound.	1 2023 2023
			This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or	
. /. /		74181 Magnetic resonance (eg, proton)	suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT,	
4/1/2023 -	General/Fa	imaging, abdomen; without contrast	MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material(s)	The patient has a renal cyst.	2 2023 2023
			This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or	
		74181 Magnetic resonance (eg, proton)	suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT,	
4/1/2023 -	General/Fa	imaging, abdomen; without contrast	MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material(s)	The patient has a tumor.	2 2023 2023
			This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or	
		74181 Magnetic resonance (eg, proton)	suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT,	
4/1/2023 -	General/Fa	imaging, abdomen; without contrast	MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; It is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material(s)	unknown if there is suspicion of metastasis.	6 2023 2023
			This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or	
		74181 Magnetic resonance (eg, proton)	suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT,	
4/1/2023 -	General/Fa	imaging, abdomen; without contrast	MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material(s)	There is NO suspicion of metastasis.	3 2023 2023
			This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or	
		74181 Magnetic resonance (eg, proton)	suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT,	
4/1/2023 -	General/Fa	imaging, abdomen; without contrast	MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material(s)	There is NO suspicion of metastasis.	4 2023 2023
			This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or	
		74181 Magnetic resonance (eg, proton)	suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT,	
4/1/2023 -	General/Fa	imaging, abdomen; without contrast	MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material(s)	There is suspicion of metastasis.	6 2023 2023
			This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or	
		74181 Magnetic resonance (eg, proton)	suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT,	
4/1/2023 -	General/Fa	imaging, abdomen; without contrast	MRI or Ultrasound.; The abnormality found on a previous CT, MRI or Ultrasound was not in	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material(s)	the liver, kidney, pancreas or spleen.	3 2023 2023
		74181 Magnetic resonance (eg, proton)	This request is for an Abdomen MRI.; This study is not being ordered for known tumor,	
4/1/2023 -	General/Fa	imaging, abdomen; without contrast	suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	material(s)	vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	4 2023 2023
		74185 Magnetic resonance		
4/1/2023 -	General/Fa	angiography, abdomen, with or without		Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	contrast material(s)	This study is being requested for other not listed.	1 2023 2023
		75635 Computed tomographic		
		angiography, abdominal aorta and		
		bilateral iliofemoral lower extremity		
		runoff, with contrast material(s),	This case was created via BBI.; This procedure is being requested for evaluation of vascular	
4/1/2023 -	General/Fa	including noncontrast images, if	disease in the stomach or legs; The patient had an Ankle Brachial Index (ABI); The study was	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	performed, and image postprocessing	abnormal	3 2023 2023
, , , , , , , , , , , , , , , , , , , ,	, ., ,	, ,		

4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the stomach or legs; The patient had a Doppler Ultrasound; The study was abnormal	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the stomach or legs; The patient had an Ankle Brachial Index (ABI); The study was abnormal	Apr-Jun 4 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This procedure is being requested for evaluation of vascular disease in the stomach or legs; No other study was performed	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This procedure is being requested for evaluation of vascular disease in the stomach or legs; The patient had an Ankle Brachial Index (ABI); The study was normal	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral lilofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This procedure is being requested for evaluation of vascular disease in the stomach or legs; The patient had another study not listed	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This procedure is being requested for something other than listed	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Approval	76380 Computed tomography, limited or localized follow-up study	This study is being ordered for sinusitis.; This sinus CT is not to be performed in conjunction with a head CT or MRI study.; Yes, the patient has been treated with antibiotics with no improvement within the past year.; Yes, there have been four (4) documented courses of antibiotic treatment within the past year.; This is a request for a limited Sinus CT lifetime risk greater than 20%; This is a request for Breast MRI.; This study is being ordered	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	as a screening examination for known family history of breast cancer.; It is unknown if there is a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	PATIENT HAD A NEGATIVE MAMMOGRAM, RADIOLOGIST RECOMMENDED MRI TO EVALUATE NIPPLE DISCHARGE.; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetric testing or a suspected implant rupture.	Apr-Jun 1 2023 2023

			Patient has a life-time risk of 29.8% of breast cancer. Mother and Maternal Aunt with breast	
			cancer. Patient reports Bilateral Breast Augmentation with Saline implants that have	
			deflated.; This is a request for Breast MRI.; This study is being ordered as a screening	
		77046 Magnetic resonance imaging,	examination for known family history of breast cancer.; There are NOT benign lesions in the	
4/1/2023 -	General/Fa	breast, without contrast material;	breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	unilateral	history in at least two first-degree relatives (parent, sister, brother, or children).	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 mily Fractice Approval	umatera	Patient has a lifetime risk for breast cancer at 20.2%. Her Mother was diagnosed with breast	1 2023 2023
			cancer at age 60, there is also breast cancer in 2 maternal aunts.; This is a request for Breast	
			•	
		7704644	MRI.; This study is being ordered as a screening examination for known family history of	
		77046 Magnetic resonance imaging,	breast cancer.; There are NOT benign lesions in the breast associated with an increased	
4/1/2023 -	General/Fa	breast, without contrast material;	cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	unilateral	relatives (parent, sister, brother, or children).	1 2023 2023
			Patient has lifetime risk of breast cancer at 33.3%. She has one maternal aunt diagnosed at	
			47 with breast cancer, one paternal aunt diagnosed with breast cancer at 34 and one	
			paternal aunt diagnosed with both breast and ovarian cancer at 50.; This is a request for	
			Breast MRI.; This study is being ordered as a screening examination for known family history	
		77046 Magnetic resonance imaging,	of breast cancer.; There are NOT benign lesions in the breast associated with an increased	
4/1/2023 -	General/Fa	breast, without contrast material;	cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	unilateral	relatives (parent, sister, brother, or children).	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 mily Fractice Approval	dillideral	Patient is a 29 year old woman who presents for right clear nipple discharge that is	1 2023 2023
			;expressible and spontaneous. The patient reports 2 prior episodes of bloody nipple	
			discharge. The patient reports palpable nodularity noted on ;recent physician exam i; This is	
		77046 Magnetic resonance imaging,	a request for Breast MRI.; This study is being ordered for something other than known	
4/1/2023 -	General/Fa	breast, without contrast material;	breast cancer, known breast lesions, screening for known family history, screening following	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	unilateral	genetric testing or a suspected implant rupture.	1 2023 2023
			Patient presented with palpable lump in the left breast 9 o'clock position. Imaging by	
			Ultrasound was incomplete/inconclusive, Radiologist recommended MRI as was to better	
			evaluate prior to possible biopsy procedure.; This is a request for Breast MRI.; This study is	
		77046 Magnetic resonance imaging,	being ordered for something other than known breast cancer, known breast lesions,	
4/1/2023 -	General/Fa	breast, without contrast material;	screening for known family history, screening following genetric testing or a suspected	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	unilateral	implant rupture.	1 2023 2023
0,00,2020 1,2,2020	о, со, 2020 п, табаго търгота.		PT HAD A BIOPSY PERFORMED ON 4/4/2023 AND PATHOLOGY REVEALED RADIAL SCAR. MRI	
		77046 Magnetic resonance imaging,	IS FOR EVALUATION FOR SURGEON AND PRESURGICAL PLANNING; This is a request for	
4/1/2023 -	General/Fa	breast, without contrast material;	Breast MRI.; This study is being ordered for known breast lesions.; There are NOT benign	Apr-Jun
1 1	·			· ·
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	unilateral	lesions in the breast associated with an increased cancer risk. PT HAD A BIOPSY PERFORMED ON 4/4/2023 AND PATHOLOGY REVEALED RADIAL SCAR. MRI	1 2023 2023
		7704644	· ·	
		77046 Magnetic resonance imaging,	IS FOR EVALUATION FOR SURGEON AND PRESURGICAL PLANNING; This is a request for	
4/1/2023 -	General/Fa	breast, without contrast material;	Breast MRI.; This study is being ordered for known or suspected breast lesions.; There are	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	unilateral	NOT benign lesions in the breast associated with an increased cancer risk.	1 2023 2023
		77046 Magnetic resonance imaging,	This is a request for Breast MRI.; This study is being ordered as a screening examination	
4/1/2023 -	General/Fa	breast, without contrast material;	following genetic testing for breast cancer.; The patient has a lifetime risk score of greater	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	unilateral	than 20.	1 2023 2023
		77046 Magnetic resonance imaging,	This is a request for Breast MRI.; This study is being ordered as a screening examination	
4/1/2023 -	General/Fa	breast, without contrast material;	following genetic testing for breast cancer.; Yes, the patient have a known mutation such as	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	unilateral	BRCA1, BRCA2, PTEN or TP53.	1 2023 2023
., ., ., _, _, _, _, _, _, _, _, _, _, _, _, _,	.,,,,,		This is a request for Breast MRI.; This study is being ordered as a screening examination for	
		77046 Magnetic resonance imaging,	known family history of breast cancer.; There are benign lesions in the breast associated	
4/1/2023 -	General/Fa	breast, without contrast material;	with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two	Apr-Jun
	·		•	· ·
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	unilateral	first-degree relatives (parent, sister, brother, or children).	1 2023 2023
. /. /		77046 Magnetic resonance imaging,	This is a request for Breast MRI.; This study is being ordered as a screening examination for	
4/1/2023 -	General/Fa	breast, without contrast material;	known family history of breast cancer.; There is a pattern of breast cancer history in at least	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	unilateral	two first-degree relatives (parent, sister, brother, or children).	3 2023 2023
		77046 Magnetic resonance imaging,		
4/1/2023 -	General/Fa	breast, without contrast material;	This is a request for Breast MRI.; This study is being ordered for a known history of breast	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Approval	unilateral	cancer.	1 2023 2023
	· · · · · · · · · · · · · · · · · · ·			

4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient had a recent stress imaging study within the last year; It is unknown if the symptoms are new or changing with new EKG changes or if the patient has a left bundle branch block	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the member has known or suspected coronary artery disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for congestive heart failure.; The member does not have known or suspected coronary artery disease	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023 4/1/20:	General/Fa 23 6/30/2023 mily Practice Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/20:	General/Fa 23 6/30/2023 mily Practice Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; Changing symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; The health carrier is NOT CareSource	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/20	General/Fa 23 6/30/2023 mily Practice Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; The health carrier is NOT CareSource	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/20:		78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began less than 6 months ago A biopsy has NOT substantiated the cancer type; This Pet Scan is being requested for Surgered or Known Canagas. This is fare a Particle of Known of Surgered or Known Canagas. This is fare a Particle of Known of Surgered or Known Canagas.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/202	General/Fa 23 6/30/2023 mily Practice Approval	78813 Positron emission tomography (PET) imaging; whole body 78816 Positron emission tomography (PET) with concurrently acquired	Suspected or Known Cancer; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/202	General/Fa 23 6/30/2023 mily Practice Approval	computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy has NOT substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/20	General/Fa 23 6/30/2023 mily Practice Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Prostate Cancer.; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA; This study is being requested for an other solid tumor.; A biopsy has NOT substantiated the cancer type; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This nodule is New (recently diagnosed); The nodule is NOT calcified (full or partial); This Pet Scan is being requested for a Pulmonary Nodule; The nodule is Between 8 mm AND 4cm; The patient has NOT had a prior PET Scan for this nodule; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This Pet Scan is being requested for Other; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for Chest pain of suspected cardiac etiology; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for Chest pain of suspected cardiac etiology; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram; The health carrier is NOT HealthNet of California	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease; The health carrier is NOT HealthNet of California	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for Follow-up to a prior test; Something other than Myocardial Perfusion Imaging, Exercise Treadmill Testing, Stress Echocardiography, or EKG has been completed; The health carrier is NOT HealthNet of California	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or don't know.; This study is being ordered for symptoms of a heart problem; The health carrier is NOT HealthNet of California	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/202	General/Fa 6/30/2023 mily Practice Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 14 years old.; Other than listed above best describes my reason for ordering this study.; This is an initial evaluation of a patient not seen in this office before.; The ordering provider's specialty is NOT Cardiology or Nephrology	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	Apr-Jun 7 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	Apr-Jun 2 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if this study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	Apr-Jun 6 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has an enlarged heart; Their enlarged heart is not due to any of the listed indications	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	Apr-Jun 4 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if this study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	Apr-Jun 6 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has an enlarged heart; The patient's enlarged heart is not due to any of the listed indications	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	Apr-Jun 4 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	Apr-Jun 1 2023 2023
4/1/2023 -	General/Fa	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient	Apr-Jun
6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 mily Practice Approval General/Fa 6/30/2023 mily Practice Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	has abnormal heart sounds This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has abnormal heart sounds	1 2023 2023 Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This request is NOT for initial evaluation of a murmur.; This is NOT a request for follow up of a known murmur.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has abnormal heart sounds	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This request is NOT for initial evaluation of a murmur.; This is NOT a request for follow up of a known murmur.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has abnormal heart sounds	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; It is unknown if there been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; It is unknown if this request is for initial evaluation of a murmur.; It is unknown if this is a request for follow up of a known murmur.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; There has NOT been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	Apr-Jun 8 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	Apr-Jun 10 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; The patient has suspected prolapsed mitral valve.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 12 - 23 months or more since the last echocardiogram.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	Apr-Jun 4 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	Apr-Jun 11 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; It has been at least 24 months since the last echocardiogram was performed.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	Apr-Jun 4 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	Apr-Jun 31 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	Apr-Jun 4 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of a recent myocardial infarction (heart attack).	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	Apr-Jun 12 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	Apr-Jun 13 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	Apr-Jun 13 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; It is unknown if there is known valvular heart disease.; Pre-existing murmur best describes the reason for ordering this study.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; Other cardiac stress testing was completed 6 weeks or less ago; Congestive heart failure best describes the reason for ordering this study	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms 6 months or less ago.; It is unknown if other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed, New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; This case was created via BBI.; Follow up for known pulmonary hypertension best describes the reason for ordering this study.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; This case was created via BBI.; New onset murmur best describes the reason for ordering this study.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; This case was created via BBI.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; Congestive heart failure best describes the reason for ordering this study	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; This case was created via BBI.; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; A previous TTE (Transthoracic Echocardiogram) has not been completed	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Follow up for known pulmonary hypertension best describes the reason for ordering this study.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; New onset murmur best describes the reason for ordering this study.	Apr-Jun 9 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; Congestive heart failure best describes the reason for ordering this study	Apr-Jun 5 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; A previous TTE (Transthoracic Echocardiogram) has not been completed	Apr-Jun 6 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; The last TTE (Transthoracic Echocardiogram) was more than 3 months ago	Apr-Jun 4 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms was more than 6 months ago.;; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; A previous TTE (Transthoracic Echocardiogram) has not been completed	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; Unknown or other than listed above best describes the reason for ordering this study	Apr-Jun 7 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; Unknown or other than listed above best describes the reason for ordering this study	Apr-Jun 8 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began less than 6 months ago	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M- mode recording); including probe placement, image acquisition, interpretation and report	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested after a completed NON diagnostic transthoracic echocardiogram.; The patient is 18 years of age or older.; The health carrier is NOT HealthNet of California	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Pt states feels like heart is beating hard. Has chest pain. Suspected angina; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is not being ordered for: CAD, post MI evaluation, or as a pre/post operative evaluation.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are documented clinical findings of hyperlipidemia.; The patient has not had a recent non-nuclear stress test.; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for suspected coronary artery disease.	Apr-Jun 4 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	The patient is presenting with symptoms of atypical chest pain and/or shortness of breath.; There are no documented clinical findings of hyperlipidemia.; There are documented clinical findings of hypertension.; The patient has not had a recent non-nuclear stress test.; This is a request for a Stress Echocardiogram.; This patient has not had a Nuclear Cardiac study within the past 8 weeks.; This study is being ordered for suspected coronary artery disease.; "Patient is not clinically obese, nor has an emphysematous chest configuration."	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were selected; The member does not have known or suspected coronary artery disease	Apr-Jun 5 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; Other than listed above best describes the patients clinical presentation.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; The patient had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The patient is experiencing new or changing cardiac symptoms.; The member has known or suspected coronary artery disease.	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	Apr-Jun 11 2023 2023
4/1/2023 -		General/Fa	S8037 MAGNETIC RESONANCE		alk phos;509;38-126;U/L;high;final;N6M; This is a request for MRCP.; There is no reason why	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Approval	CHOLANGIOPANCREATOGRAPHY		the patient cannot have an ERCP.	1 2023 2023
					Patient presents for evaluation of nausea and vomiting. He last took zofran this morning. ;He had a colon resection after colon died due to infection from liver laceration- states only has a	
4/1/2023 -		General/Fa	S8037 MAGNETIC RESONANCE		very small portion of colon but small intestine is connected to; This is a request for MRCP.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Approval	CHOLANGIOPANCREATOGRAPHY		There is no reason why the patient cannot have an ERCP.	1 2023 2023
0,30,2023	4/1/2023	0/30/2023 mmy Fractice Approval	CHOLD WORD / WERE/WOOD WITH		; This study is being ordered for Inflammatory/ Infectious Disease.; There has been	1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	70450 Computed tomography, head or brain; without contrast material		Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD., The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Hilly Fractice Disapproval	brain, without contrast material	Wedically Wecessary	All terrain vehicle accident causing injury, initial encounter; Jaw pain; Jaw swelling; Neck pain	1 2023 2023
4/1/2023 -		General/Fa	704F0 Committed to measurably hand or		on left side;Hoarseness of voice; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	A mar hum
6/30/2023	1/1/2023	6/30/2023 mily Practice Disapproval	70450 Computed tomography, head or brain; without contrast material		Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
				Radiology Services	Patient has tried chiropractor care, home therapy, and medications; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -		General/Fa		Denied Not	Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	brain; without contrast material	Medically Necessary	ago; Home Exercise was done for this diagnosis	1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	Patient is having seizure like episodes, losing weight, passing out; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	Apr-Jun 1 2023 2023
.,,	, -,	, , , , , , , , , , , , , , , , , , ,	,			
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test. This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is	Apr-Jun 25 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	NOT on anticoagulation or blood thinner treatments; There are NO recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness; This is NOT a follow up request for a known hemorrhage/hematoma or vascular abnormality	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	Apr-Jun 15 2023 2023

Radiology Services 4/1/2023 - General/Fa 70450 Computed tomography, head or Denied Not This is a request for a brain/head CT.; The patient has a new onset of a headhache within the	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 mily Practice Disapproval brain; without contrast material Medically Necessary past month; Headache best describes the reason that I have requested this test.	14 2023 2023
This is a request for a brain/head CT.; The patient has a suspected brain tumor.; There are	14 2023 2023
Radiology Services documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare	
4/1/2023 - General/Fa 70450 Computed tomography, head or Denied Not member.; Known or suspected tumor best describes the reason that I have requested this	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 mily Practice Disapproval brain; without contrast material Medically Necessary test.	2 2023 2023
Radiology Services	
4/1/2023 - General/Fa 70450 Computed tomography, head or Denied Not This is a request for a brain/head CT.; The patient has a suspected tumor outside the brain.;	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 mily Practice Disapproval brain; without contrast material Medically Necessary Known or suspected tumor best describes the reason that I have requested this test.	1 2023 2023
Radiology Services This is a request for a brain/head CT.; The patient has the worst headache of patient's life	
4/1/2023 - General/Fa 70450 Computed tomography, head or Denied Not with onset in the past 5 days; This is NOT a Medicare member.; Headache best describes the	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 mily Practice Disapproval brain; without contrast material Medically Necessary reason that I have requested this test.	4 2023 2023
Radiology Services	
4/1/2023 - General/Fa 70450 Computed tomography, head or Denied Not This is a request for a brain/head CT.; The type of tumor is unknown.; Known or suspected	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 mily Practice Disapproval brain; without contrast material Medically Necessary tumor best describes the reason that I have requested this test.	1 2023 2023
9,59,2025 9,50,2025 mily reduce outspirote of the second o	1 2023 2023
Radiology Services This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or suspected	
4/1/2023 - General/Fa 70450 Computed tomography, head or Denied Not blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 mily Practice Disapproval brain; without contrast material Medically Necessary symptoms best describes the reason that I have requested this test.	1 2023 2023
Radiology Services	
4/1/2023 - General/Fa 70450 Computed tomography, head or Denied Not This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or suspected	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 mily Practice Disapproval brain; without contrast material Medically Necessary infection best describes the reason that I have requested this test.	3 2023 2023
Redisland Consider This is a securate for a basis /board CT . This is NOT a Medicara acceptant / Course of course and	
Radiology Services This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or suspected 4/1/2023 - General/Fa 70450 Computed tomography, head or Denied Not TIA (stroke) with documented new or changing neurologic signs and or symptoms best	Apr.lup
6/30/2023 4/1/2023 6/30/2023 mily Practice Disapproval brain; without contrast material Medically Necessary describes the reason that I have requested this test.	Apr-Jun 7 2023 2023
This study is being ordered for a neurological disorder.; There has been treatment or	7 2023 2023
conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
Radiology Services Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.;	
4/1/2023 - General/Fa 70450 Computed tomography, head or Denied Not The primary symptoms began more than 1 year ago; Medications were given for this	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 mily Practice Disapproval brain; without contrast material Medically Necessary diagnosis	1 2023 2023
Will attach clinical note.; This study is being ordered for a neurological disorder.; There has	
not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The	
Radiology Services ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,	
4/1/2023 - General/Fa 70450 Computed tomography, head or Denied Not Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 mily Practice Disapproval brain; without contrast material Medically Necessary symptoms began less than 6 months ago	1 2023 2023
This study is being added for our able to the stage of a sure about the stage of th	
; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
vascular disease.; There has not been any treatment or conservative therapy.; There are 2	
70486 Computed tomography, Radiology Services exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist,	
4/1/2023 - General/Fa maxillofacial area; without contrast Denied Not Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 mily Practice Disapproval material Medically Necessary via RadMD.; The primary symptoms began less than 6 months ago	1 2023 2023
All terrain vehicle accident causing injury, initial encounter;Jaw pain;Jaw swelling;Neck pain	
on left side; Hoarseness of voice; This study is being ordered for trauma or injury.; There has	
been treatment or conservative therapy.; The ordering MDs specialty is NOT	
70486 Computed tomography, Radiology Services Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 - General/Fa maxillofacial area; without contrast Denied Not Oncology; This case was created via RadMD.; The primary symptoms began less than 6	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 mily Practice Disapproval material Medically Necessary months ago; Medications were given for this diagnosis	1 2023 2023

			70486 Computed tomography,	Radiology Services		
4/1/2023 -	. /4 /2022	General/Fa	maxillofacial area; without contrast	Denied Not	This is a request for a Sinus CT.; This study is being ordered for follow-up to trauma.; Yes this	Apr-Jun
6/30/2023 4	1/1/2023	6/30/2023 mily Practice Disapproval	material	Medically Necessary	is a request for a Diagnostic CT	1 2023 2023
			70486 Computed tomography,	Radiology Services		
4/1/2023 -		General/Fa	maxillofacial area; without contrast	Denied Not	This is a request for a Sinus CT.; This study is being ordered for post-operative evaluation.;	Apr-Jun
6/30/2023 4	1/1/2023	6/30/2023 mily Practice Disapproval	material	Medically Necessary	Yes this is a request for a Diagnostic CT	1 2023 2023
					This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the	
. /. /2022		0 1/5	70486 Computed tomography,	Radiology Services	patient is immune-compromised.; The patient's current rhinosinusitis symptoms are	
4/1/2023 -	1/1/2022	General/Fa	maxillofacial area; without contrast	Denied Not	described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request	Apr-Jun
6/30/2023 4	1/1/2023	6/30/2023 mily Practice Disapproval	material	Medically Necessary	Tor a Diagnostic Ci	2 2023 2023
			70486 Computed tomography,	Radiology Services		
4/1/2023 -		General/Fa	maxillofacial area; without contrast	Denied Not	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is	Apr-Jun
6/30/2023 4	1/1/2023	6/30/2023 mily Practice Disapproval	material	Medically Necessary	immune-compromised.; Yes this is a request for a Diagnostic CT	3 2023 2023
					This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT	
					immune-compromised.; The patient's current rhinosinusitis symptoms are described as	
			7049C Camputad to 112 - 112 - 112	Dodinlan Comb	(sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial	
4/1/2023 -		General/Fa	70486 Computed tomography,	Radiology Services Denied Not	pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in	Aprilup
6/30/2023 4	1/1/2023	6/30/2023 mily Practice Disapproval	maxillofacial area; without contrast material		duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
5,50,2025	., _, _0	5,55,2525 mily Fractice Disapproval	· · · · · · · · · · · · · · · · · · ·	carcany recessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT	1 2023 2023
			70486 Computed tomography,	Radiology Services	immune-compromised.; The patient's current rhinosinusitis symptoms are described as	
4/1/2023 -		General/Fa	maxillofacial area; without contrast	Denied Not	Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a	Apr-Jun
6/30/2023 4	1/1/2023	6/30/2023 mily Practice Disapproval	material	Medically Necessary	•	2 2023 2023
					This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT	
4/4/2022		Carranal/5a	70486 Computed tomography,	Radiology Services	immune-compromised.; The patient's current rhinosinusitis symptoms are described as	A Iv.
4/1/2023 - 6/30/2023 4	1/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	maxillofacial area; without contrast material	Denied Not Medically Necessary	Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a	Apr-Jun 2 2023 2023
0/30/2023 4	1,1,2023	0/30/2023 Hilly Fractice Disapproval	material	Wicalcally Wecessary	Diagnostic Ci	2 2023 2023
			70486 Computed tomography,	Radiology Services	This is a request for a Sinus CT.; This study is not being ordered for trauma, tumor, sinusitis,	
4/1/2023 -		General/Fa	maxillofacial area; without contrast	Denied Not	osteomyelitis, pre operative or a post operative evaluation.; Yes this is a request for a	Apr-Jun
6/30/2023 4	1/1/2023	6/30/2023 mily Practice Disapproval	material	Medically Necessary	Diagnostic CT	2 2023 2023
			70406 6	Dadialana Cambaa	This should be be a send and form an absolute disease. The analysis ARDs and other is NOT	
4/1/2023 -		General/Fa	70486 Computed tomography, maxillofacial area; without contrast	Radiology Services Denied Not	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	Apr-Jun
6/30/2023 4	1/1/2023	6/30/2023 mily Practice Disapproval	material		Oncology; This case was created via BBI.	1 2023 2023
0,00,2020	., 1, 2020	6,56,2625,	dec.id.	medically recessary	This study is being ordered for trauma or injury.; There has not been any treatment or	1 2023 2023
					conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is	
			70486 Computed tomography,	Radiology Services	NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -		General/Fa	maxillofacial area; without contrast	Denied Not	Oncology; This case was created via BBI.; The primary symptoms began less than 6 months	Apr-Jun
6/30/2023 4	1/1/2023	6/30/2023 mily Practice Disapproval	material	Medically Necessary	ago	1 2023 2023
					; This study is being ordered for something other than: known trauma or injury, metastatic	
					disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
					vascular disease.; There has not been any treatment or conservative therapy.; There are 2	
				Radiology Services	exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist,	
4/1/2023 -		General/Fa	70490 Computed tomography, soft	Denied Not	Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created	Apr-Jun
6/30/2023 4	1/1/2023	6/30/2023 mily Practice Disapproval	tissue neck; without contrast material	Medically Necessary	via RadMD.; The primary symptoms began less than 6 months ago	1 2023 2023
					; This study is being ordered for trauma or injury.; It is not known if there has been any	
				Dodinland Comite	treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs	
4/1/2023 -		General/Fa	70490 Computed tomography, soft	Radiology Services Denied Not	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less	Apr-Jun
6/30/2023 4	1/1/2023	6/30/2023 mily Practice Disapproval	tissue neck; without contrast material	Medically Necessary		1 2023 2023
-,00,2025 4	., _, _020	c, cc, coco, actice bisappioval		carcany recessary	450	1 2020 2020

			Radiology Services	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a	
4/1/2023 -	General/Fa	70490 Computed tomography, soft	Denied Not	palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Disapproval	tissue neck; without contrast material		NOT done.; Yes this is a request for a Diagnostic CT	9 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5,25,2525,	, , , , , , , , , , , , , , , , , , , ,	,	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a	V =1-1 =1-1
			Radiology Services	palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has	
4/1/2023 -	General/Fa	70490 Computed tomography, soft	Denied Not	been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Disapproval	tissue neck; without contrast material		aspirate was NOT done.; Yes this is a request for a Diagnostic CT	2 2023 2023
0,00,2020 1,2,2020	0,50,2025 mm, racade bisapprova	tissue need, without contrast material	medically recessary	aspirate was not defined, restans to a request for a stagnostic en	2 2020 2020
			Radiology Services	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a	
4/1/2023 -	General/Fa	70490 Computed tomography, soft	Denied Not	palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has NOT	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Disapproval	tissue neck; without contrast material		been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT	1 2023 2023
0,00,2020 1,2,2020	0/30/2023	tissue freet, without contrast material	meandary recessary	been examined times at least 50 days apartly residing is a request for a stagnostic of	1 2020 2020
			Radiology Services		
4/1/2023 -	General/Fa	70490 Computed tomography, soft	Denied Not	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Disapproval	tissue neck; without contrast material		a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT	6 2023 2023
1,00,2020 1,2,2020	о, со, доде тим, также с додержения	,	, , , , , , , , , , , , , , , , , , , ,		
			Radiology Services	This is a request for neck soft tissue CT.; The study is being ordered for something other than	
4/1/2023 -	General/Fa	70490 Computed tomography, soft	Denied Not	Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Disapproval	tissue neck; without contrast material		infection/abcess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1 2023 2023
1,11,1111	5,25,2525,	,	,	This study is being ordered for a neurological disorder.; There has been treatment or	
				conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
			Radiology Services	Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.;	
4/1/2023 -	General/Fa	70490 Computed tomography, soft	Denied Not	The primary symptoms began more than 1 year ago; Medications were given for this	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Disapproval	tissue neck; without contrast material	Medically Necessary		1 2023 2023
1,00,2020 1,2,2020	о, со, доде тим, также с додержения	,	, , , , , , , , , , , , , , , , , , , ,	Will attach clinical note.; This study is being ordered for a neurological disorder.; There has	
				not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The	
			Radiology Services	ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,	
4/1/2023 -	General/Fa	70490 Computed tomography, soft	Denied Not	Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Disapproval	tissue neck; without contrast material		symptoms began less than 6 months ago	1 2023 2023
.,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	70496 Computed tomographic	, , , , , , , , , , , , , , , , , , , ,	., , ,	
		angiography, head, with contrast			
		material(s), including noncontrast	Radiology Services		
4/1/2023 -	General/Fa	images, if performed, and image	Denied Not		Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Disapproval	postprocessing		It is unknown why this procecure is being requested	1 2023 2023
1,00,2020 1,2,2020	5,55, <u>252</u> 5, 1125.65 2.65pp.515.	70496 Computed tomographic	, , , , , , , , , , , , , , , , , , , ,	Pt has had worsening HA's, dizzines, and left shoulder pain.; This study is being ordered for a	
		angiography, head, with contrast		neurological disorder.; There has been treatment or conservative therapy.; The ordering	
		material(s), including noncontrast	Radiology Services	MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical	
4/1/2023 -	General/Fa	images, if performed, and image	Denied Not	Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Disapproval	postprocessing	Medically Necessary	began 6 months to 1 year; Medications were given for this diagnosis	1 2023 2023
.,,	, , , , , , , , , , , , , , , , , , , ,	h a said a said a	, , , , , , , , , , , , , , , , , , , ,	Pt states she has developed random episodes of sharp right sided pain that shoots through	
				her right head for the past month states it last about a minute then resolves. We are trying	
		70496 Computed tomographic		to rule out Aneurysm.; This study is being ordered for a neurological disorder.; There has	
		angiography, head, with contrast		been treatment or conservative therapy.; The ordering MDs specialty is NOT	
		material(s), including noncontrast	Radiology Services	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -	General/Fa	images, if performed, and image	Denied Not	Oncology; This case was created via RadMD.; The primary symptoms began less than 6	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Disapproval	postprocessing		months ago; Medications were given for this diagnosis	1 2023 2023
. , , , , , ,		70496 Computed tomographic	,,		
		angiography, head, with contrast			
		material(s), including noncontrast	Radiology Services		
4/1/2023 -	General/Fa	images, if performed, and image	Denied Not		Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Disapproval	postprocessing	Medically Necessary	This procedure is being requested for something other than listed	1 2023 2023
, , , ====	, , , , /epp.e.e.	, , , , , , , , , , , , , , , , , , , ,	,	, , , , , , , , , , , , , , , , , , , ,	

					c/o episodes of weakness in the left arm and hand , Loss of vision and blurring for several	
					minutes sometimes in one and and at other times in both eyes . ; c/o the episodes will last	
			70498 Computed tomographic		for several minutes and then gradually resolve.; This study is being ordered for Vascular	
			angiography, neck, with contrast		Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is	
			material(s), including noncontrast	Radiology Services	NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -		General/Fa	images, if performed, and image	Denied Not	Oncology; This case was created via RadMD.; The primary symptoms began less than 6	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	postprocessing	Medically Necessary	months ago; Medications were given for this diagnosis	1 2023 2023
		, , , , , , , , , , , , , , , , , , , ,	70498 Computed tomographic		Pt has had worsening HA's, dizzines, and left shoulder pain.; This study is being ordered for a	
			angiography, neck, with contrast		neurological disorder.; There has been treatment or conservative therapy.; The ordering	
			material(s), including noncontrast	Radiology Services	MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical	
4/1/2023 -		General/Fa	images, if performed, and image	Denied Not	Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms	Apr-Jun
6/30/2023	4/1/2022	6/30/2023 mily Practice Disapproval	postprocessing		began 6 months to 1 year; Medications were given for this diagnosis	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Illily Flactice Disapproval	postprocessing	ivieuically ivecessary	Pt states she has developed random episodes of sharp right sided pain that shoots through	1 2023 2023
			70400 C		her right head for the past month states it last about a minute then resolves. We are trying	
			70498 Computed tomographic		to rule out Aneurysm.; This study is being ordered for a neurological disorder.; There has	
			angiography, neck, with contrast		been treatment or conservative therapy.; The ordering MDs specialty is NOT	
			material(s), including noncontrast	Radiology Services	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -		General/Fa	images, if performed, and image	Denied Not	Oncology; This case was created via RadMD.; The primary symptoms began less than 6	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	postprocessing	Medically Necessary	months ago; Medications were given for this diagnosis	1 2023 2023
					Patient needing MRI brain, soft tissue neck and orbits to evaluate fourth nerve palsy to be	
					able to accurately treat this disorder.; This study is being ordered for a neurological	
					disorder.; There has not been any treatment or conservative therapy.; There are 3 exams are	
			70540 Magnetic resonance (eg, proton)	Radiology Services	being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
4/1/2023 -		General/Fa	imaging, orbit, face, and/or neck;	Denied Not	Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	without contrast material(s)	Medically Necessary	RadMD.; The primary symptoms began less than 6 months ago	1 2023 2023
0,00,000	., _,	o, oo,		, , , , , , , , , , , , , , , , , , , ,		
					There is not a suspicion of an infection or abscess.; This examination is NOT being requested	
			70540 Magnetic resonance (eg, proton)	Radiology Services	to evaluate lymphadenopathy or mass.; There is not a suspicion of a bone infection	
4/1/2023 -		General/Fa	, , ,	Denied Not		A mar Ivon
	4/4/2022	· ·	imaging, orbit, face, and/or neck;		(osteomyelitis).; There is a suspicion of an orbit or face neoplasm, tumor, or metastasis.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	without contrast material(s)	Medically Necessary	This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	1 2023 2023
			70540.84	Dadidan Carden	This should be had a condensed from a material to discover. The condense ARDs are adult to NOT	
			70540 Magnetic resonance (eg, proton)		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT	
4/1/2023 -		General/Fa	imaging, orbit, face, and/or neck;	Denied Not	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	without contrast material(s)	Medically Necessary	Oncology; This case was created via BBI.	3 2023 2023
					This study is being ordered for a neurological disorder.; There has been treatment or	
					conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
			70540 Magnetic resonance (eg, proton)	Radiology Services	Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.;	
4/1/2023 -		General/Fa	imaging, orbit, face, and/or neck;	Denied Not	The primary symptoms began less than 6 months ago; Medications were given for this	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	without contrast material(s)	Medically Necessary	diagnosis	1 2023 2023
					; This study is being ordered for something other than: known trauma or injury, metastatic	
					disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
					vascular disease.; It is not known if there has been any treatment or conservative therapy.;	
					There are 3 exams are being ordered.; The ordering MDs specialty is NOT	
			70551 Magnetic resonance (eg, proton)	Radiology Services	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -		General/Fa	imaging, brain (including brain stem);	Denied Not	Oncology; This case was created via RadMD.; The primary symptoms began less than 6	Apr-Jun
1	4/1/2022	·				1 2023 2023
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	without contrast material	Medically Necessary	6+ month history of neuralgias, parasthesias, visual disturbances, muscle spasms, Lhermitte	1 2023 2023
					, , , , , , , , , , , , , , , , , , , ,	
					sign, fatigue, insomnia, muscle weakness by patient complaint and physical exam.	
					requesting MRI's of brain, cervical/thoracic/lumbar spine with and without contra; This	
					study is being ordered for a neurological disorder.; There has been treatment or	
					conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
			70551 Magnetic resonance (eg, proton)	Radiology Services	Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via	
4/1/2023 -		General/Fa	imaging, brain (including brain stem);	Denied Not	RadMD.; The primary symptoms began 6 months to 1 year; Home Exercise was done for this	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	without contrast material	Medically Necessary	diagnosis	1 2023 2023

				c/o episodes of weakness in the left arm and hand , Loss of vision and blurring for several	
				minutes sometimes in one and and at other times in both eyes . ; c/o the episodes will last	
				for several minutes and then gradually resolve.; This study is being ordered for Vascular	
				Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is	
		70551 Magnetic resonance (eg, proton)		NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -	General/Fa	imaging, brain (including brain stem);	Denied Not	Oncology; This case was created via RadMD.; The primary symptoms began less than 6	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Disapproval	without contrast material	Medically Necessary	months ago; Medications were given for this diagnosis	1 2023 2023
				History of Present Illness ;1. 43 year old male presents today for concerns of "losing the	
				function of the right side of his body." This has been present for a long period of time (7	
				years ago) and has been seen by several specialists in the past whom ; This study is being	
				ordered for a neurological disorder.; There has been treatment or conservative therapy.; The	
		70551 Magnetic resonance (eg, proton)	Radiology Services	ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,	
4/1/2023 -	General/Fa	imaging, brain (including brain stem);	Denied Not	Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Disapproval	without contrast material	Medically Necessary	symptoms began more than 1 year ago; Medications were given for this diagnosis	1 2023 2023
				This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic	
				Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of	
				the ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are	
		70551 Magnetic resonance (eg, proton)	Radiology Services	no neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision	
4/1/2023 -	General/Fa	imaging, brain (including brain stem);	Denied Not	defects or sudden onset of severe dizziness.; This is not a pre-operative evaluation for a	Apr-Jun
6/30/2023 4/1/2023	•	without contrast material		known tumor of the middle or inner ear.	1 2023 2023
0,00,2020 .,2,2020	0/30/2023 http://deduce/3/30pproval	Without contrast material	medically recessary	and the tribute of the control	1 2020 2020
		70551 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -	General/Fa	imaging, brain (including brain stem);	Denied Not	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason	Apr-Jun
6/30/2023 4/1/2023	•	without contrast material		that I have requested this test.	1 2023 2023
6/30/2023 4/1/2023	6/30/2023 mily Practice Disapproval	without contrast material	iviedically necessary	that i have requested this test.	1 2023 2023
		70FF1 Magnetic recognition (e.g. protect)	Dodialası Camiasa		
4/4/2022	C 1/5-	70551 Magnetic resonance (eg, proton)		This was not in few a Davis AADI Handraha has been described the second that have a second of	A I
4/1/2023 -	General/Fa	imaging, brain (including brain stem);	Denied Not	This request is for a Brain MRI; Headache best describes the reason that I have requested	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Disapproval	without contrast material	Medically Necessary	this test.; Chronic headache, longer than one month describes the headache's character.	1 2023 2023
		7055444 .: /)		This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of	
		70551 Magnetic resonance (eg, proton)		a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.;	
4/1/2023 -	General/Fa	imaging, brain (including brain stem);	Denied Not	This is a new/initial evaluation; The patient had a memory assessment for cognitive	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Disapproval	without contrast material	Medically Necessary	impairment completed; The cognitive assessment score was less than 26	1 2023 2023
		70551 Magnetic resonance (eg, proton)			
4/1/2023 -	General/Fa	imaging, brain (including brain stem);	Denied Not	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Disapproval	without contrast material	Medically Necessary	have requested this test.; The type of tumor is unknown.	1 2023 2023
		70551 Magnetic resonance (eg, proton)	Radiology Services	This request is for a Brain MRI; None of the above best describes the reason that I have	
4/1/2023 -	General/Fa	imaging, brain (including brain stem);	Denied Not	requested this test.; None of the above best describes the reason that I have requested this	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Disapproval	without contrast material	Medically Necessary	test.; None of the above best describes the reason that I have requested this test.	1 2023 2023
		70551 Magnetic resonance (eg, proton)	Radiology Services	This request is for a Brain MRI; The study is being requested for evaluation of a headache.;	
4/1/2023 -	General/Fa	imaging, brain (including brain stem);	Denied Not	The patient had a thunderclap headache or worst headache of the patient's life (within the	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Disapproval	without contrast material	Medically Necessary	last 3 months).	9 2023 2023
	· ·				
		70551 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -	General/Fa	imaging, brain (including brain stem);	Denied Not	This request is for a Brain MRI; The study is being requested for evaluation of a headache.;	Apr-Jun
6/30/2023 4/1/2023	•	without contrast material		The patient has a chronic or recurring headache.	16 2023 2023
, , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,		,,	, , , , , , , , , , , , , , , , , , , ,	
		70551 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -	General/Fa	imaging, brain (including brain stem);	Denied Not	This request is for a Brain MRI; The study is being requested for evaluation of a headache.;	Apr-Jun
6/30/2023 4/1/2023	•	without contrast material		The patient has a sudden and severe headache.	5 2023 2023
5,50,2025 4,1,2025	5/30/2023 mily reduce Disapproval		curcury recessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	3 2023 2023
		70551 Magnetic resonance (eg, proton)	Radiology Services	headache.; It is unknown why this study is being ordered.; The patient does not have	
4/1/2023 -	General/Fa	imaging, brain (including brain stem);		dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital	Anr lun
4/1/2023 - 6/30/2023 4/1/2023		without contrast material	Denied Not	, , , , , ,	Apr-Jun 13 2023 2023
0/30/2023 4/1/2023	6/30/2023 mily Practice Disapproval	without contrast illaterial	ivieuically Necessary	abnormality, loss of smell, hearing loss or vertigo.	15 2023 2023

			70551 Magnetic resonance (eg, proton)	Radiology Services	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/1/2023 -		General/Fa	imaging, brain (including brain stem);	Denied Not	headache.; It is unknown why this study is being ordered.; The patient has a sudden change	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	without contrast material	Medically Necessary	in mental status.	4 2023 2023
4/4/2022		Canada VE	70551 Magnetic resonance (eg, proton)	-,	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	A I
4/1/2023 -	4/4/2022	General/Fa	imaging, brain (including brain stem);	Denied Not	headache.; It is unknown why this study is being ordered.; The patient has Dizziness or	Apr-Jun 1 2023 2023
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	without contrast material	Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	1 2023 2023
			70551 Magnetic resonance (eg, proton)	Radiology Services	headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.;	
4/1/2023 -		General/Fa	imaging, brain (including brain stem);	Denied Not	This is a new/initial evaluation; It is unknown if the patient had a memory assessment for	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	without contrast material		cognitive impairment completed	2 2023 2023
0,00,2020	., 1, 2020	0,00,2020 mmy : racace	William Contract Material	medically recessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	2 2020 2020
					headache.; The patient does not have dizziness, one sided arm or leg weakness, the inability	
			70551 Magnetic resonance (eg, proton)	Radiology Services	to speak, or vision changes.; The patient had a recent onset (within the last 4 weeks) of	
4/1/2023 -		General/Fa	imaging, brain (including brain stem);	Denied Not	neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	without contrast material	Medically Necessary	attack).	1 2023 2023
					This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
			70551 Magnetic resonance (eg, proton)	Radiology Services	headache.; The patient does not have dizziness, one sided arm or leg weakness, the inability	
4/1/2023 -		General/Fa	imaging, brain (including brain stem);	Denied Not	to speak, or vision changes.; The patient had a recent onset (within the last 4 weeks) of	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	without contrast material	Medically Necessary	neurologic symptoms.; This study is being ordered for trauma or injury.	1 2023 2023
					This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
			70551 Magnetic resonance (eg, proton)	Radiology Services	headache.; The patient has dizziness.; The patient had a recent onset (within the last 4	
4/1/2023 -		General/Fa	imaging, brain (including brain stem);	Denied Not	weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	without contrast material	Medically Necessary	•	2 2023 2023
					This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
		- 1/-	70551 Magnetic resonance (eg, proton)		headache.; The patient has the inability to speak.; The patient had a recent onset (within the	
4/1/2023 -	. /. /2022	General/Fa	imaging, brain (including brain stem);	Denied Not	last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	without contrast material	Medically Necessary	(transient ischemic attack).	1 2023 2023
			70551 Magnetic resonance (eg, proton)	Radiology Services	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/1/2023 -		General/Fa	imaging, brain (including brain stem);	Denied Not	headache.; The patient has vision changes.; The patient had a recent onset (within the last 4	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	without contrast material		weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	1 2023 2023
0,00,2020	., 1, 2020	0,00,2020 mm, radace Bisapprova.	William Contract Material	medically recessary	receipt of receipting symptoms, this steady is being or defeat of addition injury.	1 2020 2020
			70551 Magnetic resonance (eg, proton)	Radiology Services	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/1/2023 -		General/Fa	imaging, brain (including brain stem);	Denied Not	headache.; This study is being ordered for a tumor.; The patient does NOT have a biopsy	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	without contrast material	Medically Necessary	proven cancer	3 2023 2023
			70551 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -		General/Fa	imaging, brain (including brain stem);	Denied Not	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	without contrast material	Medically Necessary	headache.; This study is being ordered for and infection or inflammation.	2 2023 2023
					This study is being ordered for a neurological disorder.; There has been treatment or	
					conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
			70551 Magnetic resonance (eg, proton)	0,	Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.;	
4/1/2023 -		General/Fa	imaging, brain (including brain stem);	Denied Not	The primary symptoms began less than 6 months ago; Medications were given for this	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	without contrast material	Medically Necessary	•	1 2023 2023
					This study is being ordered for something other than: known trauma or injury, metastatic	
					disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
			70FF1 Magnatic recognition (5 - 17 - 17 - 17 - 17 - 17 - 17 - 17 - 1	Dadialas, Candere	vascular disease.; There has been treatment or conservative therapy.; The ordering MDs	
4/1/2022		Conoral/Fa	70551 Magnetic resonance (eg, proton)		specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	A mar I
4/1/2023 -	4/1/2022	General/Fa	imaging, brain (including brain stem);	Denied Not	Radiation Oncology; This case was created via BBI.; The primary symptoms began more than	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	without contrast material	ivieuically Necessary	1 year ago; Medications were given for this diagnosis	1 2023 2023
				Radiology Services	'None of the above' describes the reason for this request.; This reason this study is being	
4/1/2023 -		General/Fa	71250 Computed tomography, thorax;	Denied Not	requested is unknown.; This is a request for a Chest CT.; This study is being requested for	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	without contrast material		none of the above.; Yes this is a request for a Diagnostic CT	1 2023 2023
-, 55, 2525	., _, _0_0	-, - 3, 2020, dedec Disapproval	out contract material	ca.ca, reccessary	1 1	1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	71250 Computed tomography, thorax; without contrast material		A Chest/Thorax CT is being ordered.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT; The study is being ordered for none of the above.	Apr-Jun 8 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for Interstitial Lung disease; A chest x-ray has NOT been completed; Ths Interstitial Lung Disease is suspected	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	71250 Computed tomography, thorax; without contrast material		A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for known tumor.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for Unresolved cough; A chest x-ray has been completed; The patient has been treated for the cough	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	71250 Computed tomography, thorax; without contrast material		A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for Unresolved cough; A chest x-ray has NOT been completed	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for work-up for suspicious mass.; It is unknown if there is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	71250 Computed tomography, thorax; without contrast material	Denied Not	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for work-up for suspicious mass.; There is NO radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	Apr-Jun 4 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	Apr-Jun 4 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	71250 Computed tomography, thorax; without contrast material		Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	Apr-Jun 5 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Chest pain describes the reason for this request.; This reason this study is being requested is unknown.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	71250 Computed tomography, thorax; without contrast material		Chest pain describes the reason for this request.; This study is being requested for 'none of the above'.; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	ER follow up: They did find that she has a noncalcified nodule in right middle lobe of lung that measures 5 x 10.7 mm. Her lactic acid was elevated in the ED as well.; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	71250 Computed tomography, thorax; without contrast material		Hx of scapular pain; unresolved with PT; medication.;;This study is to rule out pulmonary pathology.; There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; This study is being ordered for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023

					It is not known if there has been any treatment or conservative therapy.; The ordering MDs	
					specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
. /. /2022		0 1/5	74050 0 1 1 1	Radiology Services	Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in	
4/1/2023 -	1/1/2022	General/Fa	71250 Computed tomography, thorax;		combination.; This study is being ordered for Other not listed; It is unknown when the	Apr-Jun 1 2023 2023
6/30/2023 4	1/1/2023	6/30/2023 mily Practice Disapproval	without contrast material	Medically Necessary	primary symptoms began It is not known if there is radiologic evidence of asbestosis.; "The caller doesn't know if there	1 2023 2023
					is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is not known if	
					there is radiologic evidence of a lung abscess or empyema.; It is not known if there is	
					radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic	
				Dadialası Cassiasa	•	
4/1/2023 -		General/Fa	71250 Committed to magazining the service	Radiology Services	treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a	Amm Issa
6/30/2023 4	1/1/2022	•	71250 Computed tomography, thorax;		Diagnostic CT; This study is being ordered for known or suspected inflammatory disease or	Apr-Jun 1 2023 2023
6/30/2023 4	+/1/2023	6/30/2023 mily Practice Disapproval	without contrast material	Medically Necessary	pneumonia.	1 2023 2023
				Radiology Services	It is not known if there is radiologic evidence of mediastinal widening.; A Chest/Thorax CT is	
4/4/2022		Canadal/Fa	71250 Committed to magazinhi, the servi-			A mar I um
4/1/2023 -	1/1/2022	General/Fa	71250 Computed tomography, thorax;		being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for	Apr-Jun
6/30/2023 4	1/1/2023	6/30/2023 mily Practice Disapproval	without contrast material	Medically Necessary	vascular disease other than cardiac.	1 2023 2023
				Radiology Camiles	ORDERING CT SCAN TO FOLLOW UP ON PREVIOUSLY SEEN LUNG NODULE.; A Chest/Thorax	
4 /4 /2022		Company 1/5	74250 Comments of the comments of the comments	Radiology Services	·	A and then
4/1/2023 -	. /. /2222	General/Fa	71250 Computed tomography, thorax;		CT is being ordered.; The study is being ordered for none of the above.; This study is being	Apr-Jun
6/30/2023 4	1/1/2023	6/30/2023 mily Practice Disapproval	without contrast material	Medically Necessary	ordered for non of the above.; Yes this is a request for a Diagnostic CT	1 2023 2023
				Dadislam Candasa	Pt had CT scan in 2018, shows a 6mm mass in his lung. He has not had any f/u on this.;	
. /. /2022		0 1/5	74050 0 1 1 1	Radiology Services	"There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A	
4/1/2023 -		General/Fa	71250 Computed tomography, thorax;		Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious	Apr-Jun
6/30/2023 4	1/1/2023	6/30/2023 mily Practice Disapproval	without contrast material	Medically Necessary	mass.; Yes this is a request for a Diagnostic CT	1 2023 2023
					PT HAS SEVERE FATIGUE AND UNEXPLAINED WEIGHT FLUXUATIONS; This study is being	
				5 11 1 6 1	ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The	
. /. /2022		0 1/5	74050 0 1 1 1	Radiology Services	ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,	
4/1/2023 -		General/Fa	71250 Computed tomography, thorax;		Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary	Apr-Jun
6/30/2023 4	1/1/2023	6/30/2023 mily Practice Disapproval	without contrast material	Medically Necessary	symptoms began 6 months to 1 year; Other not listed was done for this diagnosis	1 2023 2023
					Pt is having several symptoms that are unexplained. Further evaluation is needed.; This	
. /. /2022		0 1/5	74050 0 1 1 1	Radiology Services	study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT	
4/1/2023 -		General/Fa	71250 Computed tomography, thorax;		Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	Apr-Jun
6/30/2023 4	1/1/2023	6/30/2023 mily Practice Disapproval	without contrast material	Medically Necessary	Oncology; This case was created via RadMD.	1 2023 2023
				5 11 1 6 1	The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,	
. /. /2022		0 1/5	74050 0 1 1 1	Radiology Services	Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and	
4/1/2023 -	1/4/2022	General/Fa	71250 Computed tomography, thorax;		Chest ordered in combination.; This study is being ordered for Vascular Disease; The	Apr-Jun
6/30/2023 4	1/1/2023	6/30/2023 mily Practice Disapproval	without contrast material	Medically Necessary	ordering MDs specialty is NOT Thoracic Surgery or Vascular Surgery.	1 2023 2023
					The section of the se	
					There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	
				Dodinlanı Cami	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/4/2022		Company 1/5-	71350 Cananatad t t	Radiology Services	Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	A 1.
4/1/2023 -	1/1/2022	General/Fa	71250 Computed tomography, thorax;		This study is being ordered for Other not listed; The primary symptoms began less than 6	Apr-Jun
6/30/2023 4	1/1/2023	6/30/2023 mily Practice Disapproval	without contrast material	Medically Necessary	months ago; No treatment or therapy was given for this diagnosis or it is unknown	1 2023 2023
					There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	
					Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
				Dodinland Comis	Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2022		Conorel/Fe	712E0 Computed to a complete the comp	Radiology Services	This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms	A mare la con
4/1/2023 -	1/1/2022	General/Fa	71250 Computed tomography, thorax;		began 6 months to 1 year; No treatment or therapy was given for this diagnosis or it is	Apr-Jun
6/30/2023 4	+/1/2023	6/30/2023 mily Practice Disapproval	without contrast material	Medically Necessary		1 2023 2023
					There has not been any treatment or conservative therapy.; The ordering MDs specialty is	
				Padiology Consises	NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -		General/Fa	71250 Computed tomography +harrow	Radiology Services Denied Not	Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began less than 6	Ane line
	1/1/2022		71250 Computed tomography, thorax;			Apr-Jun
6/30/2023 4	+/1/2023	6/30/2023 mily Practice Disapproval	without contrast material	Medically Necessary	months ago	1 2023 2023

					There has not been any treatment or conservative therapy.; The ordering MDs specialty is	
					NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
				Radiology Services	Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -	4/4/2022	General/Fa	71250 Computed tomography, thorax;	Denied Not	This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	without contrast material	Medically Necessary	began less than 6 months ago	1 2023 2023
					There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung	
					abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung	
					disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks	
				Radiology Services	after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a	
4/1/2023 -		General/Fa	71250 Computed tomography, thorax;	Denied Not	request for a Diagnostic CT; This study is being ordered for known or suspected	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	without contrast material		inflammatory disease or pneumonia.	1 2023 2023
2,22,222	., _,	о, оо, дода им, и обще додер, ото		,	There is no radiologic evidence of mediastinal widening.; There is no physical or radiologic	
				Radiology Services	evidence of a chest wall abnormality.; A Chest/Thorax CT is being ordered.; This study is	
4/1/2023 -		General/Fa	71250 Computed tomography, thorax;	Denied Not	being ordered for follow up trauma.; Yes this is a request for a Diagnostic CT; The study is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	without contrast material	Medically Necessary	being ordered for none of the above.	1 2023 2023
				,	They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; Yes this is a request	
				Radiology Services	for a Diagnostic CT; This study is being ordered for work-up for suspicious mass.; There is	
4/1/2023 -		General/Fa	71250 Computed tomography, thorax;	Denied Not	radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	without contrast material	Medically Necessary	noted in the last 90 days	1 2023 2023
					This is a request for a Thorax (Chest) CT.; 'None of the above' describes the reason for this	
					request.; This study is being requested for Screening of Lung Cancer.; This patient is a	
					smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.;	
					The patient quit smoking in the past 15 years.; The patient has signs or symptoms suggestive	
					of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or	
				Radiology Services	other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a	
4/1/2023 -		General/Fa	71250 Computed tomography, thorax;	Denied Not	Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; Yes this is a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	without contrast material	Medically Necessary	request for a Diagnostic CT	1 2023 2023
. /. /2022		0 1/5	740500	Radiology Services	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT	
4/1/2023 - 6/30/2023	4/4/2022	General/Fa	71250 Computed tomography, thorax;	Denied Not	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	Apr-Jun 1 2023 2023
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	without contrast material	iviedically necessary	Oncology; This case was created via BBI. This study is being ordered for something other than: known trauma or injury, metastatic	1 2023 2023
					disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
					vascular disease.; It is not known if there has been any treatment or conservative therapy.;	
				Radiology Services	There are 2 exams are being ordered.; The ordering MDs specialty is NOT	
4/1/2023 -		General/Fa	71250 Computed tomography, thorax;	-,	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	without contrast material	Medically Necessary	Oncology; This case was created via BBI.; The primary symptoms began 6 months to 1 year	1 2023 2023
.,,	, ,	, , , , , , , , , , , , , , , , , , , ,		, , , , , , , ,	This study is being ordered for something other than: known trauma or injury, metastatic	
					disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
					vascular disease.; There has been treatment or conservative therapy.; The ordering MDs	
				Radiology Services	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
4/1/2023 -		General/Fa	71250 Computed tomography, thorax;	Denied Not	Radiation Oncology; This case was created via BBI.; The primary symptoms began less than 6	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	without contrast material	Medically Necessary	months ago; Medications were given for this diagnosis	1 2023 2023
				Radiology Services		
4/1/2023 -		General/Fa	71250 Computed tomography, thorax;	Denied Not	Unexplained weight loss describes the reason for this request.; This is a request for a Chest	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	without contrast material	Medically Necessary	CT.; Yes this is a request for a Diagnostic CT	1 2023 2023
					Wants to rule out hital hernia, obstruction or mass, and identify unexplained weight loss.;	
1				Radiology Services	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT	
4/1/2023 -		General/Fa	71250 Computed tomography, thorax;	Denied Not	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	without contrast material	Medically Necessary	Oncology; This case was created via RadMD.	1 2023 2023
			71.271 Commuted to 22.2.2.2.1	Dadialas Comite	This study is being and and for a material discount The and all a SAD and all the Control of the	
4/1/2022		Conoral/Ea	71271 Computed tomography, thorax,	Radiology Services	; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT	Apr. luc
4/1/2023 - 6/30/2023	4/1/2022	General/Fa 6/30/2023 mily Practice Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Denied Not	; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	Apr-Jun 1 2023 2023

			71271 Committed towards by the year	Dadialas, Candas	This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a	
4/1/2023 -		Canadal/Fa	71271 Computed tomography, thorax,	Radiology Services	Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with	A
6/30/2023	4/1/2022	General/Fa	low dose for lung cancer screening, without contrast material(s)	Denied Not	pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of lung cancer.; The health carrier is NOT Virginia Premier Health Plan	Apr-Jun 1 2023 2023
0/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	without contrast material(s)	ivieuically necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has had a Low	1 2023 2023
					Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient	
			71271 Computed tomography, thorax,	Radiology Services	is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other	
4/1/2023 -		General/Fa	low dose for lung cancer screening,	Denied Not	diagnostic test suggestive of lung cancer.; The health carrier is NOT Virginia Premier Health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	without contrast material(s)	Medically Necessary		1 2023 2023
0,00,2020	1, 1, 2020	o, so, zozs mm, madace sisapprova	menoue contrast material(s)	medically recessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low	1 2020 2020
					Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient	
					is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The	
					patient has a 20 pack per year history of smoking.; The patient is NOT presenting with	
					pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive	
			71271 Computed tomography, thorax,	Radiology Services	of lung cancer.; Patients who have stopped smoking 15 or more years ago do not meet the	
4/1/2023 -		General/Fa	low dose for lung cancer screening,	Denied Not	criteria for lung cancer screening.; The patient quit smoking 15 or more years ago.; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	without contrast material(s)	Medically Necessary	health carrier is NOT Virginia Premier Health Plan	1 2023 2023
					This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low	
					Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient	
					is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The	
					patient has a 20 pack per year history of smoking.; The patient is NOT presenting with	
			71271 Computed tomography, thorax,	Radiology Services	pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive	
4/1/2023 -		General/Fa	low dose for lung cancer screening,	Denied Not	of lung cancer.; The patient has not quit smoking.; The health carrier is NOT Virginia Premier	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	without contrast material(s)	Medically Necessary		9 2023 2023
					This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low	
					Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient	
					is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The	
			74274 Comments discuss and by the comment	Dedictor Constant	patient has a 20 pack per year history of smoking.; The patient is NOT presenting with	
4/1/2023 -		General/Fa	71271 Computed tomography, thorax,	Radiology Services	pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive	A Iv.
6/30/2023	4/1/2022	6/30/2023 mily Practice Disapproval	low dose for lung cancer screening, without contrast material(s)	Denied Not	of lung cancer.; The patient quit smoking less than 15 years ago.; The health carrier is NOT Virginia Premier Health Plan	Apr-Jun 2 2023 2023
0/30/2023	4/1/2023	0/30/2023 Hilly Fractice Disapproval	without contrast material(s)	ivieuically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic	2 2023 2023
					disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
					vascular disease.; It is not known if there has been any treatment or conservative therapy.;	
			71271 Computed tomography, thorax,	Radiology Services	There are 2 exams are being ordered.; The ordering MDs specialty is NOT	
4/1/2023 -		General/Fa	low dose for lung cancer screening,	Denied Not	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	without contrast material(s)	Medically Necessary	Oncology; This case was created via BBI.; The primary symptoms began 6 months to 1 year	1 2023 2023
		, , , , , , , , , , , , , , , , , , ,	` '		Patient here for ER follow up. She was told she had a blood clot in her left kidney and they	
					started her on blood thinners and then discharged her. She denies history of blood clots. She	
			71275 Computed tomographic		went to ER for abdominal cramping and left flank pain two days ago; This study is not	
			angiography, chest (noncoronary), with		requested to evaluate suspected pulmonary embolus.; This study will not be performed in	
			contrast material(s), including	Radiology Services	conjunction with a Chest CT.; This study is being ordered for another reason besides Known	
4/1/2023 -		General/Fa	noncontrast images, if performed, and	Denied Not	or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	image postprocessing	Medically Necessary	request for a Chest CT Angiography.	1 2023 2023
					All terrain vehicle accident causing injury, initial encounter; Jaw pain; Jaw swelling; Neck pain	
					on left side; Hoarseness of voice; This study is being ordered for trauma or injury.; There has	
					been treatment or conservative therapy.; The ordering MDs specialty is NOT	
4/4/2022		Company 1/5	72425 Committed	Radiology Services	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -	4/4/2022	General/Fa	72125 Computed tomography, cervical	Denied Not	Oncology; This case was created via RadMD.; The primary symptoms began less than 6	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	spine; without contrast material	iviedically Necessary	months ago; Medications were given for this diagnosis	1 2023 2023
					chronic pain radiating down left leg to knee. Pain present for several years. Describes pain	
					as aching, worsened with bending, sitting for a long period of time, and walking. Medication improves pain.; This study is being ordered for a neurological disorder.; There has been	
					treatment or conservative therapy.; The ordering MDs specialty is NOT	
				Radiology Services	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -		General/Fa	72125 Computed tomography, cervical		Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	spine; without contrast material		ago; Medications were given for this diagnosis	1 2023 2023
5, 50, 2025	., 1, 2023	5,55,2525 mily rideace bisapproval	Spe, Without contrast material	carcany recessary	age, measurements were given for this diagnosis	1 2023 2023

					It is not known if the patient has any neurological deficits.; This study is not to be part of a	
					Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for chronic	
				Radiology Services	neck pain or suspected degenerative disease.; It is unknown whether the patient is	
4/1/2023 -		General/Fa	72125 Computed tomography, cervical	Denied Not	experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	spine; without contrast material	Medically Necessary	patient cannot have a Cervical Spine MRI.	1 2023 2023
					The patient does have neurological deficits.; This study is not to be part of a Myelogram.;	
					This is a request for a Cervical Spine CT; This study is being ordered for chronic neck pain or	
				Radiology Services	suspected degenerative disease.; There is a reason why the patient cannot have a Cervical	
4/1/2023 -		General/Fa	72125 Computed tomography, cervical	Denied Not	Spine MRI.; The patient is experiencing or presenting symptoms of Radiculopathy	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	spine; without contrast material	Medically Necessary	documented on EMG or nerve conduction study.	1 2023 2023
				Radiology Services		
4/1/2023 -		General/Fa	72125 Computed tomography, cervical	Denied Not	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; It is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	spine; without contrast material	Medically Necessary	unknown if there is a reason why the patient cannot have a Cervical Spine MRI.	2 2023 2023
				Radiology Services		
4/1/2023 -		General/Fa	72125 Computed tomography, cervical	Denied Not	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	spine; without contrast material	Medically Necessary	no reason why the patient cannot have a Cervical Spine MRI.	4 2023 2023
					worsening of chronic cervicalgia with radiculopathy and thoracic back pain. Pt complaining	
					of worsening cervicalgia. States he can no longer sleep on his left side or right side due to	
				Radiology Services	experiencing throbbing pain in the upper extremity and that side when ; This is a request for	
4/1/2023 -		General/Fa	72128 Computed tomography, thoracic	Denied Not	a thoracic spine CT.; Caller does not know whether there is a reason why the patient cannot	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	spine; without contrast material	Medically Necessary	undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1 2023 2023
					; This study is being ordered for a neurological disorder.; It is not known if there has been	
					any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering	
				Radiology Services	MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical	
4/1/2023 -		General/Fa	72131 Computed tomography, lumbar	Denied Not	Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	spine; without contrast material	Medically Necessary	began more than 1 year ago	1 2023 2023
					chronic pain radiating down left leg to knee. Pain present for several years. Describes pain	
					as aching, worsened with bending, sitting for a long period of time, and walking. Medication	
					improves pain.; This study is being ordered for a neurological disorder.; There has been	
					treatment or conservative therapy.; The ordering MDs specialty is NOT	
				Radiology Services	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -		General/Fa	72131 Computed tomography, lumbar	Denied Not	Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	spine; without contrast material	Medically Necessary		1 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,	, , ,		, , , , , , , , ,	This is a request for a lumbar spine CT.; Acute or Chronic back pain; It is not known if the	
					patient does have new or changing neurologic signs or symptoms.; The patient has had back	
				Radiology Services	pain for over 4 weeks.; The patient has seen the doctor more then once for these	
4/1/2023 -		General/Fa	72131 Computed tomography, lumbar	Denied Not	symptoms.; It is not known if the physician has directed conservative treatment for the past	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	spine; without contrast material		6 weeks.; Yes this is a request for a Diagnostic CT	1 2023 2023
0,00,000	., _,			, , , , , , , , , , , , , , , , , , , ,		
					This is a request for a lumbar spine CT.; Acute or Chronic back pain; It is not known if the	
					patient does have new or changing neurologic signs or symptoms.; The patient has had back	
				Radiology Services	pain for over 4 weeks.; The patient has seen the doctor more then once for these	
4/1/2023 -		General/Fa	72131 Computed tomography, lumbar	Denied Not	symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	spine; without contrast material		patient has completed 6 weeks of physical therapy?; Yes this is a request for a Diagnostic CT	1 2023 2023
0,30,2023	., 1, 2023	0,00,2020 mmy Fractice Disapproval	ope, menode contrast material	carcarry recessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have	1 2023 2023
					new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.;	
				Radiology Services	It is not known if the patient has new signs or symptoms. The patient does not have a new root drop.,	
4/1/2023 -		General/Fa	72131 Computed tomography, lumbar	Denied Not	There is weakness.; see attached clinicals; It is not known if there is x-ray evidence of a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	spine; without contrast material		lumbar recent fracture.; Yes this is a request for a Diagnostic CT	1 2023 2023
0/30/2023	+/1/2023	0/30/2023 Hilly Fractice Disapproval	spine, without contrast material	ivicultally inecessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have	1 2023 2023
					new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.;	
				Radiology Services	The patient does not have new signs or symptoms.; The patient does not have a new root drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is	
4/1/2022		Conoral/Ea	72121 Computed tomography liveshee	Denied Not	· · · · · · · · · · · · · · · · · · ·	Apr. I.i.
4/1/2023 - 6/30/2023	4/1/2022	General/Fa 6/30/2023 mily Practice Disapproval	72131 Computed tomography, lumbar spine; without contrast material		no weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
0/30/2023	4/1/2023	0/30/2023 IIIIIY PIACIICE DISAPPIOVAI	spine, without contrast material	ivieuically ivecessary	res this is a request for a Diagnostic CI	1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; PT has pain that radiates to the thighs, with radicular bilateral leg pain and weakness of the legs. Pain worsens with twisting movements; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		General/Fa 6/30/2023 mily Practice Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; pt has tingling and pain down left leg and goes below knee but not into the foot; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a lumbar spine CT.; Known or Suspected Infection or abscess; There is no laboratory or x-ray evidence of osteomyelitis.; There is laboratory or x-ray evidence of meningitis.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Denied Not	; It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Radiology Services Denied Not Medically Necessary	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Denied Not	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Denied Not	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Denied Not	; This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Denied Not	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Denied Not	; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023

					6+ month history of neuralgias, parasthesias, visual disturbances, muscle spasms, Lhermitte	
					sign, fatigue, insomnia, muscle weakness by patient complaint and physical exam.	
					requesting MRI's of brain, cervical/thoracic/lumbar spine with and without contra; This	
					study is being ordered for a neurological disorder.; There has been treatment or	
					conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
			72141 Magnetic resonance (eg, proton)		Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via	
4/1/2023 -		General/Fa	imaging, spinal canal and contents,	Denied Not	RadMD.; The primary symptoms began 6 months to 1 year; Home Exercise was done for this	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	cervical; without contrast material	Medically Necessary	diagnosis	1 2023 2023
			724.44.84	Dadieles Condes	should be about and about a take and all to be about the stake at deductation. These has	
. /. /2022		0 1/5	72141 Magnetic resonance (eg, proton)		chronic neck pain and chronic right sided low back pain with right sided sciatica; There has	
4/1/2023 -	4/4/2022	General/Fa	imaging, spinal canal and contents,	Denied Not	not been any treatment or conservative therapy.; This case was created via RadMD.; This	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	cervical; without contrast material	Medically Necessary	study is being ordered for Other; The primary symptoms began 6 months to 1 year History of Present Illness ;1. 43 year old male presents today for concerns of "losing the	1 2023 2023
					function of the right side of his body." This has been present for a long period of time (7	
					years ago) and has been seen by several specialists in the past whom; This study is being	
					ordered for a neurological disorder.; There has been treatment or conservative therapy.; The	
			72141 Magnetic resonance (eg, proton)	Radiology Services	ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,	
4/1/2023 -		General/Fa	imaging, spinal canal and contents,	Denied Not	Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary	Apr-Jun
6/30/2023	1/1/2023	6/30/2023 mily Practice Disapproval	cervical; without contrast material		symptoms began more than 1 year ago; Medications were given for this diagnosis	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Hilly Fractice Disapproval	cervical, without contrast material	Wiculcally Necessary	3711ptoins began more than 1 year ago, we dealtons were given for this diagnosis	1 2023 2023
			72141 Magnetic resonance (eg, proton)	Radiology Services	It is not known if there has been any treatment or conservative therapy.; This case was	
4/1/2023 -		General/Fa	imaging, spinal canal and contents,	Denied Not	created via BBI.; This study is being ordered for Other; It is unknown when the primary	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	cervical; without contrast material	Medically Necessary		1 2023 2023
		, , , , , , , , , , , , , , , , , , , ,	·		, ,	
			72141 Magnetic resonance (eg, proton)	Radiology Services	It is not known if there has been any treatment or conservative therapy.; This case was	
4/1/2023 -		General/Fa	imaging, spinal canal and contents,	Denied Not	created via BBI.; This study is being ordered for Other; The primary symptoms began less	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	cervical; without contrast material	Medically Necessary	than 6 months ago	1 2023 2023
			72141 Magnetic resonance (eg, proton)	Radiology Services	LOW BACK PAIN AND NECK PAIN; There has been treatment or conservative therapy.; This	
4/1/2023 -		General/Fa	imaging, spinal canal and contents,	Denied Not	case was created via RadMD.; This study is being ordered for Other; The primary symptoms	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	cervical; without contrast material	Medically Necessary	began less than 6 months ago; Other not listed was done for this diagnosis	1 2023 2023
. /. /2022		0 1/5	72141 Magnetic resonance (eg, proton)		neck pain, t-spine pain. numbness, weakness and tingling.; There has not been any	
4/1/2023 -	. /. /2022	General/Fa	imaging, spinal canal and contents,	Denied Not	treatment or conservative therapy.; This case was created via RadMD.; This study is being	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	cervical; without contrast material	Medically Necessary	ordered for Neurological Disorder; The primary symptoms began less than 6 months ago	1 2023 2023
					NUMBNESS, TINGLING IN LOWER EXTREMITY, TROUBLE URINATING, PT WAS INVOLVED	
			72141 Magnetic resonance (eg, proton)	Radiology Services	PREVIOUSLY IN MVA. PAIN IN CERVICAL SPINE AS WELL.; There has not been any treatment	
4/1/2023 -		General/Fa	imaging, spinal canal and contents,	Denied Not	or conservative therapy.; This case was created via RadMD.; This study is being ordered for	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	cervical; without contrast material		Inflammatory / Infectious Disease; The primary symptoms began less than 6 months ago	1 2023 2023
0/30/2023	4, 1, 2023	0/30/2023 Hilly Fractice Disapproval	cervical, without contrast material	Wicalcally Necessary	Odontoid process is partially scattered on the open-mouth odontoid view. Straightening	1 2023 2023
					with mild reversal the normal cervical lordosis. Moderate multilevel cervical degenerative	
					disc disease. Multilevel bilateral facet arthritis.;;Mild degenerative disc; There has been	
					treatment or conservative therapy.; This case was created via RadMD.; This study is being	
			72141 Magnetic resonance (eg, proton)	Radiology Services	ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT	
4/1/2023 -		General/Fa	imaging, spinal canal and contents,	Denied Not	Neurological Surgery or Orthopedics; The primary symptoms began less than 6 months ago;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	cervical; without contrast material		Medications were given for this diagnosis	1 2023 2023
					Patient has been experiencing symptoms for over months. Has been prescribed medication,	
					referred to and completed physical therapy, and also given home exercises. Symptoms are	
					not any better and are progressively worsening.; This study is being ordered for something	
					other than: known trauma or injury, metastatic disease, a neurological disorder,	
					inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been	
					treatment or conservative therapy.; The ordering MDs specialty is NOT	
			72141 Magnetic resonance (eg, proton)	Radiology Services	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -		General/Fa	imaging, spinal canal and contents,	Denied Not	Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	cervical; without contrast material	Medically Necessary	year; Physical Therapy was completed for this diagnosis	1 2023 2023

## 1731 A Magnetic recommence (pg. precess) ## 1732 ##						patient has completed physical therapy but is still in pain; There has been treatment or	
Minipage General/Ta Gener				72141 Magnetic resonance (eg. proton)	Radiology Services		
1/1/10/23 1/1/	4/1/2022		Gonoral/Ea			• • • • • • • • • • • • • • • • • • • •	Anr lun
### Preferent braining Hydrocondorse large Actorismospheria Dang propagation (Finding Age) ### Preferent braining Hydrocondorse large Actorismospheria Dang propagation (Finding Age) ### Preferent braining Hydrocondorse large Actorismospheria Dang propagation (Finding Age) ### Preferent braining Hydrocondorse large Actorismospheria Dang propagation (Finding Age) ### Preferent braining Hydrocondorse large Actorismospheria Dang propagation (Finding Age) ### Preferent braining Hydrocondorse large Actorismospheria Dang propagation (Finding Age) ### Preferent braining Hydrocondorse large Actorismospheria Dang propagation (Finding Age) ### Preferent braining Hydrocondorse large Actorismospheria Dang propagation (Finding Age) ### Preferent braining Hydrocondorse large Actorismospheria Dang Preferent large and small discognition (Finding Age) ### Preferent braining Hydrocondorse large Actorismospheria Dang Preferent large and small discognition (Finding Age) ### Preferent braining Hydrocondorse large Actorismospheria Dang Preferent large and small discognition (Finding Age) ### Preferent braining Hydrocondorse large Actorismospheria Dang Preferent large and small discognition (Finding Age) ### Preferent braining Hydrocondorse large Actorismospheria Dang Preferent large and small discognition (Finding Age) ### Preferent braining Hydrocondorse large Age and small discognition (Finding Age) ### Preferent braining Hydrocondorse large Age and small discognition (Finding Age) ### Preferent braining Hydrocondorse large and small and contents, control of the Hydrocondorse large and the Hy		4/4/2022	•				
Policy the has her Physical Therapy, Pain Management, ties head an MRI Lumbar Spine researchy of the physical P	6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	cervical; without contrast material	iviedically necessary	· ·	1 2023 2023
showing disc bulgs; and small disc protrassion in los bods.) Then has been treatment or 7/14/1 Magnetic resonance (e.g. protein) flagging, proad can all accordance of the protein flagging, produced and contents, and protein flagging, produced and accordance of the flagging of the protein flagging, produced and accordance of the flagging of the protein flagging, produced and accordance of the flagging of the protein flagging							
47/2023 - General/Ta (implies, painted and contents, cervical, without contrast material (implies, painted and contents, cervical) without con							
### April 1992 General/Fa G							
## defaulty Necessary for this dispross of the dispross of the second process of the process of						, , ,	
phis excessive his of DOD and cervicaligs, the has been to the ER for injections and still continues to have been dor the RMT or ordinative or infection of the RMT ordinative or infection of the RMT or ordinative or infection of the RMT ordinative or infection of the RMT or ordinative or infection of the RMT ordinative or infection of the RMT ordinative or infection of the RMT or ordinative or infection of the RMT ordinative or infection ordinative or infection or infection ordinative or infection or infection or infection or infection or infection ordination or infection ordination or infection or infectio	1 1		•	imaging, spinal canal and contents,	Denied Not	Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed	· ·
Continues to have back pain, need that for evaluate for (inter to plan-mr.) This study is being ordered for semeling offerther than shown in their has been any treatment or conservative therapy. The ordering offered for secretary is for the plan disease, cangenital anomaly, or secondary (see, portion). Redicionly reconstruction of the plan	6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	cervical; without contrast material	Medically Necessary	for this diagnosis	1 2023 2023
being ordered for something other than known trauma or injury, metastatic disease, a neurological disorder, it is not known if there has been any treatment or conservative therapy. The ordering Miss generally is NOT iterationally, it makes the months again, and and and contents, inventise, without contrast material (signal). It is not known if there has been any treatment or conservative therapy. The ordering Miss generally is NOT iterationally, it makes the months again, and and any ordering. The passes of the proposal						pt has excessive hx of DDD and cervicalgia, she has been to the ER for injections and still	
neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease, 11s norm three has been any treatment or conservative therapy. The disease, 11s norm three has been additionable for the has been additionable for this diagnosis. 72141 Magnetic resonance (eg. proton (eg. proton) (eg						continues to have back pain. need the MRI to evaluate for further tx plan -mz; This study is	
4/1/2023 - General/Fa (General/Fa (General						being ordered for something other than: known trauma or injury, metastatic disease, a	
4/1/2023 - General/Fa						neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular	
Agr-Jun General/Fa Imaging, spinal canal and contents, Control Maging Spinal canal and contents, Control Maging Maging Spinal canal and contents, Control Maging Magin						disease.; It is not known if there has been any treatment or conservative therapy.; The	
Agr-Jun General/Fa Imaging, spinal canal and contents, Control Maging Spinal canal and contents, Control Maging Maging Spinal canal and contents, Control Maging Magin				72141 Magnetic resonance (eg, proton)	Radiology Services	ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,	
6/30/2023 4/1/2023 6/30/2023 mily Practice Disapproval (any internal properties) (any internal p	4/1/2023 -		General/Fa				Apr-Jun
Phase had sor of weakness and numbness in AJ. UE. Also has shooting pain down the RLT and semantial comments of the planting signal canal and corrects, imaging, spinal canal and corrects, cervical; without contrast material cervical; without cont		4/1/2023					
2141 Magnetic resonance (eg. proton) 4/1/2023 6/39/2023 mily Practice Disapproval 4/1/2023 6/39/2023 mily Pract	, ,		, , , , , , , , , , , , , , , , , , , ,	,	,,	, , , , , ,	
72141 Magnetic resonance (eg. proton) 72141 Magnetic resonance (eg. pr						•	
4/1/2023 General/Fa Ge				72141 Magnetic resonance (eg. proton)	Radiology Services		
6/30/2023 4/1/2023 6/30/2023 mily Practice Disapproval cervical; without contrast material Medically Necessary unliateral muscle wasting/weakness 1 2023 2023	4/1/2023 -		General/Fa				Δnr-lun
She had neck surgery few years ago but continues to have gain in bilateral lips, left lower extending the plan is plan in plan in the plan in bilateral lips, left lower extending the plan is plan in the plan in bilateral lips, left lower extending the plan is plan in the plan in bilateral lips, left lower extending the plan is plan in the pla		4/1/2022	·				· ·
extremity pain, right upper extremity pain. Associated with two of tingings ensanton, decreased strength in right hand. • next and low haze hap in the right hand. • next and low haze hap in the right hand. • next and low haze hap in the right hand. • next and low haze hap in the right hand. • next and low haze hap in the right hand. • next and low haze hap in the right hand. • next and low haze hap in the right hand. • next and low haze hap in the right hand. • next and low haze hap in the right hand. • next and low haze hap in the right hand. • next and low haze hap in the right hand. • next and low haze hap in the right hand. • next and low haze hap in the right hand. • next and low haze hap in the right hand. • next and low haze hap in the right hand. • next and low haze hap in the right hand. • next and low haze hap in th	0/30/2023	4/1/2023	0/30/2023 Illily Fractice Disapproval	cervical, without contrast material	ivieuically ivecessary	· · · · · · · · · · · · · · · · · · ·	1 2023 2023
4/1/2023 - General/Fa General							
4/1/2023 - General/Fa							
4/1/2023 - General/Fa (724.44.84	Darkielani Camitara		
6/30/2023 4/1/2023 6/30/2023 mily Practice Disapproval Cervical; without contrast material Addiology Services imaging, spinal canal and contents, polyalogo and formatic processory A/1/2023 4/1/2023 6/30/2023 mily Practice Disapproval Cervical; without contrast material Cervical; wi	4 /4 /2022		0 1/5				
72141 Magnetic resonance (eg. proton) 4/1/2023 - 6/30/2023 mily Practice Disapproval 72141 Magnetic resonance (eg. proton) 6/30/2023 4/1/2023 - General/Fa 6/30/2023 4/1/2023 6/30/2023 mily Practice Disapproval 72141 Magnetic resonance (eg. proton) 6/30/2023 4/1/2023 6/30/2023 mily Practice Disapproval 72141 Magnetic resonance (eg. proton) 6/30/2023 4/1/2023 6/30/2023 mily Practice Disapproval 72141 Magnetic resonance (eg. proton) 6/30/2023 4/1/2023 6/30/2023 mily Practice Disapproval 72141 Magnetic resonance (eg. proton) 6/30/2023 4/1/2023 6/30/2023 mily Practice Disapproval 72141 Magnetic resonance (eg. proton) 6/30/2023 4/1/2023 6/30/2023 mily Practice Disapproval 72141 Magnetic resonance (eg. proton) 6/30/2023 4/1/2023 6/30/2023 mily Practice Disapproval 72141 Magnetic resonance (eg. proton) 6/30/2023 4/1/2023 6/30/2023 mily Practice Disapproval 72141 Magnetic resonance (eg. proton) 72141 M		. / . /					
4/1/2023 - General/Fa 6/30/2023 mily Practice Disapproval 6/30/2023 mily Practice Disapproval 6/30/2023 mily Practice Disapproval 6/30/2023 mily Practice Disapproval 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, 6/30/2023 4/1/2023 - General/Fa 6/30/2023 4/1/2023 - General/Fa 6/30/2023 mily Practice Disapproval 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg. proton) Medically Necessary neurological deficits on physical exam 12023 2023 4/1/2023 6/30/2023 mily Practice Disapproval 72141 Magnetic resonance (eg. proton) Medically Necessary neurological deficits on physical exam 12023 2023 72141 Magnetic resonance (eg. proton) Medically Necessary neurological deficits on physical exam 12023 2023 72141 Magnetic resonance (eg. proton) Medically Necessary Neurological Disorder; The primary symptoms began less than 6 mont	6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	cervical; without contrast material	Medically Necessary	done for this diagnosis	1 2023 2023
4/1/2023 - General/Fa 6/30/2023 mily Practice Disapproval 6/30/2023 mily Practice Disapproval 6/30/2023 mily Practice Disapproval 6/30/2023 mily Practice Disapproval 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, 6/30/2023 4/1/2023 - General/Fa 6/30/2023 4/1/2023 - General/Fa 6/30/2023 mily Practice Disapproval 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg. proton) Medically Necessary neurological deficits on physical exam 12023 2023 4/1/2023 6/30/2023 mily Practice Disapproval 72141 Magnetic resonance (eg. proton) Medically Necessary neurological deficits on physical exam 12023 2023 72141 Magnetic resonance (eg. proton) Medically Necessary neurological deficits on physical exam 12023 2023 72141 Magnetic resonance (eg. proton) Medically Necessary Neurological Disorder; The primary symptoms began less than 6 mont							
6/30/2023 4/1/2023 6/30/2023 mily Practice Disapproval 72141 Magnetic resonance (eg., proton) imaging, spinal canal and contents, cervical; without contrast material 4/1/2023 - General/Fa 6/30/2023 4/1/2023 - General/Fa						•••	
72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, 6/30/2023 4/1/2023 6/30/2023 mily Practice Disapproval 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, 6/30/2023 4/1/2023 6/30/2023 mily Practice Disapproval 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, 6/30/2023 4/1/2023 6/30/2023 mily Practice Disapproval 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, 6/30/2023 4/1/2023 6/30/2023 mily Practice Disapproval 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, 6/30/2023 mily Practice Disapproval 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, 6/30/2023 mily Practice Disapproval 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, 6/30/2023 mily Practice Disapproval 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, 6/30/2023 mily Practice Disapproval 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, 6/30/2023 mily Practice Disapproval 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, 6/30/2023 mily Practice Disapproval 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, 6/30/2023 mily Practice Disapproval 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, 6/30/2023 mily Practice Disapproval 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, 6/30/2023 mily Practice Disapproval 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, 6/30/2023 mily Practice Disapproval 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, 6/30/2023 mily Practice Disapproval 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, 6/30/2023 mily Practice Disapproval 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, 6/30/2023 mily Practice Disapproval 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, 6/30/2023	1 1		•				·
4/1/2023 - General/Fa imaging, spinal canal and contents, 6/30/2023 mily Practice Disapproval cervical; without contrast material (Al/2023 - General/Fa) imaging, spinal canal and contents, 6/30/2023 mily Practice Disapproval (Al/2023 - General/Fa) imaging, spinal canal and contents, 6/30/2023 mily Practice Disapproval (Al/2023 - General/Fa) imaging, spinal canal and contents, 6/30/2023 mily Practice Disapproval (Al/2023 - General/Fa) imaging, spinal canal and contents, 6/30/2023 mily Practice Disapproval (Al/2023 - General/Fa) imaging, spinal canal and contents, 6/30/2023 mily Practice Disapproval (Al/2023 - General/Fa) imaging, spinal canal and contents, 6/30/2023 mily Practice Disapproval (Al/2023 - General/Fa) imaging, spinal canal and contents, 6/30/2023 mily Practice Disapproval (Al/2023 - General/Fa) imaging, spinal canal and contents, 6/30/2023 mily Practice Disapproval (Al/2023 - General/Fa) imaging, spinal canal and contents, 6/30/2023 mily Practice Disapproval (Al/2023 - General/Fa) imaging, spinal canal and contents, 6/30/2023 mily Practice Disapproval (Al/2023 - General/Fa) imaging, spinal canal and contents, 6/30/2023 mily Practice Disapproval (Al/2023 - General/Fa) imaging, spinal canal and contents, 6/30/2023 mily Practice Disapproval (Al/2023 - General/Fa) imaging, spinal canal and contents, 6/30/2023 mily Practice Disapproval (Al/2023 - General/Fa) imaging, spinal canal and contents, 6/30/2023 mily Practice Disapproval (Al/2023 - General/Fa) imaging, spinal canal and contents, 6/30/2023 mily Practice Disapproval (Al/2023 - General/Fa) imaging, spinal canal and contents, 6/30/2023 mily Practice Disapproval (Al/2023 - General/Fa) imaging, spinal canal and contents, 6/30/2023 mily Practice Disapproval (Al/2023 - General/Fa) imaging, spinal canal and contents, 6/30/2023 mily Practice Disapproval (Al/2023 - General/Fa) imaging, spinal canal and contents, 6/30/2023 mily Practice Disapproval (Al/2023 - General/Fa) imaging, spinal canal and contents, 6/30/2023 mily Practice Disapproval (Al/2023 - Gener	6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	cervical; without contrast material	Medically Necessary	ago; Medications were given for this diagnosis	1 2023 2023
4/1/2023 - General/Fa imaging, spinal canal and contents, 6/30/2023 mily Practice Disapproval cervical; without contrast material (Al/2023 - General/Fa) imaging, spinal canal and contents, 6/30/2023 mily Practice Disapproval (Al/2023 - General/Fa) imaging, spinal canal and contents, 6/30/2023 mily Practice Disapproval (Al/2023 - General/Fa) imaging, spinal canal and contents, 6/30/2023 mily Practice Disapproval (Al/2023 - General/Fa) imaging, spinal canal and contents, 6/30/2023 mily Practice Disapproval (Al/2023 - General/Fa) imaging, spinal canal and contents, 6/30/2023 mily Practice Disapproval (Al/2023 - General/Fa) imaging, spinal canal and contents, 6/30/2023 mily Practice Disapproval (Al/2023 - General/Fa) imaging, spinal canal and contents, 6/30/2023 mily Practice Disapproval (Al/2023 - General/Fa) imaging, spinal canal and contents, 6/30/2023 mily Practice Disapproval (Al/2023 - General/Fa) imaging, spinal canal and contents, 6/30/2023 mily Practice Disapproval (Al/2023 - General/Fa) imaging, spinal canal and contents, 6/30/2023 mily Practice Disapproval (Al/2023 - General/Fa) imaging, spinal canal and contents, 6/30/2023 mily Practice Disapproval (Al/2023 - General/Fa) imaging, spinal canal and contents, 6/30/2023 mily Practice Disapproval (Al/2023 - General/Fa) imaging, spinal canal and contents, 6/30/2023 mily Practice Disapproval (Al/2023 - General/Fa) imaging, spinal canal and contents, 6/30/2023 mily Practice Disapproval (Al/2023 - General/Fa) imaging, spinal canal and contents, 6/30/2023 mily Practice Disapproval (Al/2023 - General/Fa) imaging, spinal canal and contents, 6/30/2023 mily Practice Disapproval (Al/2023 - General/Fa) imaging, spinal canal and contents, 6/30/2023 mily Practice Disapproval (Al/2023 - General/Fa) imaging, spinal canal and contents, 6/30/2023 mily Practice Disapproval (Al/2023 - General/Fa) imaging, spinal canal and contents, 6/30/2023 mily Practice Disapproval (Al/2023 - General/Fa) imaging, spinal canal and contents, 6/30/2023 mily Practice Disapproval (Al/2023 - Gener							
6/30/2023 #1/2023 6/30/2023 mily Practice Disapproval cevical; without contrast material Medically Necessary Therapy was completed for this diagnosis 1 2023 2023 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; without contrast material Medically Necessary Neurological Disorder; The primary symptoms began 6 months to 1 year 1 2023 2023 72141 Magnetic resonance (eg. proton) Radiology Services Denied Not There has not been any treatment or conservative therapy.; This study is being ordered for Apr-Jun Medically Necessary Neurological Disorder; The primary symptoms began 6 months to 1 year 1 2023 2023 72141 Magnetic resonance (eg. proton) Radiology Services Imaging, spinal canal and contents, cervical; without contrast material Medically Necessary Neurological deficits on physical exam 1 2023 2023 72141 Magnetic resonance (eg. proton) Radiology Services Imaging, spinal canal and contents, cervical; without contrast material Medically Necessary Neurological deficits on physical exam 1 2023 2023 72141 Magnetic resonance (eg. proton) Radiology Services Denied Not This is a request for cervical spine MRI; The reason for ordering this test is Neurologic Apr-Jun deficits; The patient has None of the above 1 2023 2023 72141 Magnetic resonance (eg. proton) Radiology Services Denied Not This is a request for cervical spine MRI; The reason for ordering this test is Neurologic Apr-Jun deficits; This is NOT a Medically Necessary Medically Necessary Neurologic deficits; This is NOT a Medicare member.; The patient has Abnormal Reflexes 1 2023 2023 72141 Magnetic resonance (eg. proton) Radiology Services Imaging, spinal canal and contents, Cervical; without contrast material Medically Necessary Medically Necessary Neurologic deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on Apr-Jun deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on Apr-Jun deficits; This is NOT a Medicare member.; The patient has Dermatomal sensor						• • • • • • • • • • • • • • • • • • • •	
72141 Magnetic resonance (eg, proton) 6/30/2023 4/1/2023 General/Fa 6/30/2023 mily Practice Disapproval 72141 Magnetic resonance (eg, proton) 6/30/2023 mily Practice Disapproval 72141 Magnetic resonance (eg, proton) 6/30/2023 mily Practice Disapproval 72141 Magnetic resonance (eg, proton) 6/30/2023 mily Practice Disapproval 72141 Magnetic resonance (eg, proton) 6/30/2023 mily Practice Disapproval 72141 Magnetic resonance (eg, proton) 6/30/2023 mily Practice Disapproval 72141 Magnetic resonance (eg, proton) 6/30/2023 mily Practice Disapproval 72141 Magnetic resonance (eg, proton) 6/30/2023 mily Practice Disapproval 72141 Magnetic resonance (eg, proton) 6/30/2023 mily Practice Disapproval 72141 Magnetic resonance (eg, proton) 6/30/2023 mily Practice Disapproval 72141 Magnetic resonance (eg, proton) 6/30/2023 mily Practice Disapproval 72141 Magnetic resonance (eg, proton) 72141 Magneti	4/1/2023 -		General/Fa	imaging, spinal canal and contents,	Denied Not	is being ordered for Other; The primary symptoms began less than 6 months ago; Physical	Apr-Jun
4/1/2023 - General/Fa imaging, spinal canal and contents, 6/30/2023 mily Practice Disapproval cervical; without contrast material Medically Necessary Neurological Disorder; The primary symptoms began 6 months to 1 year 1 2023 2023 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, 6/30/2023 4/1/2023 6/30/2023 mily Practice Disapproval cervical; without contrast material Medically Necessary Neurological Disorder; The primary symptoms began 6 months to 1 year 1 2023 2023 72141 Magnetic resonance (eg, proton) Radiology Services Denied Not This case was created via BBI.; This study is being ordered for Trauma / Injury; There are NO Apr-Jun eurological deficits on physical exam 1 2023 2023 72141 Magnetic resonance (eg, proton) Imaging, spinal canal and contents, Cervical; without contrast material Medically Necessary deficits; The patient has None of the above 1 2023 2023 72141 Magnetic resonance (eg, proton) Radiology Services Denied Not This is a request for cervical spine MRI; The reason for ordering this test is Neurologic Apr-Jun deficits; The patient has None of the above 1 2023 2023 72141 Magnetic resonance (eg, proton) Radiology Services Denied Not This is a request for cervical spine MRI; The reason for ordering this test is Neurologic Apr-Jun deficits; This is NOT a Medicare member.; The patient has Abnormal Reflexes 1 2023 2023 72141 Magnetic resonance (eg, proton) Radiology Services Denied Not	6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	cervical; without contrast material	Medically Necessary	Therapy was completed for this diagnosis	1 2023 2023
4/1/2023 - General/Fa imaging, spinal canal and contents, 6/30/2023 mily Practice Disapproval cervical; without contrast material Medically Necessary Neurological Disorder; The primary symptoms began 6 months to 1 year 1 2023 2023 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, 6/30/2023 4/1/2023 6/30/2023 mily Practice Disapproval cervical; without contrast material Medically Necessary Neurological Disorder; The primary symptoms began 6 months to 1 year 1 2023 2023 72141 Magnetic resonance (eg, proton) Radiology Services Denied Not This case was created via BBI.; This study is being ordered for Trauma / Injury; There are NO Apr-Jun eurological deficits on physical exam 1 2023 2023 72141 Magnetic resonance (eg, proton) Imaging, spinal canal and contents, Cervical; without contrast material Medically Necessary deficits; The patient has None of the above 1 2023 2023 72141 Magnetic resonance (eg, proton) Radiology Services Denied Not This is a request for cervical spine MRI; The reason for ordering this test is Neurologic Apr-Jun deficits; The patient has None of the above 1 2023 2023 72141 Magnetic resonance (eg, proton) Radiology Services Denied Not This is a request for cervical spine MRI; The reason for ordering this test is Neurologic Apr-Jun deficits; This is NOT a Medicare member.; The patient has Abnormal Reflexes 1 2023 2023 72141 Magnetic resonance (eg, proton) Radiology Services Denied Not							
6/30/2023 4/1/2023 6/30/2023 mily Practice Disapproval Fig. 30/2023 6/30/2023 mily Practice Disapproval Fig.				72141 Magnetic resonance (eg, proton)	Radiology Services		
72141 Magnetic resonance (eg, proton) 6/30/2023 4/1/2023 - General/Fa imaging, spinal canal and contents, cervical; without contrast material 4/1/2023 - General/Fa imaging, spinal canal and contents, cervical; without contrast material 4/1/2023 - General/Fa imaging, spinal canal and contents, cervical; without contrast material 4/1/2023 - General/Fa imaging, spinal canal and contents, cervical; without contrast material 6/30/2023 4/1/2023 6/30/2023 mily Practice Disapproval 72141 Magnetic resonance (eg, proton) 6/30/2023 4/1/2023 6/30/2023 mily Practice Disapproval 72141 Magnetic resonance (eg, proton) 6/30/2023 4/1/2023 6/30/2023 mily Practice Disapproval 72141 Magnetic resonance (eg, proton) 72141 Magn	4/1/2023 -		General/Fa	imaging, spinal canal and contents,	Denied Not	There has not been any treatment or conservative therapy.; This study is being ordered for	Apr-Jun
4/1/2023 - General/Fa imaging, spinal canal and contents, 6/30/2023 mily Practice Disapproval cervical; without contrast material Medically Necessary neurological deficits on physical exam 1 2023 2023 72141 Magnetic resonance (eg, proton) Radiology Services imaging, spinal canal and contents, 6/30/2023 4/1/2023 6/30/2023 mily Practice Disapproval cervical; without contrast material Medically Necessary deficits; The patient has None of the above 1 2023 2023 72141 Magnetic resonance (eg, proton) Medically Necessary deficits; The patient has None of the above 1 2023 2023 72141 Magnetic resonance (eg, proton) Medically Necessary deficits; The patient has None of the above 1 2023 2023 72141 Magnetic resonance (eg, proton) Radiology Services imaging, spinal canal and contents, Denied Not This is a request for cervical spine MRI; The reason for ordering this test is Neurologic Apr-Jun deficits; The patient has None of the above 1 2023 2023 72141 Magnetic resonance (eg, proton) Radiology Services imaging, spinal canal and contents, Medically Necessary deficits; This is NOT a Medicare member.; The patient has Abnormal Reflexes 1 2023 2023 72141 Magnetic resonance (eg, proton) Radiology Services Medically Necessary deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on Apr-Jun deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on Apr-Jun deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on Apr-Jun deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on Apr-Jun deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on Apr-Jun	6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	cervical; without contrast material	Medically Necessary	Neurological Disorder; The primary symptoms began 6 months to 1 year	1 2023 2023
4/1/2023 - General/Fa imaging, spinal canal and contents, 6/30/2023 mily Practice Disapproval cervical; without contrast material Medically Necessary neurological deficits on physical exam 1 2023 2023 72141 Magnetic resonance (eg, proton) Radiology Services imaging, spinal canal and contents, 6/30/2023 4/1/2023 6/30/2023 mily Practice Disapproval cervical; without contrast material Medically Necessary deficits; The patient has None of the above 1 2023 2023 72141 Magnetic resonance (eg, proton) Medically Necessary deficits; The patient has None of the above 1 2023 2023 72141 Magnetic resonance (eg, proton) Medically Necessary deficits; The patient has None of the above 1 2023 2023 72141 Magnetic resonance (eg, proton) Radiology Services imaging, spinal canal and contents, Denied Not This is a request for cervical spine MRI; The reason for ordering this test is Neurologic Apr-Jun deficits; The patient has None of the above 1 2023 2023 72141 Magnetic resonance (eg, proton) Radiology Services imaging, spinal canal and contents, Medically Necessary deficits; This is NOT a Medicare member.; The patient has Abnormal Reflexes 1 2023 2023 72141 Magnetic resonance (eg, proton) Radiology Services Medically Necessary deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on Apr-Jun deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on Apr-Jun deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on Apr-Jun deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on Apr-Jun deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on Apr-Jun							
4/1/2023 - General/Fa imaging, spinal canal and contents, 6/30/2023 mily Practice Disapproval cervical; without contrast material Medically Necessary neurological deficits on physical exam 1 2023 2023 72141 Magnetic resonance (eg, proton) Radiology Services imaging, spinal canal and contents, 6/30/2023 4/1/2023 6/30/2023 mily Practice Disapproval cervical; without contrast material Medically Necessary deficits; The patient has None of the above 1 2023 2023 72141 Magnetic resonance (eg, proton) Medically Necessary deficits; The patient has None of the above 1 2023 2023 72141 Magnetic resonance (eg, proton) Medically Necessary deficits; The patient has None of the above 1 2023 2023 72141 Magnetic resonance (eg, proton) Radiology Services imaging, spinal canal and contents, Denied Not This is a request for cervical spine MRI; The reason for ordering this test is Neurologic Apr-Jun deficits; The patient has None of the above 1 2023 2023 72141 Magnetic resonance (eg, proton) Radiology Services imaging, spinal canal and contents, Medically Necessary deficits; This is NOT a Medicare member.; The patient has Abnormal Reflexes 1 2023 2023 72141 Magnetic resonance (eg, proton) Radiology Services Medically Necessary deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on Apr-Jun deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on Apr-Jun deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on Apr-Jun deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on Apr-Jun deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on Apr-Jun				72141 Magnetic resonance (eg, proton)	Radiology Services		
6/30/2023 4/1/2023 6/30/2023 mily Practice Disapproval cervical; without contrast material Medically Necessary neurological deficits on physical exam 1 2023 2023 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material Medically Necessary deficits; The patient has None of the above 1 2023 2023 72141 Magnetic resonance (eg, proton) Medically Necessary deficits; The patient has None of the above 1 2023 2023 72141 Magnetic resonance (eg, proton) Radiology Services deficits; The patient has None of the above 1 2023 2023 72141 Magnetic resonance (eg, proton) Radiology Services imaging, spinal canal and contents, Denied Not This is a request for cervical spine MRI; The reason for ordering this test is Neurologic Apr-Jun A	4/1/2023 -		General/Fa			This case was created via BBI.; This study is being ordered for Trauma / Injury; There are NO	Apr-Jun
72141 Magnetic resonance (eg, proton) 4/1/2023 - General/Fa imaging, spinal canal and contents, cervical; without contrast material 4/1/2023 - General/Fa 6/30/2023 imaging, spinal canal and contents, cervical; without contrast material 6/30/2023 imaging, spinal canal and contents, cervical; without contrast material 6/30/2023 imaging, spinal canal and contents, cervical; without contrast material 6/30/2023 imaging, spinal canal and contents, cervical; without contrast material 6/30/2023 imaging, spinal canal and contents, cervical; without contrast material 6/30/2023 imaging, spinal canal and contents, cervical; without contrast material 6/30/2023 imaging, spinal canal and contents, cervical; without contrast material 6/30/2023 imaging, spinal canal and contents, cervical; without contrast material 6/30/2023 imaging, spinal canal and contents, cervical; without contrast material 6/30/2023 imaging, spinal canal and contents, cervical; without contrast material 7/2141 Magnetic resonance (eg, proton) 8/2141 Magnetic res		4/1/2023	6/30/2023 mily Practice Disapproval		Medically Necessary		· ·
4/1/2023 - General/Fa imaging, spinal canal and contents, deficits; The patient has None of the above 1 2023 2023 4/1/2023 - General/Fa imaging, spinal canal and contents, cervical; without contrast material Medically Necessary deficits; The patient has None of the above 1 2023 2023 72141 Magnetic resonance (eg, proton) Radiology Services imaging, spinal canal and contents, Denied Not This is a request for cervical spine MRI; The reason for ordering this test is Neurologic Apr-Jun This is a request for cervical spine MRI; The reason for ordering this test is Neurologic Apr-Jun Apr-Jun Medically Necessary deficits; This is NOT a Medicare member.; The patient has Abnormal Reflexes 1 2023 2023 72141 Magnetic resonance (eg, proton) Radiology Services deficits; This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on Apr-Jun Medicare member.; The patient has Dermatomal sensory changes on Apr-Jun Medicare member.; The patient has Dermatomal sensory changes on Apr-Jun Medicare member.			.,		,		
4/1/2023 - General/Fa imaging, spinal canal and contents, deficits; The patient has None of the above 1 2023 2023 4/1/2023 - General/Fa imaging, spinal canal and contents, cervical; without contrast material Medically Necessary deficits; The patient has None of the above 1 2023 2023 72141 Magnetic resonance (eg, proton) Radiology Services imaging, spinal canal and contents, Denied Not This is a request for cervical spine MRI; The reason for ordering this test is Neurologic Apr-Jun This is a request for cervical spine MRI; The reason for ordering this test is Neurologic Apr-Jun Apr-Jun Medically Necessary deficits; This is NOT a Medicare member.; The patient has Abnormal Reflexes 1 2023 2023 72141 Magnetic resonance (eg, proton) Radiology Services deficits; This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on Apr-Jun Medicare member.; The patient has Dermatomal sensory changes on Apr-Jun Medicare member.; The patient has Dermatomal sensory changes on Apr-Jun Medicare member.				72141 Magnetic resonance (eg. proton)	Radiology Services		
6/30/2023 mily Practice Disapproval cervical; without contrast material Medically Necessary deficits; The patient has None of the above 1 2023 2023 72141 Magnetic resonance (eg, proton) Radiology Services 4/1/2023 - General/Fa imaging, spinal canal and contents, Denied Not This is a request for cervical spine MRI; The reason for ordering this test is Neurologic Apr-Jun 6/30/2023 deficits; This is NOT a Medicare member.; The patient has Abnormal Reflexes 1 2023 2023 72141 Magnetic resonance (eg, proton) Radiology Services deficits; This is a request for cervical spine MRI; The reason for ordering this test is Neurologic 72141 Magnetic resonance (eg, proton) Radiology Services imaging, spinal canal and contents, Denied Not deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on Apr-Jun	4/1/2023 -		General/Fa			This is a request for cervical spine MRI: The reason for ordering this test is Neurologic	Apr-lun
72141 Magnetic resonance (eg, proton) Radiology Services 4/1/2023 - General/Fa imaging, spinal canal and contents, Denied Not This is a request for cervical spine MRI; The reason for ordering this test is Neurologic Apr-Jun deficits; This is NOT a Medicare member.; The patient has Abnormal Reflexes 1 2023 2023 72141 Magnetic resonance (eg, proton) Radiology Services deficits; This is a request for cervical spine MRI; The reason for ordering this test is Neurologic This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on Apr-Jun Magnetic resonance (eg, proton) Pagnetic reson	1 1	4/1/2023	•			· · · · · · · · · · · · · · · · · · ·	· ·
4/1/2023 - General/Fa imaging, spinal canal and contents, Denied Not Medically Necessary deficits; This is a request for cervical spine MRI; The reason for ordering this test is Neurologic Apr-Jun deficits; This is NOT a Medicare member.; The patient has Abnormal Reflexes 1 2023 2023 72141 Magnetic resonance (eg, proton) Radiology Services imaging, spinal canal and contents, Denied Not Denied Not deficits; This is NOT a Medicare member.; The patient has Abnormal Reflexes 1 2023 2023 72141 Magnetic resonance (eg, proton) Radiology Services imaging, spinal canal and contents, Denied Not deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on Apr-Jun	-,,, -	, -, - 525	., ,	,	zz.zz, rrecessury		
4/1/2023 - General/Fa imaging, spinal canal and contents, Denied Not Medically Necessary deficits; This is a request for cervical spine MRI; The reason for ordering this test is Neurologic Apr-Jun deficits; This is NOT a Medicare member.; The patient has Abnormal Reflexes 1 2023 2023 72141 Magnetic resonance (eg, proton) Radiology Services imaging, spinal canal and contents, Denied Not Denied Not deficits; This is NOT a Medicare member.; The patient has Abnormal Reflexes 1 2023 2023 72141 Magnetic resonance (eg, proton) Radiology Services imaging, spinal canal and contents, Denied Not deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on Apr-Jun				72141 Magnetic resonance (eg. proton)	Radiology Services		
6/30/2023 mily Practice Disapproval cervical; without contrast material Medically Necessary deficits; This is NOT a Medicare member.; The patient has Abnormal Reflexes 1 2023 2023 72141 Magnetic resonance (eg, proton) Radiology Services 4/1/2023 - General/Fa imaging, spinal canal and contents, Denied Not deficits; This is NOT a Medicare member.; The patient has Abnormal Reflexes 1 2023 2023 This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on Apr-Jun	4/1/2023		General/Fa			This is a request for cervical spine MRI: The reason for ordering this test is Neurologic	Anralun
72141 Magnetic resonance (eg, proton) Radiology Services This is a request for cervical spine MRI; The reason for ordering this test is Neurologic 4/1/2023 - General/Fa imaging, spinal canal and contents, Denied Not deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on Apr-Jun		1/1/2023	•			· · · · · · · · · · · · · · · · · · ·	· ·
4/1/2023 - General/Fa imaging, spinal canal and contents, Denied Not deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on Apr-Jun	0/30/2023	7/1/2023	0/30/2023 IIIIIy Flactice Disappioval	cervical, without contrast material	ivicultally ivecessally	denotes, 11113 13 1401 a Miculdale Hierinber., The patient has Abhormal Neilexes	1 2023 2023
4/1/2023 - General/Fa imaging, spinal canal and contents, Denied Not deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on Apr-Jun				721/11 Magnetic reconance (og proton)	Radiology Sonvices	This is a request for carvical spine MRI: The reason for ordering this test is Neuralegia	
	4/1/2022		Gonoral/Ea			· · · · · · · · · · · · · · · · · · ·	Anr lin
o/30/2023 4/1/2023 o/30/2023 milly reactice Disapproval cervical; without contrast material medically necessary physical examination 2 2023 2023	1 1	4/4/2022	•				·
	6/30/2023	4/1/2023	0/30/2023 mily Practice Disapproval	cervical; without contrast material	iviedically Necessary	priysical examination	2 2023 2023

			72141 Magnetic resonance (eg, proton)			
4/1/2023 -	. /. /	General/Fa	imaging, spinal canal and contents,	Denied Not	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	cervical; without contrast material	Medically Necessary	deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	12 2023 2023
			72141 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -		General/Fa	imaging, spinal canal and contents,	Denied Not	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	cervical; without contrast material		deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	13 2023 2023
0,00,2020	., 1, 2020	0/00/2020 mm, . racade Disapprova.	cervical, wenoue contract material	Treatedity (Teeessally	actions, this is not a medicare member, the patient has rocal appeared action, the actions of	13 1013 1013
			72141 Magnetic resonance (eg, proton)	Radiology Services	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic	
4/1/2023 -		General/Fa	imaging, spinal canal and contents,	Denied Not	deficits; This is NOT a Medicare member.; The patient has New symptoms of paresthesia	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	cervical; without contrast material	Medically Necessary	evaluated by a neurologist	2 2023 2023
			72141 Magnetic resonance (eg, proton)	Radiology Services	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic	
4/1/2023 -		General/Fa	imaging, spinal canal and contents,	Denied Not	deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	cervical; without contrast material	Medically Necessary	with myelopathy	2 2023 2023
			721.41 Magnetic reconance (eg. proten)	Padiology Convices		
4/1/2023 -		General/Fa	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Denied Not	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	cervical; without contrast material		deficits; This is NOT a Medicare member.; The patient has Unilateral focal muscle wasting	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Illily Fractice Disapproval	cervical, without contrast material	Wiculcally Necessary	deficits, fills is NOT a Medicare member., the patient has offinateral local muscle wasting	1 2023 2023
			72141 Magnetic resonance (eg, proton)	Radiology Services	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent	
4/1/2023 -		General/Fa	imaging, spinal canal and contents,	Denied Not	injury; The patient does not have any of the above listed items; The trauma or injury did NOT	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	cervical; without contrast material	Medically Necessary	occur within the past 72 hours.; The pain did NOT begin within the past 6 weeks.	1 2023 2023
					This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent	
			72141 Magnetic resonance (eg, proton)	Radiology Services	injury; The patient has a neurological deficit; The trauma or injury did NOT occur within the	
4/1/2023 -		General/Fa	imaging, spinal canal and contents,	Denied Not	past 72 hours.; The pain did NOT begin within the past 6 weeks.; This is NOT a Medicare	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	cervical; without contrast material	Medically Necessary	member.; The patient has Focal upper extremity weakness	1 2023 2023
					This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent	
			72141 Magnetic resonance (eg, proton)		injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within	
4/1/2023 -	. /. /2022	General/Fa	imaging, spinal canal and contents,	Denied Not	the past 6 weeks.; The patient does not have a neurological deficit, PT or home exercise,	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	cervical; without contrast material	Medically Necessary	diagnostic test, or abnormal xray.	1 2023 2023
					This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent	
			72141 Magnetic resonance (eg, proton)	Radiology Services	injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within	
4/1/2023 -		General/Fa	imaging, spinal canal and contents,	Denied Not	the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	cervical; without contrast material		significant abnormality involving the cervical spine; This is a Medicare member.	1 2023 2023
.,	, ,	, , , , , , , , , , , , , , , , , , , ,		, , , , , , ,		
					This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent	
			72141 Magnetic resonance (eg, proton)	Radiology Services	injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within	
4/1/2023 -		General/Fa	imaging, spinal canal and contents,	Denied Not	the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	cervical; without contrast material	Medically Necessary	significant abnormality involving the cervical spine; This is NOT a Medicare member.	2 2023 2023
					This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent	
4/4/2025		0 1/5	72141 Magnetic resonance (eg, proton)		injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within	
4/1/2023 -	4/4/2000	General/Fa	imaging, spinal canal and contents,	Denied Not	the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	cervical; without contrast material	iviedically Necessary	patient has Physical exam findings consistent with myelopathy This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent	2 2023 2023
			72141 Magnetic resonance (eg, proton)	Radiology Services	injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within	
4/1/2023 -		General/Fa	imaging, spinal canal and contents,	Denied Not	the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	cervical; without contrast material	Medically Necessary	physical therapy, chiropractic or physician supervised home exercise	1 2023 2023
-,,	, -,	-,,,	,	,,	E. Le control of the	
			72141 Magnetic resonance (eg, proton)	Radiology Services	This is a request for cervical spine MRI; This procedure is being requested for Acute / new	
4/1/2023 -		General/Fa	imaging, spinal canal and contents,	Denied Not	neck pain; The pain began within the past 6 weeks.; The patient does not have a neurological	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	cervical; without contrast material	Medically Necessary	deficit, PT or home exercise, diagnostic test, or abnormal xray.	1 2023 2023

			721.41 Magnatic vaccions (eq. proton)	Dadialas Canias	This is a various for annial sains MAN. This are address is being accounted for Annia / ann.	
4/1/2023 -		General/Fa	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Denied Not	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient had a diagnostic test (such	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	cervical; without contrast material	Medically Necessary	as an EMG/nerve conduction) involving the cervical spine	1 2023 2023
					This is a request for cervical spine MRI; This procedure is being requested for Acute / new	
			72141 Magnetic resonance (eg, proton)	Radiology Services	neck pain; The pain began within the past 6 weeks.; The patient had an abnormal xray	
4/1/2023 -		General/Fa	imaging, spinal canal and contents,	Denied Not	indicating a complex fracture or other significant abnormality involving the cervical spine;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	cervical; without contrast material	Medically Necessary	This is NOT a Medicare member.	1 2023 2023
			72141 Magnetic resonance (eg, proton)	Padiology Convices	This is a request for consistal coins MDI. This procedure is being requested for Acute / nour	
4/1/2023 -		General/Fa	imaging, spinal canal and contents,	Denied Not	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This	Apr-Jun
6/30/2023	4/1/2022	6/30/2023 mily Practice Disapproval	cervical; without contrast material		is NOT a Medicare member.; The patient has Focal upper extremity weakness	1 2023 2023
0/30/2023	4/1/2023	6/30/2023 Illily Plactice Disapproval	cervical, without contrast material	ivieuically necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new	1 2023 2023
			72141 Magnetic resonance (eg, proton)	Radiology Services	neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This	
4/1/2023 -		General/Fa	imaging, spinal canal and contents,	Denied Not	is NOT a Medicare member.; The patient has Physical exam findings consistent with	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	cervical; without contrast material	Medically Necessary	, , ,	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 mily Fractice Disapproval	cervical, without contrast material	ividuically ivecessary	myciopatity	1 2023 2023
			72141 Magnetic resonance (eg, proton)	Radiology Services	This is a request for cervical spine MRI; This procedure is being requested for Acute / new	
4/1/2023 -		General/Fa	imaging, spinal canal and contents,	Denied Not	neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	cervical; without contrast material	Medically Necessary	is NOT a Medicare member.; The patient has Unilateral focal muscle wasting	1 2023 2023
					This is a request for cervical spine MRI; This procedure is being requested for Acute / new	
			72141 Magnetic resonance (eg, proton)	Radiology Services	neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient	
4/1/2023 -		General/Fa	imaging, spinal canal and contents,	Denied Not	completed or failed a trial of physical therapy, chiropractic or physician supervised home	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	cervical; without contrast material	Medically Necessary	exercise	4 2023 2023
			72141 Magnetic resonance (eg, proton)	Radiology Services	This is a request for cervical spine MRI; This procedure is being requested for Acute / new	
4/1/2023 -		General/Fa	imaging, spinal canal and contents,	Denied Not	neck pain; The patient has a new onset or changing radiculitis / radiculopathy; The pain did	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	cervical; without contrast material	Medically Necessary	NOT begin within the past 6 weeks.	1 2023 2023
					This is a request for cervical spine MRI; This procedure is being requested for Acute / new	
			72141 Magnetic resonance (eg, proton)	Radiology Services	neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of	
4/1/2023 -		General/Fa	imaging, spinal canal and contents,	Denied Not	physical therapy, chiropractic or physician supervised home exercise; It is not known if the	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	cervical; without contrast material	Medically Necessary	pain began within the past 6 weeks.; This is NOT a Medicare member.	1 2023 2023
			724.44 Manustin manus (Dadida a Camba		
4/4/2022		C 1/5-	72141 Magnetic resonance (eg, proton)		This is a second for control of a AADI This was about it had a second of a Changis /	A I
4/1/2023 -	4/4/2022	General/Fa	imaging, spinal canal and contents,	Denied Not	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	Apr-Jun 1 2023 2023
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	cervical; without contrast material	Medically Necessary	longstanding neck pain; It is unknown if any of these apply to the patient	1 2023 2023
			72141 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -		General/Fa	imaging, spinal canal and contents,	Denied Not	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	cervical; without contrast material		longstanding neck pain; The patient does not have any of the above listed items	2 2023 2023
0,00,2020	1, 2, 2020	6,56,2525 mm, Hacade 5,54pp.674.	cervical, without contract material	Wedleding Wedessally	Tongotanianing neak pain, the patient ages not have any of the above notes terms	2 2020 2020
			72141 Magnetic resonance (eg, proton)	Radiology Services	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	
4/1/2023 -		General/Fa	imaging, spinal canal and contents,	Denied Not	longstanding neck pain; The patient had a diagnostic test (such as EMG/nerve conduction)	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	cervical; without contrast material		involving the Cervical Spine	2 2023 2023
		, , , , , , , , , , , , , , , , , , , ,	,			
			72141 Magnetic resonance (eg, proton)	Radiology Services	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	
4/1/2023 -		General/Fa	imaging, spinal canal and contents,	Denied Not	longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	cervical; without contrast material	Medically Necessary	other significant abnormality involving the cervical spine; This is NOT a Medicare member.	9 2023 2023
			72141 Magnetic resonance (eg, proton)	Radiology Services	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	
4/1/2023 -		General/Fa	imaging, spinal canal and contents,	Denied Not	longstanding neck pain; The patient has a neurological deficit; The patient has None of the	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	cervical; without contrast material	Medically Necessary	above	2 2023 2023
			72141 Magnetic resonance (eg, proton)		This is a request for cervical spine MRI; This procedure is being requested for Chronic /	
4/1/2023 -	4/1/2023	General/Fa	imaging, spinal canal and contents,	Denied Not	longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare	Apr-Jun
		6/30/2023 mily Practice Disapproval	cervical; without contrast material	iviedically Necessary	member.; The patient has Dermatomal sensory changes on physical examination	1 2023 2023

4/4/2022		Consort/Fo	72141 Magnetic resonance (eg, proton)		This is a request for cervical spine MRI; This procedure is being requested for Chronic /	A var land
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	imaging, spinal canal and contents, cervical; without contrast material	Denied Not	longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	Apr-Jun 3 2023 2023
0/30/2023	4/1/2023	0/30/2023 Tilly Fractice Disapproval	cervical, without contrast material	Wedically Wecessary	member., the patient has rocal upper extremity weakiness	3 2023 2023
			72141 Magnetic resonance (eg, proton)	Radiology Services	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	
4/1/2023 -		General/Fa	imaging, spinal canal and contents,	Denied Not	longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	cervical; without contrast material	Medically Necessary	member.; The patient has Physical exam findings consistent with myelopathy	1 2023 2023
4/1/2023 -		General/Fa	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Denied Not	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	cervical; without contrast material		longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	18 2023 2023
0,00,2020	., 1, 2020	0,00,2020 mm, 1 acade 2 15approva.	cervical, without contract material	rreadany rrecessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	10 2020 2020
			72141 Magnetic resonance (eg, proton)	Radiology Services	longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or	
4/1/2023 -		General/Fa	imaging, spinal canal and contents,	Denied Not	failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	cervical; without contrast material	Medically Necessary	NOT a Medicare member.	19 2023 2023
			734.44 14	Dadislas Carden		
4/1/2023 -		General/Fa	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Denied Not	This is a request for cervical spine MRI; This procedure is being requested for None of the	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	cervical; without contrast material		above; None of the above describes the reason for requesting this procedure.	2 2023 2023
0,00,2020	., 1, 2020	0,00,2020y acade	cervical, without contract material	rreadany rrecessary	above, notice of the above accombes the reason for requesting this procedure.	2 2023 2023
			72141 Magnetic resonance (eg, proton)	Radiology Services	uploading clinical; There has been treatment or conservative therapy.; This case was created	
4/1/2023 -		General/Fa	imaging, spinal canal and contents,	Denied Not	via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	cervical; without contrast material	Medically Necessary	began 6 months to 1 year; Medications were given for this diagnosis	1 2023 2023
			72146 Magnetic reconance (og proten)	Radiology Convices	There has been treatment or consequitive thereby. This case was created via BadMD. This	
4/1/2023 -		General/Fa	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Denied Not	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	thoracic; without contrast material		Medications were given for this diagnosis	2 2023 2023
-,,	., _,	о, оо, шего на пределение и подрежение и	,,	,		
			72146 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -		General/Fa	imaging, spinal canal and contents,	Denied Not	; This case was created via RadMD.; This study is being ordered for Trauma / Injury; There	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	thoracic; without contrast material	Medically Necessary	are NO neurological deficits on physical exam	1 2023 2023
					; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
					vascular disease.; There has been treatment or conservative therapy.; The ordering MDs	
			72146 Magnetic resonance (eg, proton)	Radiology Services	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
4/1/2023 -		General/Fa	imaging, spinal canal and contents,	Denied Not	Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	thoracic; without contrast material	Medically Necessary		1 2023 2023
					6+ month history of neuralgias, parasthesias, visual disturbances, muscle spasms, Lhermitte	
					sign, fatigue, insomnia, muscle weakness by patient complaint and physical exam.	
					requesting MRI's of brain, cervical/thoracic/lumbar spine with and without contra; This study is being ordered for a neurological disorder.; There has been treatment or	
					conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
			72146 Magnetic resonance (eg, proton)	Radiology Services	Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via	
4/1/2023 -		General/Fa	imaging, spinal canal and contents,	Denied Not	RadMD.; The primary symptoms began 6 months to 1 year; Home Exercise was done for this	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	thoracic; without contrast material	Medically Necessary	diagnosis	1 2023 2023
4/1/2023 -		General/Fa	72146 Magnetic resonance (eg, proton)		It is not known if there has been any treatment or conservative therapy.; This case was	Ame I
4/1/2023 - 6/30/2023	4/1/2022	6/30/2023 mily Practice Disapproval	imaging, spinal canal and contents, thoracic; without contrast material	Denied Not Medically Necessary	created via BBI.; This study is being ordered for Other; The primary symptoms began less	Apr-Jun 1 2023 2023
0, 30, 2023	7/ 1/ 2023	0,30,2023 mily Fractice Disapproval	anoracic, without contrast material	wiculcally Necessally	and o monais ago	1 2023 2023
			72146 Magnetic resonance (eg, proton)	Radiology Services	neck pain, t-spine pain. numbness, weakness and tingling.; There has not been any	
4/1/2023 -		General/Fa	imaging, spinal canal and contents,	Denied Not	treatment or conservative therapy.; This case was created via RadMD.; This study is being	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	thoracic; without contrast material	Medically Necessary	ordered for Neurological Disorder; The primary symptoms began less than 6 months ago	1 2023 2023

		72146 Magnetic resonance (eg, proton)	Radiology Services	NEGATIVE XRAY ON BOTH THORACIC AND LUMBAR SPINE; There has not been any	
4/1/2023 -	General/Fa	imaging, spinal canal and contents,	Denied Not	treatment or conservative therapy.; This case was created via RadMD.; This study is being	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Disapproval	thoracic; without contrast material	Medically Necessary	ordered for Other; The primary symptoms began less than 6 months ago	1 2023 2023
				patient has completed physical therapy but is still in pain; There has been treatment or	
		72146 Magnetic resonance (eg, proton)	Radiology Services	conservative therapy.; This case was created via RadMD.; This study is being ordered for	
4/1/2023 -	General/Fa	imaging, spinal canal and contents,	Denied Not	Other; The primary symptoms began more than 1 year ago; Medications were given for this	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Disapproval	thoracic; without contrast material	Medically Necessary	•	1 2023 2023
				Patient taking Hydrocodone 5mg-Acetaminophen 325 mg, tramadol 50mg, pregabalin 75mg.	
				Patient has had Physical Therapy, Pain Management. Has had an MRI Lumbar Spine recently	
				showing disc bulges and small disc protrusion in low back.; There has been treatment or	
		72146 Magnetic resonance (eg, proton)	Radiology Services	conservative therapy.; This case was created via RadMD.; This study is being ordered for	
4/1/2023 -	General/Fa	imaging, spinal canal and contents,	Denied Not	Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Disapproval	thoracic; without contrast material	Medically Necessary	for this diagnosis	1 2023 2023
				Per CT Report of Chest, Abdomen and Pelvis with Contrast performed on 4/19/2023;;There	
				is a well-defined cystic lesion measuring 2.9 x 2.2 cm in the left retroperitoneum interposed	
				between the left kidney and spine, with a small portion of the lesion ex; The ordering MDs	
		72146 Magnetic resonance (eg, proton)	Radiology Services	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
4/1/2023 -	General/Fa	imaging, spinal canal and contents,	Denied Not	Radiation Oncology; This case was created via RadMD.; This study is being ordered for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Disapproval	thoracic; without contrast material	Medically Necessary	Cancer/Tumor/ Metastatic Disease	1 2023 2023
				Pt has chronic back pain for years and was going to have back surgery in 2013 but did not	
				due to insurance reasons. He is needing updated imaging and is also being referred to pain	
		72146 Magnetic resonance (eg, proton)	Radiology Services	management.; It is not known if there has been any treatment or conservative therapy.; This	
4/1/2023 -	General/Fa	imaging, spinal canal and contents,	Denied Not	case was created via RadMD.; This study is being ordered for Other; The primary symptoms	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Disapproval	thoracic; without contrast material	Medically Necessary	began more than 1 year ago	1 2023 2023
				PT NEEDING TO BE EVALUATED BY A NEUROLOGIST. CAN'T BE SEEN WITHOUT AN MRI; This	
				case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering	
				MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on	
		72146 Magnetic resonance (eg, proton)	Radiology Services	physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The	
4/1/2023 -	General/Fa	imaging, spinal canal and contents,	Denied Not	patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There are	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Disapproval	thoracic; without contrast material	Medically Necessary	abnormal reflexes on exam	1 2023 2023
		·			
		72146 Magnetic resonance (eg, proton)	Radiology Services	There has been treatment or conservative therapy.; This case was created via BBI.; This study	
4/1/2023 -	General/Fa	imaging, spinal canal and contents,	Denied Not	is being ordered for Neurological Disorder; The primary symptoms began more than 1 year	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Disapproval	thoracic; without contrast material	Medically Necessary	ago; Medications were given for this diagnosis	1 2023 2023
		72146 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -	General/Fa	imaging, spinal canal and contents,	Denied Not	This case was created via BBI.; This study is being ordered for Trauma / Injury; There are NO	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Disapproval	thoracic; without contrast material	Medically Necessary	neurological deficits on physical exam	1 2023 2023
	· · · · · · · · · · · · · · · · · · ·			<u> </u>	
		72146 Magnetic resonance (eg, proton)	Radiology Services	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic	
4/1/2023 -	General/Fa	imaging, spinal canal and contents,	Denied Not	back pain; The patient does have new or changing neurologic signs or symptoms.; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Disapproval	thoracic; without contrast material	Medically Necessary	patient does have a new foot drop.	1 2023 2023
	, , , , , , , , , , , , , , , , , , , ,			This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic	
		72146 Magnetic resonance (eg, proton)	Radiology Services	back pain; The patient does have new or changing neurologic signs or symptoms.; The	
4/1/2023 -	General/Fa	imaging, spinal canal and contents,	Denied Not	patient does not have a new foot drop.; The patient does have new signs or symptoms of	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Disapproval	thoracic; without contrast material	Medically Necessary		1 2023 2023
, .,, ., ., ., ., ., ., .,	, , , , , , , , , , , , , , , , , , , ,	,	,,	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic	
				back pain; The patient does have new or changing neurologic signs or symptoms.; The	
		72146 Magnetic resonance (eg, proton)	Radiology Services	patient does not have a new foot drop.; The patient does not have new signs or symptoms of	
4/1/2023 -	General/Fa	imaging, spinal canal and contents,	Denied Not	bladder or bowel dysfunction.; It is unknown if there is recent evidence of a thoracic spine	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Disapproval	thoracic; without contrast material		fracture.; There is no weakness or reflex abnormality.	1 2023 2023
0,00,2020 4,1,2023	5, 35/ 2523 mmy Fractice Disapproval	a.o. dele, without contrast material	curcury recessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic	1 2023 2023
		72146 Magnetic resonance (eg, proton)	Radiology Services	back pain; The patient does have new or changing neurologic signs or symptoms.; The	
4/1/2023 -	General/Fa	imaging, spinal canal and contents,	Denied Not	patient does not have a new foot drop.; The patient does not have new signs or symptoms of	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Disapproval	thoracic; without contrast material		bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.	1 2023 2023
0/30/2023 4/1/2023	0,30,2023 mily Hactice Disappioval	anoracie, without contrast material	Wicultary Necessally	bladder of bower dystanction., There is recent evidence of a thoracic spine nacture.	1 2023 2023

					This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic	
					back pain; The patient does have new or changing neurologic signs or symptoms.; The	
			72146 Magnetic resonance (eg, proton)		patient does not have a new foot drop.; The patient does not have new signs or symptoms of	
4/1/2023 -	. /. /2022	General/Fa	imaging, spinal canal and contents,	Denied Not	bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; It is not	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	thoracic; without contrast material	Medically Necessary	known if there is weakness or reflex abnormality.	4 2023 2023
					This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic	
					back pain; The patient does have new or changing neurologic signs or symptoms.; The	
4/4/2022		0 1/5	72146 Magnetic resonance (eg, proton)	٠,	patient does not have a new foot drop.; The patient does not have new signs or symptoms of	
4/1/2023 -	. /. /2022	General/Fa	imaging, spinal canal and contents,	Denied Not	bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	thoracic; without contrast material	Medically Necessary	no weakness or reflex abnormality.	2 2023 2023
					This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic	
			724.46.84	Dadisland Carden	back pain; The patient does have new or changing neurologic signs or symptoms.; The	
4 /4 /2022		Company I/F	72146 Magnetic resonance (eg, proton)		patient does not have a new foot drop.; The patient does not have new signs or symptoms of	A I
4/1/2023 -	. /. /2022	General/Fa	imaging, spinal canal and contents,	Denied Not	bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	thoracic; without contrast material	Medically Necessary		1 2023 2023
					This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic	
			724.46.84	Dadislam Carden	back pain; The patient does have new or changing neurologic signs or symptoms.; The	
4/4/2022		Company I/Fo	72146 Magnetic resonance (eg, proton)		patient does not have a new foot drop.; The patient does not have new signs or symptoms of	A and then
4/1/2023 -	4/4/2022	General/Fa	imaging, spinal canal and contents,	Denied Not	bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	thoracic; without contrast material	Medically Necessary	weakness.; Patient complaint. Notes attached.	1 2023 2023
					This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic	
					back pain; The patient does have new or changing neurologic signs or symptoms.; The	
			724.46.84	Dadislam Carden	patient does not have a new foot drop.; The patient does not have new signs or symptoms of	
4/1/2022		Conoral/Fa	72146 Magnetic resonance (eg, proton)		bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is	A I
4/1/2023 - 6/30/2023	4/4/2022	General/Fa	imaging, spinal canal and contents,	Denied Not	weakness.; Pt was in MVA on 4/3/23 and has developed BLE numbness and weakness. Pain	Apr-Jun 1 2023 2023
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	thoracic; without contrast material	Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic	1 2023 2023
			72146 Magnetic resonance (eg, proton)	Radiology Services	back pain; The patient does not have new or changing neurologic signs or symptoms.; The	
4/1/2023 -		Conoral/Fo				Ame I
6/30/2023	4/1/2022	General/Fa 6/30/2023 mily Practice Disapproval	imaging, spinal canal and contents, thoracic; without contrast material	Denied Not	patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then once for these symptoms.	Apr-Jun 1 2023 2023
0/30/2023	4/1/2023	6/30/2023 Illily Plactice Disapproval	thoracic, without contrast material	ivieuically ivecessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic	1 2023 2023
					back pain; The patient does not have new or changing neurologic signs or symptoms.; The	
			72146 Magnetic resonance (eg, proton)	Radiology Services	patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once	
4/1/2023 -		General/Fa	imaging, spinal canal and contents,	Denied Not	for these symptoms.; The physician has directed conservative treatment for the past 6	Apr-Jun
6/30/2023	1/1/2023	6/30/2023 mily Practice Disapproval	thoracic; without contrast material	Medically Necessary	weeks.; The patient has completed 6 weeks of physical therapy?	5 2023 2023
0/30/2023	4/1/2023	0/30/2023 Hilly Fractice Disapproval	thoracic, without contrast material	Wiedically Weeessaly	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic	3 2023 2023
					back pain; The patient does not have new or changing neurologic signs or symptoms.; The	
					patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once	
					for these symptoms.; The physician has directed conservative treatment for the past 6	
					weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been	
			72146 Magnetic resonance (eg, proton)	Radiology Services	treated with medication.; The patient was treated with oral analgesics.; The patient has not	
4/1/2023 -		General/Fa	imaging, spinal canal and contents,	Denied Not	completed 6 weeks or more of Chiropractic care.; It is not known if the physician has	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	thoracic; without contrast material	Medically Necessary	directed a home exercise program for at least 6 weeks.	1 2023 2023
0,00,2023	., 1, 2020	-,, 2020,		Darcany Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic	1 2023 2023
					back pain; The patient does not have new or changing neurologic signs or symptoms.; The	
					patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once	
					for these symptoms.; The physician has directed conservative treatment for the past 6	
					weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been	
			72146 Magnetic resonance (eg, proton)	Radiology Services	treated with medication.; The patient was treated with oral analgesics.; The patient has not	
4/1/2023 -		General/Fa	imaging, spinal canal and contents,	Denied Not	completed 6 weeks or more of Chiropractic care.; The physician has not directed a home	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	thoracic; without contrast material			2 2023 2023
0/ 30/ 2023	., 1, 2023	5,55,2525 mily Fractice Disapproval	and action without contrast material	carcarry recessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic	2 2023 2023
					back pain; The patient does not have new or changing neurologic signs or symptoms.; The	
			72146 Magnetic resonance (eg, proton)	Radiology Services	patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once	
4/1/2023 -		General/Fa	imaging, spinal canal and contents,	Denied Not	for these symptoms.; The physician has not directed conservative treatment for the past 6	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	thoracic; without contrast material	Medically Necessary		2 2023 2023
	., 1,2023	5,55,2525 mily ractice bisapproval	anoracio, without contrast material	carcarry recessary		2 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Suspected Tumor with or without Metastasis; There is evidence of tumor or metastasis on a bone scan or x-ray.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Denied Not	; It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Denied Not	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Denied Not	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Denied Not	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Denied Not	; There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Multiple Sclerosis; The primary symptoms began less than 6 months ago	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Denied Not	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
			72148 Magnetic resonance (eg, proton)	Radiology Services	6+ month history of neuralgias, parasthesias, visual disturbances, muscle spasms, Lhermitte sign, fatigue, insomnia, muscle weakness by patient complaint and physical exam. requesting MRI's of brain, cervical/thoracic/lumbar spine with and without contra; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via	
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	imaging, spinal canal and contents, lumbar; without contrast material	Denied Not Medically Necessary	RadMD.; The primary symptoms began 6 months to 1 year; Home Exercise was done for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		General/Fa 6/30/2023 mily Practice Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not	chronic neck pain and chronic right sided low back pain with right sided sciatica; There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Denied Not	dizziness; loss of balance; numbness; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; It is unknown when the primary symptoms began; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Other; It is unknown when the primary symptoms began	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Other; The primary symptoms began less than 6 months ago	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Denied Not	LOW BACK PAIN AND NECK PAIN; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Denied Not	NEGATIVE XRAY ON BOTH THORACIC AND LUMBAR SPINE; There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began less than 6 months ago	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Denied Not	NUMBNESS, TINGLING IN LOWER EXTREMITY, TROUBLE URINATING, PT WAS INVOLVED PREVIOUSLY IN MVA. PAIN IN CERVICAL SPINE AS WELL.; There has not been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began less than 6 months ago	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Denied Not	Odontoid process is partially scattered on the open-mouth odontoid view. Straightening with mild reversal the normal cervical lordosis. Moderate multilevel cervical degenerative disc disease. Multilevel bilateral facet arthritis.;;Mild degenerative disc; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 -	4/4/2022	General/Fa	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Denied Not	Patient has been experiencing symptoms for over months. Has been prescribed medication, referred to and completed physical therapy, and also given home exercises. Symptoms are not any better and are progressively worsening.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1	Apr-Jun 1 2023 2023
6/30/2023 4/1/2023 - 6/30/2023		6/30/2023 mily Practice Disapproval General/Fa 6/30/2023 mily Practice Disapproval	lumbar; without contrast material 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		year; Physical Therapy was completed for this diagnosis patient has completed physical therapy but is still in pain; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		General/Fa 6/30/2023 mily Practice Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not	Patient has tried chiropractor care, home therapy, and medications; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Denied Not	PATIENT WAS SEEN IN CLINIC ON 04/11/2023, TREATED FOR UTI.;PATIENT WAS SEEN IN CLINIC ON 04/182023 FOR A FOLLOW UP VISIT.;SHE HAS TRIED GABAPENTIN 800MG TID, HYDROCODONE 5/325MG Q8HRS, AND TIZANIDINE 4MG BID PRN.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Denied Not	Per CT Report of Chest, Abdomen and Pelvis with Contrast performed on 4/19/2023;;There is a well-defined cystic lesion measuring 2.9 x 2.2 cm in the left retroperitoneum interposed between the left kidney and spine, with a small portion of the lesion ex; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; This study is being ordered for Cancer/Tumor/ Metastatic Disease	Apr-Jun 1 2023 2023

					Pt has chronic back pain for years and was going to have back surgery in 2013 but did not	
				5 11 1 6 1	due to insurance reasons. He is needing updated imaging and is also being referred to pain	
4/4/2022		Company I/Fo	72148 Magnetic resonance (eg, proton)		management.; It is not known if there has been any treatment or conservative therapy.; This	A man days
4/1/2023 - 6/30/2023	4/1/2022	General/Fa	imaging, spinal canal and contents,	Denied Not	case was created via RadMD.; This study is being ordered for Other; The primary symptoms	Apr-Jun 1 2023 2023
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	lumbar; without contrast material	iviedically necessary	began more than 1 year ago pt has excessive hx of DDD and cervicalgia, she has been to the ER for injections and still	1 2023 2023
					continues to have back pain. need the MRI to evaluate for further tx plan -mz; This study is	
					being ordered for something other than: known trauma or injury, metastatic disease, a	
					neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular	
					disease.; It is not known if there has been any treatment or conservative therapy.; The	
			72148 Magnetic resonance (eg, proton)	Radiology Services	ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,	
4/1/2023 -		General/Fa	imaging, spinal canal and contents,	Denied Not	Surgical Oncology or Radiation Oncology; This case was created via RadMD.; It is unknown	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	lumbar; without contrast material		when the primary symptoms began	1 2023 2023
0/30/2023	4,1,2023	0/30/2023 mmy Fractice Disapproval	iambar, without contrast material	Wiedically Weeessary	Pt has had sx of weakness and numbness in B/L UE. Also has shootin pain down the RLE and	1 2023 2023
					sensation of right hip locking up; This case was created via RadMD.; This study is being	
			72148 Magnetic resonance (eg, proton)	Radiology Services	ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or	
4/1/2023 -		General/Fa	imaging, spinal canal and contents,	Denied Not	Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	lumbar; without contrast material		unilateral muscle wasting/weakness	1 2023 2023
-,,	, ,	, , , , , , , , , , , , , , , , , , , ,	,	,,	Pt has lower back pain with soft tissue mass in the lower back right hip region. Pt is new to	
					this facility but does report she has talked to her other MD in past and no resolution.	
					Ultrasound was inconclusive and recommended MRI.; This study is being ordered for	
					something other than: known trauma or injury, metastatic disease, a neurological disorder,	
					inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known	
					if there has been any treatment or conservative therapy.; There are 2 exams are being	
			72148 Magnetic resonance (eg, proton)	Radiology Services	ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery,	
4/1/2023 -		General/Fa	imaging, spinal canal and contents,	Denied Not	Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	lumbar; without contrast material	Medically Necessary	primary symptoms began more than 1 year ago	1 2023 2023
					PT NEEDING TO BE EVALUATED BY A NEUROLOGIST. CAN'T BE SEEN WITHOUT AN MRI; This	
					case was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering	
					MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on	
			72148 Magnetic resonance (eg, proton)	Radiology Services	physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The	
4/1/2023 -		General/Fa	imaging, spinal canal and contents,	Denied Not	patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There are	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	lumbar; without contrast material	Medically Necessary	abnormal reflexes on exam	1 2023 2023
					Pt new to clinic, was previously followed by old PCP and RA for conservative management. Pt	
					can not report history.; This study is being ordered for Inflammatory/ Infectious Disease.;	
					There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	
			72148 Magnetic resonance (eg, proton)	Radiology Services	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -		General/Fa	imaging, spinal canal and contents,	Denied Not	Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	lumbar; without contrast material	Medically Necessary	ago; Medications were given for this diagnosis	1 2023 2023
					She had neck surgery few years ago but continues to have pain in bilateral hips, left lower	
					extremity pain, right upper extremity pain. Associated with hx of tingling sensation,	
				5 !: L	decreased strength in right hand. + neck and low back pain, sciatica. +decre; There has been	
. /. /2025		0 1/5	72148 Magnetic resonance (eg, proton)		treatment or conservative therapy.; This case was created via RadMD.; This study is being	
4/1/2023 -	. /. /2022	General/Fa	imaging, spinal canal and contents,	Denied Not	ordered for Other; The primary symptoms began more than 1 year ago; Other not listed was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	lumbar; without contrast material	Medically Necessary	done for this diagnosis	1 2023 2023
			721.40 Magnetic recommend (a =	Dedialogu Comica-		
4/1/2022		Conoral/Fa	72148 Magnetic resonance (eg, proton)		The study requested is a Lymber Coine MDL. It is unless on if the national has a suite and in a least	A 1
4/1/2023 -	4/1/2022	General/Fa	imaging, spinal canal and contents,	Denied Not	The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	lumbar; without contrast material	iviedically Necessary	back pain.; This study is being requested for None of the above	1 2023 2023
			721.49 Magnetic reconance (or restart)	Radiology Convices		
		General/Fa	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services	The study requested is a Lumbar Spine MPL. None of the above has been completed for the	Ang Ivo
4/1/2022			illiaging. Spinal Canal and Contents.	Denied Not	The study requested is a Lumbar Spine MRI.; None of the above has been completed for the	Apr-Jun
4/1/2023 -	4/1/2022	•	,	Modically Massass	nationals hack pain. The procedure is being ordered for exist as absent hack rais	1 2022 2022
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	lumbar; without contrast material	Medically Necessary	patient's back pain; The procedure is being ordered for acute or chronic back pain	1 2023 2023
	4/1/2023	•	lumbar; without contrast material	· ·	patient's back pain; The procedure is being ordered for acute or chronic back pain	1 2023 2023
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	lumbar; without contrast material 72148 Magnetic resonance (eg, proton)	Radiology Services		
		•	lumbar; without contrast material	Radiology Services Denied Not	patient's back pain; The procedure is being ordered for acute or chronic back pain The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for None of the above	1 2023 2023 Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Denied Not	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Trauma or recent injury	Apr-Jun 1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Hilly Fractice Disapproval	idilibal, without contrast material	ivieuically Necessary	back pails, This study is being requested for Trauma of recent injury	1 2023 2023
4/1/2023 -		General/Fa	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	lumbar; without contrast material	Medically Necessary	General/Family Practice	18 2023 2023
			72148 Magnetic resonance (eg, proton)	Radiology Services	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -		General/Fa	imaging, spinal canal and contents,	Denied Not	This study is being requested for 6 weeks of completed conservative care in the past 6	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	lumbar; without contrast material	Medically Necessary	months	64 2023 2023
4/1/2023 -		Conoral/Fa	72148 Magnetic resonance (eg, proton)		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	Ame Ivo
6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	imaging, spinal canal and contents, lumbar; without contrast material	Denied Not Medically Necessary	This study is being requested for an Abnormal nerve study (EMG) involving the lumbar spine; This is NOT a Medicare member.	Apr-Jun 5 2023 2023
0/30/2023	4/1/2023	0/30/2023 mily Practice Disapproval	iambar, without contrast material	ivicality ivecessary	Spirite, This is NOT a Medicate member.	3 2023 2023
			72148 Magnetic resonance (eg, proton)	Radiology Services	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -		General/Fa	imaging, spinal canal and contents,	Denied Not	This study is being requested for an Abnormal x-ray indicating a complex fracture or severe	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	lumbar; without contrast material	Medically Necessary	anatomic derangement of the lumbar spine; This is NOT a Medicare member.	29 2023 2023
			72149 Magnetic recepance (og proten)	Padialagy Capricas	The study requested is a Lumbar Saine MRL. The nations has assure or shronis back pain a	
4/1/2023 -		General/Fa	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	lumbar; without contrast material		anatomic derangement of the lumbar spine; This is NOT a Medicare member.	30 2023 2023
	,,,	,,		, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,	
			72148 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -		General/Fa	imaging, spinal canal and contents,	Denied Not	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	lumbar; without contrast material	Medically Necessary	This study is being requested for Follow-up to spine injection in the past 6 months	2 2023 2023
			72148 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -		General/Fa	imaging, spinal canal and contents,	Denied Not	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	lumbar; without contrast material		This study is being requested for Neurological deficit(s); The patient has None of the above	6 2023 2023
			72148 Magnetic resonance (eg, proton)		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -	4/4/2022	General/Fa	imaging, spinal canal and contents,	Denied Not	This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	lumbar; without contrast material	Medically Necessary	The patient has Abnormal Reflexes	8 2023 2023
			72148 Magnetic resonance (eg, proton)	Radiology Services	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -		General/Fa	imaging, spinal canal and contents,	Denied Not	This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	lumbar; without contrast material	Medically Necessary	The patient has Dermatomal sensory changes on physical examination	9 2023 2023
4/1/2022		Compred/Fo	72148 Magnetic resonance (eg, proton)		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	A
4/1/2023 - 6/30/2023	1/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	imaging, spinal canal and contents, lumbar; without contrast material	Denied Not	This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	Apr-Jun 25 2023 2023
0/30/2023	4/1/2023	0/30/2023 Hilly Fractice Disapproval	iumbar, without contrast material	Wedically Weeessaly	The patient has rocal extremity weakings	25 2025 2025
			72148 Magnetic resonance (eg, proton)	Radiology Services	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -		General/Fa	imaging, spinal canal and contents,	Denied Not	This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	lumbar; without contrast material	Medically Necessary	The patient has New symptoms of bowel or bladder dysfunction	2 2023 2023
			721.49 Magnetic reconance (co. arcter)	Padiology Convises	The study requested is a Lymbar Seine MRL. The nations has assisted as share head, asia.	
4/1/2023 -		General/Fa	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Denied Not	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	lumbar; without contrast material		The patient has Physical exam findings consistent with myelopathy	9 2023 2023
			- · · · · · · · · · · · · · · · · · · ·	,,		
					The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -	. /. /2022	General/Fa	imaging, spinal canal and contents,	Denied Not	This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	lumbar; without contrast material	iviedically Necessary	The patient has Recent evidence of fracture documented by x-ray	1 2023 2023

			72148 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -		General/Fa	imaging, spinal canal and contents,	Denied Not	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	lumbar; without contrast material	Medically Necessary	This study is being requested for None of the above	55 2023 2023
			72148 Magnetic resonance (eg, proton)	Radiology Services	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; Medications	
4/1/2023 -		General/Fa	imaging, spinal canal and contents,	Denied Not	have been taken for the patient's back pain; The procedure is being ordered for acute or	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	lumbar; without contrast material	Medically Necessary	chronic back pain	1 2023 2023
4 /4 /2022		0 1/5	72148 Magnetic resonance (eg, proton)		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Cannot	
4/1/2023 - 6/30/2023	4/4/2022	General/Fa	imaging, spinal canal and contents,	Denied Not	agree/affirm; Medications have been taken for the patient's back pain; The procedure is	Apr-Jun 1 2023 2023
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	lumbar; without contrast material	iviedically necessary	being ordered for acute or chronic back pain	1 2023 2023
			72148 Magnetic resonance (eg, proton)	Radiology Services	There has been treatment or conservative therapy.; This case was created via BBI.; This study	
4/1/2023 -		General/Fa	imaging, spinal canal and contents,	Denied Not	is being ordered for Neurological Disorder; The primary symptoms began more than 1 year	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	lumbar; without contrast material	Medically Necessary	ago; Medications were given for this diagnosis	1 2023 2023
4/1/2023 -		Canadal/Fa	72148 Magnetic resonance (eg, proton)		There has been treatment or conservative therapy.; This case was created via BBI.; This study	A m. a 1
6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	imaging, spinal canal and contents, lumbar; without contrast material	Denied Not Medically Necessary	is being ordered for Other; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	Apr-Jun 1 2023 2023
0/30/2023	4/1/2023	0/30/2023 mily Fractice Disapproval	idilibar, without contrast material	ivical carry ivecessary	Therapy was completed for this diagnosis	1 2023 2023
			72148 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -		General/Fa	imaging, spinal canal and contents,	Denied Not	This case was created via BBI.; This study is being ordered for Trauma / Injury; There are NO	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	lumbar; without contrast material	Medically Necessary	neurological deficits on physical exam	2 2023 2023
					This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
					vascular disease.; There has been treatment or conservative therapy.; The ordering MDs	
			72148 Magnetic resonance (eg, proton)	Radiology Services	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
4/1/2023 -		General/Fa	imaging, spinal canal and contents,	Denied Not	Radiation Oncology; This case was created via BBI.; The primary symptoms began 6 months	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	lumbar; without contrast material	Medically Necessary	to 1 year; Physical Therapy was completed for this diagnosis	1 2023 2023
4/4/2022		Canaral/Fa	72148 Magnetic resonance (eg, proton)		uploading clinical; There has been treatment or conservative therapy.; This case was created	A
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	imaging, spinal canal and contents, lumbar; without contrast material	Denied Not Medically Necessary	via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
0/30/2023	4/1/2023	0/30/2023 IIIIIy Fractice Disapproval	idinoar, without contrast material	ivical carry i vecessary	; This study is being ordered because of a suspicious mass/ tumor.; "The patient has NOT	1 2023 2023
				Radiology Services	had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There	
4/1/2023 -		General/Fa	72192 Computed tomography, pelvis;	Denied Not	are documented physical findings (painless hematuria, etc.) consistent with an abdominal	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	without contrast material	Medically Necessary	mass or tumor.; Yes this is a request for a Diagnostic CT	1 2023 2023
				Dadialası Candasa		
4/1/2023 -		General/Fa	72192 Computed tomography, pelvis;	Radiology Services Denied Not	; This study is being ordered for some other reason than the choices given.; This is a request	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	without contrast material		for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2023 2023
.,,	. ,	, , , , , , , , , , , , , , , , , , , ,		, , , , , , , , , , , , , , , , , , , ,	Need test to determine treatment. Notes attached.; This study is being ordered because of a	
					suspicious mass/ tumor.; "The patient has NOT had a pelvic ultrasound, barium, CT, or MR	
. 1. 16		_ ,,		Radiology Services	study."; This is a request for a Pelvis CT.; There are documented physical findings (painless	
4/1/2023 -	4/4/2022	General/Fa	72192 Computed tomography, pelvis;	Denied Not	hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a request for a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	without contrast material	Medically Necessary	pt is having pain and swelling in left leg and knee with a knot being present. looking for a	1 2023 2023
					possible blood clot; This study is being ordered for Vascular Disease.; There has not been any	
					treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs	
				Radiology Services	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
4/1/2023 -		General/Fa	72192 Computed tomography, pelvis;	Denied Not	Radiation Oncology; This case was created via RadMD.; The primary symptoms began less	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	without contrast material	Medically Necessary	than 6 months ago	1 2023 2023
				Radiology Services		
4/1/2023 -		General/Fa	72192 Computed tomography, pelvis;	Denied Not	see attached clinicals; This study is being ordered for some other reason than the choices	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	without contrast material		given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Denied Not	The patient is female.; Other not listed best describes the reason for this procedure	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Denied Not Medically Necessary	Pt new to clinic, was previously followed by old PCP and RA for conservative management. Pt can not report history.; This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Denied Not	PATIENT WAS SEEN IN CLINIC ON 04/11/2023, TREATED FOR UTI.;PATIENT WAS SEEN IN CLINIC ON 04/182023 FOR A FOLLOW UP VISIT.;SHE HAS TRIED GABAPENTIN 800MG TID, HYDROCODONE 5/325MG Q8HRS, AND TIZANIDINE 4MG BID PRN.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not	Patient has cam in several times to for the hip pain. She has tried doing PT to help this the pain. Patient states that it made it worse.; The ordering physician is not an orthopedist.; This is a request for a Pelvis MRI.; The study is being ordered for pelvic trauma or injury.; This is an evaluation of the pelvic girdle.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		General/Fa 6/30/2023 mily Practice Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not	PAIN IS CAUSING SLEEP APNEA. PAIN LEVEL ABOVE A 5. ALONG WITH MEDICATIONS HOME EXERCISES AND HEAT THERAPY HAVE BEEN ATTEMPTED BUT NOT SUCCESSFUL IN TREATING SYMPTOMS. SYMPTOMS CONTINUED AFTER ALTERNATIVE TREATMENT.; This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Radiology Services Denied Not Medically Necessary	BILATERAL THIGH PAIN; SYMPTOMS HAVE BEEN PERSISTENT FOR MORE THAN 4 WEEKS; MRI REQUESTED TO EVAL FOR NERVE IMPINGEMENT; This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for something other than arthritis, slipped femoral capital epiphysis, bilateral hip avascular necrosis, osteomylitis or tail bone pain or injury.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		General/Fa 6/30/2023 mily Practice Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)		; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Denied Not	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	Denied Not	; This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for arthritis.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	72192 Computed tomography, pelvis; without contrast material	Denied Not	This study is being ordered due to known or suspected infection.; "The ordering physician is a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023

4/1/2023 -		General/Fa	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast	Radiology Services Denied Not	The patient is male.; Persistent pain best describes the reason for this procedure; A diagnostic imaging procedure not listed has been previously conducted.; The pain is in the	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	material(s)	Medically Necessary		1 2023 2023
0,00,2020	., 1, 2020	0,50,2025 mm, 1 active Disapproval	acc.iai(a)	medically recessary	This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of	1 2025 2025
			72196 Magnetic resonance (eg, proton)	Radiology Services	joint or bone infection.; The study is being ordered for something other than arthritis,	
4/1/2023 -		General/Fa	imaging, pelvis; with contrast	Denied Not	slipped femoral capital epiphysis, bilateral hip avascular necrosis, osteomylitis or tail bone	Apr-Jur
5/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	material(s)	Medically Necessary		1 2023 2023
-,,	., _,	о, ос, додо ими, и помого дисерриона.	(-)	, , , , , , , , , , , , , , , , , , , ,	There is not a history of upper extremity joint or long bone trauma or injury.; This is not a	
				Radiology Services	preoperative or recent postoperative evaluation.; There is suspicion of upper extremity	
4/1/2023 -		General/Fa	73200 Computed tomography, upper	Denied Not	neoplasm or tumor or metastasis.; This is a request for an Arm CT Non Joint; Yes this is a	Apr-Jur
5/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	extremity; without contrast material		request for a Diagnostic CT	1 2023 2023
, ,	, ,	, , ,		, , , , , , , , ,		
				Radiology Services	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.;	
4/1/2023 -		General/Fa	73200 Computed tomography, upper	Denied Not	There is a history of upper extremity joint or long bone trauma or injury.; Yes this is a	Apr-Jur
5/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	extremity; without contrast material		request for a Diagnostic CT	1 2023 2023
		· · · · · · · · · · · · · · · · · · ·	· ·	, ,	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.;	
					There is not a history of upper extremity joint or long bone trauma or injury.; This is not a	
					preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity	
				Radiology Services	neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint	
4/1/2023 -		General/Fa	73200 Computed tomography, upper	Denied Not	infection.; The ordering physician is not an orthopedist or rheumatologist.; Yes this is a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	extremity; without contrast material	Medically Necessary	request for a Diagnostic CT	2 2023 2023
					This study is being ordered for a neurological disorder.; There has been treatment or	
					conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
				Radiology Services	Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.;	
4/1/2023 -		General/Fa	73200 Computed tomography, upper	Denied Not	The primary symptoms began less than 6 months ago; Medications were given for this	Apr-Jur
5/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	extremity; without contrast material	Medically Necessary	diagnosis	2 2023 2023
					Pt has had multiple flares of pain in the right shoulder assisting in lift of a family member	
			73220 Magnetic resonance (eg, proton)	1	with BI-LAT BKA. X Ray shows some bone fragmentation and abnormal growth; This study is	
			imaging, upper extremity, other than		being ordered for trauma or injury.; There has been treatment or conservative therapy.; The	
			joint; without contrast material(s),	Radiology Services	ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,	
4/1/2023 -		General/Fa	followed by contrast material(s) and	Denied Not	Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary	Apr-Jur
5/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	further sequences	Medically Necessary	symptoms began less than 6 months ago; Medications were given for this diagnosis	1 2023 2023
			73220 Magnetic resonance (eg, proton)		The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent	
			imaging, upper extremity, other than		postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or	
			joint; without contrast material(s),	Radiology Services	metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The	
4/1/2023 -		General/Fa	followed by contrast material(s) and	Denied Not	ordering physician is not an orthopedist.; There is not a history of upper extremity trauma or	Apr-Jur
5/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	further sequences	Medically Necessary	injury.	1 2023 2023
					; This study is being ordered for something other than: known trauma or injury, metastatic	
					disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
					vascular disease.; It is not known if there has been any treatment or conservative therapy.;	
					There are 3 exams are being ordered.; The ordering MDs specialty is NOT	
			73221 Magnetic resonance (eg, proton)		Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -		General/Fa	imaging, any joint of upper extremity;	Denied Not	Oncology; This case was created via RadMD.; The primary symptoms began less than 6	Apr-Jur
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	without contrast material(s)	Medically Necessary		2 2023 2023
					; This study is being ordered for trauma or injury.; There has been treatment or conservative	
					therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery,	
			73221 Magnetic resonance (eg, proton)	-,	Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The	
4/1/2023 -		General/Fa	imaging, any joint of upper extremity;	Denied Not	primary symptoms began 6 months to 1 year; Physical Therapy was completed for this	Apr-Jur
5/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	without contrast material(s)	Medically Necessary	diagnosis	1 2023 2023
					; This study is being ordered for trauma or injury.; There has been treatment or conservative	
. /. /		- 1/-	73221 Magnetic resonance (eg, proton)		therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery,	_
4/1/2023 -		General/Fa	imaging, any joint of upper extremity;	Denied Not	Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The	Apr-Jur
5/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	without contrast material(s)	Medically Necessary	primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1 2023 2023

					bilaterial shoulder pain, seeing chiropractor, still has pain, numbness of hands, Left Shoulder	
					Special Tests Hawkin's test: positive, Neer's test: positive, Speed's test: positive, and empty	
					can sign: positive.; This study is being ordered for a neurological disorder.; There has been	
					treatment or conservative therapy.; The ordering MDs specialty is NOT	
			73221 Magnetic resonance (eg, proton)	0,	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -		General/Fa	imaging, any joint of upper extremity;	Denied Not	Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	without contrast material(s)	Medically Necessary	year; Other not listed was done for this diagnosis	1 2023 2023
					c/o of continued (L) elbow pain, swelling and tingling since he hit it on metal rack	
					05/17/2023. X-ray 05/18/2023 shows no fracture but there is some soft tissue swelling	
					noted. Pt has been compliant w/ steroid dose pack given 05/18/2023 (will finish toda; The	
					pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.;	
			73221 Magnetic resonance (eg, proton)	Radiology Services	There is not a suspicion of fracture not adequately determined by x-ray.; Tendon or ligament	
4/1/2023 -		General/Fa	imaging, any joint of upper extremity;	Denied Not	injuryis not suspected.; This is a request for an elbow MRI; The study is requested for	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	without contrast material(s)	Medically Necessary	evaluation of elbow pain.	1 2023 2023
					History of Present Illness ;1. 43 year old male presents today for concerns of "losing the	
					function of the right side of his body." This has been present for a long period of time (7	
					years ago) and has been seen by several specialists in the past whom ; This study is being	
					ordered for a neurological disorder.; There has been treatment or conservative therapy.; The	
			73221 Magnetic resonance (eg, proton)	Radiology Services	ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,	
4/1/2023 -		General/Fa	imaging, any joint of upper extremity;	Denied Not	Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	without contrast material(s)		symptoms began more than 1 year ago; Medications were given for this diagnosis	1 2023 2023
0/30/2023	+/ 1/2023	0,30,2023 mily Fractice Disapproval	without contrast material(s)	ivicultally Necessally	Pain and numbness since the mbr fell a few weeks ago.; The pain is from a recent injury.;	1 2023 2023
			73221 Magnetic resonance (eg, proton)	Radiology Services	Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon	
4/1/2023 -		General/Fa		Denied Not	or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation	Apr-Jun
1.7	4/4/2022	· · ·	imaging, any joint of upper extremity;			
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	without contrast material(s)	Medically Necessary	ot elbow pain.	1 2023 2023
			7000444			
. /. /			73221 Magnetic resonance (eg, proton)	-,	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	
4/1/2023 -	. /. /	General/Fa	imaging, any joint of upper extremity;	Denied Not	described as chronic; It is not known if the physician has directed conservative treatment for	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	without contrast material(s)	Medically Necessary	·	1 2023 2023
					The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	
					described as chronic; The physician has directed conservative treatment for the past 4	
					weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The	
			73221 Magnetic resonance (eg, proton)	Radiology Services	patient has been treated with medication.; It is not known if the patient has completed 4	
4/1/2023 -		General/Fa	imaging, any joint of upper extremity;	Denied Not	weeks or more of Chiropractic care.; It is not known if the physician has directed a home	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	without contrast material(s)	Medically Necessary	exercise program for at least 4 weeks.; The patient received oral analgesics.	1 2023 2023
					The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	
			73221 Magnetic resonance (eg, proton)	Radiology Services	described as chronic; The physician has directed conservative treatment for the past 4	
4/1/2023 -		General/Fa	imaging, any joint of upper extremity;	Denied Not	weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	without contrast material(s)	Medically Necessary	patient has been treated with medication.; The patient recevied joint injection(s).	1 2023 2023
		· · ·		· ·	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	
			73221 Magnetic resonance (eg, proton)	Radiology Services	described as chronic; The physician has directed conservative treatment for the past 4	
4/1/2023 -		General/Fa	imaging, any joint of upper extremity;	Denied Not	weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	without contrast material(s)	Medically Necessary		19 2023 2023
2,22,2023	., _, _020	-, - ,		,cccssury	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	
					described as chronic; The physician has directed conservative treatment for the past 4	
					weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been	
					treated with medication.; The patient has not completed 4 weeks or more of Chiropractic	
			73221 Magnetic resonance (eg, proton)	Radiology Services	care.; The physician has directed a home exercise program for at least 4 weeks.; It is not	
4/1/2022		Conoral/Ea				Anglina
4/1/2023 -	4/1/2022	General/Fa	imaging, any joint of upper extremity;	Denied Not	known if the The home treatment included exercise, prescription medication and follow-up	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	without contrast material(s)	Medically Necessary	office visits.; The patient received oral analgesics.	1 2023 2023
					The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	
					described as chronic; The physician has directed conservative treatment for the past 4	
					weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been	
					treated with medication.; The patient has not completed 4 weeks or more of Chiropractic	
			73221 Magnetic resonance (eg, proton)		care.; The physician has directed a home exercise program for at least 4 weeks.; The home	
4/1/2023 -		General/Fa	imaging, any joint of upper extremity;	Denied Not	treatment did include exercise, prescription medication and follow-up office visits.;; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	without contrast material(s)	Medically Necessary	patient received oral analgesics.	1 2023 2023

4/1/2023 -		General/Fa	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity;	Denied Not	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has not directed a home exercise program for at least 4 weeks.; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	without contrast material(s)	Medically Necessary	patient received oral analgesics.	1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Denied Not	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient recevied joint injection(s).	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 4 weeks.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Denied Not	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Denied Not	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	Apr-Jun 14 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Denied Not	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthrscopy is scheduled in the next 4 weeks.; This is NOT a Medicare member.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Denied Not	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	Apr-Jun 5 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Denied Not	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; It is not known if the patient has completed 4 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 4 weeks.; The patient received oral analgesics.	Apr-Jun 1 2023 2023
4/1/2023 -		General/Fa	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity;	Radiology Services Denied Not	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; ; The patient	Apr-Jun
6/30/2023 4/1/2023 - 6/30/2023	· ·	6/30/2023 mily Practice Disapproval General/Fa 6/30/2023 mily Practice Disapproval	without contrast material(s) 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from an old injury.; The physician has not directed conservative treatment for the past 4 weeks.	1 2023 2023 Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		General/Fa 6/30/2023 mily Practice Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not from a recent injury, old injury, chronic pain or a mass.	Apr-Jun 9 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	Apr-Jun 2 2023 2023

					unknown; This study is being ordered for trauma or injury.; There has been treatment or	
			70004.44		conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
. /. /2022		0 1/5	73221 Magnetic resonance (eg, proton)		Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via	
4/1/2023 -	. /. /2022	General/Fa	imaging, any joint of upper extremity;	Denied Not	RadMD.; The primary symptoms began more than 1 year ago; Physical Therapy was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	without contrast material(s)	Medically Necessary	completed for this diagnosis	1 2023 2023
					X-ray negative. Physician believes there could be a tear of the meniscus and possible rotator	
					cuff injury. Need MRI to ascertain this information.; This study is being ordered for trauma	
					or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is	
			73221 Magnetic resonance (eg, proton)		NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -		General/Fa	imaging, any joint of upper extremity;	Denied Not	Oncology; This case was created via RadMD.; The primary symptoms began less than 6	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	without contrast material(s)	Medically Necessary	months ago; Medications were given for this diagnosis	1 2023 2023
					pt is having pain and swelling in left leg and knee with a knot being present looking for a	
					possible blood clot; This study is being ordered for Vascular Disease.; There has not been any	
					treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs	
				Radiology Services	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
4/1/2023 -		General/Fa	73700 Computed tomography, lower	Denied Not	Radiation Oncology; This case was created via RadMD.; The primary symptoms began less	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	extremity; without contrast material	Medically Necessary	than 6 months ago	1 2023 2023
					There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no	
				Radiology Services	suspicion of lower extremity bone or joint infection.; There is a history of lower extremity	
4/1/2023 -		General/Fa	73700 Computed tomography, lower	Denied Not	joint or long bone trauma or injury.; This is Diagnostic (being used to determine the cause of	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	extremity; without contrast material	Medically Necessary	pain or follow up on prior abnormal imaging)	1 2023 2023
					There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no	
				Radiology Services	suspicion of lower extremity bone or joint infection.; There is not a history of lower	
4/1/2023 -		General/Fa	73700 Computed tomography, lower	Denied Not	extremity joint or long bone trauma or injury.; This is Diagnostic (being used to determine	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	extremity; without contrast material	Medically Necessary	the cause of pain or follow up on prior abnormal imaging)	1 2023 2023
				Radiology Services		
4/1/2023 -		General/Fa	73700 Computed tomography, lower	Denied Not	There is suspicion of a lower extremity neoplasm, tumor or metastasis.; This is Diagnostic	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	extremity; without contrast material	Medically Necessary	(being used to determine the cause of pain or follow up on prior abnormal imaging)	1 2023 2023
					This is a request for a foot CT.; "There is a history (within the past six weeks) of significant	
				Radiology Services	trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.; There is a	
4/1/2023 -		General/Fa	73700 Computed tomography, lower	Denied Not	history of new onset of severe pain in the foot within the last two weeks.; The patient has a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	extremity; without contrast material	Medically Necessary	documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1 2023 2023
	• •	· · · · · · · · · · · · · · · · · · ·	,,		, , , , , , , , , , , , , , , , , , , ,	
			73706 Computed tomographic			
			angiography, lower extremity, with			
			contrast material(s), including	Radiology Services		
4/1/2023 -		General/Fa	noncontrast images, if performed, and	Denied Not		Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	image postprocessing		Yes, this is a request for CT Angiography of the lower extremity.	2 2023 2023
.,,		,,	.0	,	she has a f/u appt with ortho but they would like her to get a new MRI prior to this.; This	
					study is being ordered for something other than: known trauma or injury, metastatic	
			73720 Magnetic resonance (eg, proton)		disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
			imaging, lower extremity other than		vascular disease.; There has been treatment or conservative therapy.; The ordering MDs	
			joint; without contrast material(s),	Radiology Services	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
4/1/2023 -		General/Fa	followed by contrast material(s) and	Denied Not	Radiation Oncology; This case was created via RadMD.; The primary symptoms began less	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	further sequences		than 6 months ago; Medications were given for this diagnosis	1 2023 2023
0,00,2023	7 1/2023	5,55,2525 mm, Fractice Disapproval	73720 Magnetic resonance (eg, proton)	culculty recessary	and the mental ago, medications were given for this diagnosis	1 2023 2023
			imaging, lower extremity other than			
			joint; without contrast material(s),	Radiology Services	This is a request for a foot MRI.; The study is being ordered for suspected fracture.; It is	
4/1/2023 -		General/Fa	followed by contrast material(s) and	Denied Not	unknown if they had 2 normal xrays at least 3 weeks apart that did not show a fracture.; The	Apr-Jun
6/30/2023	1/1/2022	6/30/2023 mily Practice Disapproval	further sequences		patient has not had a recent bone scan.	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Hilly Practice Disapproval	73720 Magnetic resonance (eg, proton)		patient has not had a recent bone scan.	1 2023 2023
			imaging, lower extremity other than	Padiology Camiles	This is a request for a foot MPL. The study is being and and for averaged freeting. The study is	
4/4/2022		Company / F-	joint; without contrast material(s),		This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They had	A constitution
4/1/2023 -	4/4/2022	General/Fa	followed by contrast material(s) and	Denied Not	2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has not been	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	further sequences	iviedically Necessary	treated with crutches, protective bootm walking cast or immobilization for at least 4 weeks.	1 2023 2023

			73720 Magnetic resonance (eg, proton)			
			imaging, lower extremity other than			
			joint; without contrast material(s),	Radiology Services		
4/1/2023 -		General/Fa	followed by contrast material(s) and	Denied Not	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	further sequences		ordered for acute pain.	2 2023 2023
0,00,2020	., 1, 2020	o, so, zozs mmy macace Bisapprova.	73720 Magnetic resonance (eg, proton)		oracica for adate paris	2 2023 2023
			imaging, lower extremity other than			
			joint; without contrast material(s),	Radiology Services		
4/1/2023 -		General/Fa	followed by contrast material(s) and	Denied Not	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	further sequences		ordered for chronic pain.; It is unknown if the patient has had foot pain for over 4 weeks.	1 2023 2023
-,,	, ,	., ,	73720 Magnetic resonance (eg, proton)			
			imaging, lower extremity other than			
			joint; without contrast material(s),	Radiology Services	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being	
4/1/2023 -		General/Fa	followed by contrast material(s) and	Denied Not	ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	further sequences	Medically Necessary	been treated with a protective boot for at least 6 weeks.	1 2023 2023
		•	73720 Magnetic resonance (eg, proton)	,	·	
			imaging, lower extremity other than			
			joint; without contrast material(s),	Radiology Services	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being	
4/1/2023 -		General/Fa	followed by contrast material(s) and	Denied Not	ordered for plantar fasciitis.; The patient has had foot pain for over 4 weeks.; The patient has	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	further sequences	Medically Necessary	been treated with a protective boot for at least 6 weeks.	1 2023 2023
			73720 Magnetic resonance (eg, proton)			
			imaging, lower extremity other than			
			joint; without contrast material(s),	Radiology Services		
4/1/2023 -		General/Fa	followed by contrast material(s) and	Denied Not	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	further sequences		imaging.; 'None of the above' were noted as an indication for knee imaging.	8 2023 2023
			73720 Magnetic resonance (eg, proton)			
			imaging, lower extremity other than			
			joint; without contrast material(s),	Radiology Services		
4/1/2023 -	. / . /	General/Fa	followed by contrast material(s) and	Denied Not	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	further sequences	Medically Necessary	imaging.; Suspicion of infection was noted as an indication for knee imaging	1 2023 2023
			73720 Magnetic resonance (eg, proton) imaging, lower extremity other than			
			joint; without contrast material(s),	Radiology Services	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an	
4/1/2023 -		General/Fa	followed by contrast material(s) and	Denied Not	indication for knee imaging; An Ultrasound showed an abnormality; The ordering MDs	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	further sequences		specialty is NOT Orthopedics.	3 2023 2023
1,01,2020	., _,	о, оо, дода ини, что от от от от от от	73720 Magnetic resonance (eg, proton)			V 2727 2727
			imaging, lower extremity other than			
			joint; without contrast material(s),	Radiology Services	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an	
4/1/2023 -		General/Fa	followed by contrast material(s) and	Denied Not	indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	further sequences	Medically Necessary	NOT Orthopedics.	10 2023 2023
			73720 Magnetic resonance (eg, proton)			
			imaging, lower extremity other than			
			joint; without contrast material(s),	Radiology Services	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
4/1/2023 -		General/Fa	followed by contrast material(s) and	Denied Not	an indication for knee imaging; 'None of the above' were noted on the physical examination;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	further sequences		The ordering MDs specialty is NOT Orthopedics.	4 2023 2023
			73720 Magnetic resonance (eg, proton)			
			imaging, lower extremity other than			
			joint; without contrast material(s),	Radiology Services	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
4/1/2023 -	. /. /	General/Fa	followed by contrast material(s) and	Denied Not	an indication for knee imaging; Instability was noted on the physical examination; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	further sequences		patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics.	6 2023 2023
			73720 Magnetic resonance (eg, proton)		This is a second for a Keep MDL About and about a local accordance of the h	
			imaging, lower extremity other than	Dadieles Conto	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
4/4/2022		Conord/5-	joint; without contrast material(s),	Radiology Services	an indication for knee imaging; Instability was noted on the physical examination; The	A 1.
4/1/2023 - 6/30/2023	4/1/2022	General/Fa	followed by contrast material(s) and	Denied Not	patient is being treated with a Knee immobilizer; The ordering MDs specialty is NOT	Apr-Jun 3 2023 2023
0/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	further sequences	Medically Necessary	Orthopeaics.	3 2023 2023

			72720 Magnetic reconance (eg. proten)			
			73720 Magnetic resonance (eg, proton)		This is a second for a March ARDI. Also second also sized a second address of the large second as	
			imaging, lower extremity other than		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
			joint; without contrast material(s),	Radiology Services	an indication for knee imaging; Instability was noted on the physical examination; The	
4/1/2023 -		General/Fa	followed by contrast material(s) and	Denied Not	patient is being treated with a Neoprene knee sleeve; The ordering MDs specialty is NOT	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	further sequences	Medically Necessary	Orthopedics.	2 2023 2023
			73720 Magnetic resonance (eg, proton)			
			imaging, lower extremity other than			
			joint; without contrast material(s),	Radiology Services	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
4/1/2023 -		General/Fa	followed by contrast material(s) and	Denied Not	an indication for knee imaging; Instability was noted on the physical examination; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	further sequences		patient is being treated with a Wheel chair; The ordering MDs specialty is NOT Orthopedics.	1 2023 2023
0,00,2020	., 1, 2020	o, so, zozs imi, i racace sisappiora.	73720 Magnetic resonance (eg, proton)		patients being dedica mand trices stain, the didening med specially is not distributed as	1 2020 2020
			imaging, lower extremity other than			
			· ·	Dadialas, Candasa	This is a very cost for a Mana AADI . A hardward why sized a consideration of the large was noted as	
. /. /2022		0 1/5	joint; without contrast material(s),	Radiology Services	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
4/1/2023 -		General/Fa	followed by contrast material(s) and	Denied Not	an indication for knee imaging; Instability was noted on the physical examination; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	further sequences	Medically Necessary	, , , ,	1 2023 2023
			73720 Magnetic resonance (eg, proton)		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
			imaging, lower extremity other than		an indication for knee imaging; Instability was noted on the physical examination; The	
			joint; without contrast material(s),	Radiology Services	patient is not being treated with any of the listed items (crutches, knee immobilizer, wheel	
4/1/2023 -		General/Fa	followed by contrast material(s) and	Denied Not	chair, neoprene knee sleeve, ace bandage, knee brace); The ordering MDs specialty is NOT	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	further sequences	Medically Necessary	Orthopedics.	5 2023 2023
			73720 Magnetic resonance (eg, proton)			
			imaging, lower extremity other than			
			joint; without contrast material(s),	Radiology Services	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
4/1/2023 -		General/Fa	followed by contrast material(s) and	Denied Not	an indication for knee imaging; Locking was noted on the physical examination; The ordering	Apr-Jun
	4/1/2022	•	• • • • • • • • • • • • • • • • • • • •			3 2023 2023
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	further sequences	iviedically necessary	MDs specialty is NOT Orthopedics.	3 2023 2023
			73720 Magnetic resonance (eg, proton)			
			imaging, lower extremity other than			
			joint; without contrast material(s),	Radiology Services	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
4/1/2023 -		General/Fa	followed by contrast material(s) and	Denied Not	an indication for knee imaging; Positive Lachmann's test or "drawer" sign (abnormal) was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	further sequences	Medically Necessary	noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	2 2023 2023
			73720 Magnetic resonance (eg, proton)			
			imaging, lower extremity other than			
			joint; without contrast material(s),	Radiology Services		
4/1/2023 -		General/Fa	followed by contrast material(s) and	Denied Not	This is a request for a Knee MRI.; Blood or abnormal fluid in the knee joint was noted as an	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	further sequences		indication for knee imaging	2 2023 2023
0,50,2025	., 1, 2020	o, so, zozs mm, racace sisapprova	73720 Magnetic resonance (eg, proton)		The fact that the same and the	2 2020 2020
			imaging, lower extremity other than			
				Dadiology Convises		
4/4/2022		C 1/5-	joint; without contrast material(s),	Radiology Services	This is a second for a Mary Name Name. The matter the discussion of about a labor.	A
4/1/2023 -	4/4/2022	General/Fa	followed by contrast material(s) and	Denied Not	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	further sequences		physician supervised home exercise in the past 3 months	7 2023 2023
			73720 Magnetic resonance (eg, proton)			
			imaging, lower extremity other than			
			joint; without contrast material(s),	Radiology Services		
4/1/2023 -		General/Fa	followed by contrast material(s) and	Denied Not	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	further sequences	Medically Necessary	physician supervised home exercise in the past 3 months	8 2023 2023
			73720 Magnetic resonance (eg, proton)			
			imaging, lower extremity other than			
			joint; without contrast material(s),	Radiology Services	This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing	
4/1/2023 -		General/Fa	followed by contrast material(s) and	Denied Not	status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	further sequences		treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics.	1 2023 2023
0/30/2023	4/ 1/ 2023	0,30,2023 mily mactice Disapproval	73720 Magnetic resonance (eg, proton)		acated with a kinee brace, the braceting in D3 specialty is NOT Orthopedics.	1 2023 2023
			imaging, lower extremity other than	Dedialog Comite	This is a varyont for a Mana MADI. The policy has seen the base of	
		- 1/-	joint; without contrast material(s),	Radiology Services	This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing	
4/1/2023 -		General/Fa	followed by contrast material(s) and	Denied Not	status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	further sequences	Medically Necessary	treated with Crutches; The ordering MDs specialty is NOT Orthopedics.	1 2023 2023

			73720 Magnetic resonance (eg, proton)			
			imaging, lower extremity other than			
		- 1/-	joint; without contrast material(s),	Radiology Services	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a	
4/1/2023 -		General/Fa	followed by contrast material(s) and	Denied Not	suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next	Apr-Jur
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	further sequences	Medically Necessary	4 weeks.	6 2023 2023
			73720 Magnetic resonance (eg, proton)			
			imaging, lower extremity other than			
			joint; without contrast material(s),	Radiology Services	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO	
4/1/2023 -		General/Fa	followed by contrast material(s) and	Denied Not	suspicion of a tendon or ligament injury.; There is a suspicion of fracture not adequately	Apr-Jur
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	further sequences		determined by x-ray.	1 2023 2023
			73720 Magnetic resonance (eg, proton)			
			imaging, lower extremity other than			
			joint; without contrast material(s),	Radiology Services		
4/1/2023 -		General/Fa	followed by contrast material(s) and	Denied Not	This is not a pulsatile mass.; There is not a suspicion of an infection.; This is a study for a	Apr-Jur
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	further sequences	Medically Necessary	fracture which does not show healing (non-union fracture).; Non Joint is being requested.	1 2023 2023
			73720 Magnetic resonance (eg, proton)			
			imaging, lower extremity other than			
			joint; without contrast material(s),	Radiology Services	This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a	
4/1/2023 -		General/Fa	followed by contrast material(s) and	Denied Not	fracture which does not show healing (non-union fracture).; This is not a pre-operative study	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	further sequences	Medically Necessary	for planned surgery.; Non Joint is being requested.	2 2023 2023
			73720 Magnetic resonance (eg, proton)			
			imaging, lower extremity other than		This study is being ordered for trauma or injury.; There has been treatment or conservative	
			joint; without contrast material(s),	Radiology Services	therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery,	
4/1/2023 -		General/Fa	followed by contrast material(s) and	Denied Not	Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	further sequences	Medically Necessary	primary symptoms began less than 6 months ago; Medications were given for this diagnosis	2 2023 2023
					Worsening pain and swelling in knees and lower legs. Patient been through conservative	
			73720 Magnetic resonance (eg, proton)		therapy with home therapy plan established by provider.; This study is being ordered for	
			imaging, lower extremity other than		Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The	
			joint; without contrast material(s),	Radiology Services	ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,	
4/1/2023 -		General/Fa	followed by contrast material(s) and	Denied Not	Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary	Apr-Jur
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	further sequences	Medically Necessary	symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	2 2023 2023
, ,		, , , , , , , , , , , , , , , , , , , ,		,	X-ray negative. Physician believes there could be a tear of the meniscus and possible rotator	
			73720 Magnetic resonance (eg, proton)		cuff injury. Need MRI to ascertain this information.; This study is being ordered for trauma	
			imaging, lower extremity other than		or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is	
			joint; without contrast material(s),	Radiology Services	NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -		General/Fa	followed by contrast material(s) and	Denied Not	Oncology; This case was created via RadMD.; The primary symptoms began less than 6	Apr-Jur
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	further sequences		months ago; Medications were given for this diagnosis	1 2023 2023
0,00,000	., _,	с, со, дод, т. состо д тогрриота.		, , , , , , , , , , , , , , , , , , , ,	; This study is being ordered for something other than: known trauma or injury, metastatic	
					disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
					vascular disease.; There has been treatment or conservative therapy.; The ordering MDs	
			73721 Magnetic resonance (eg, proton)	Radiology Services	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
4/1/2023 -		General/Fa	imaging, any joint of lower extremity;	Denied Not	Radiation Oncology; This case was created via RadMD.; The primary symptoms began less	Apr-Jur
6/30/2023	4/1/2022	6/30/2023 mily Practice Disapproval	without contrast material		than 6 months ago; Medications were given for this diagnosis	2 2023 2023
0,30,2023	7, 1, 2023	0,30,2023 Hilly Fractice Disapproval	without contrast material	ivicultally ivecessary	Pt has had chronic hip pain for over one year, xrays were negative. She has seen ortho and	2 2023 2023
					tried medications without relief; This study is being ordered for something other than:	
					known trauma or injury, metastatic disease, a neurological disorder, inflammatory or	
					infectious disease, congenital anomaly, or vascular disease.; There has been treatment or	
					· · ·	
			72721 Magnetic reserves (as a section)	Padiology Camiles -	conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
4/1/2023 -		Conoral/Fa	73721 Magnetic resonance (eg, proton)		Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via	A 1
1 1	4/1/2022	General/Fa	imaging, any joint of lower extremity;	Denied Not	RadMD.; The primary symptoms began more than 1 year ago; Medications were given for	Apr-Jun 2 2023 2023
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	without contrast material	Medically Necessary	riis aiagnosis	2 2023 2023

					Pt has lower back pain with soft tissue mass in the lower back right hip region. Pt is new to this facility but does report she has talked to her other MD in past and no resolution. Ultrasound was inconclusive and recommended MRI.; This study is being ordered for	
					something other than: known trauma or injury, metastatic disease, a neurological disorder,	
					inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known	
			72724 Manuschia assessa (see seetsa)	Dadialas Cardas	if there has been any treatment or conservative therapy.; There are 2 exams are being	
4/1/2023 -		General/Fa	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity;	Denied Not	ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	without contrast material	Medically Necessary		1 2023 2023
					she has a f/u appt with ortho but they would like her to get a new MRI prior to this.; This	
					study is being ordered for something other than: known trauma or injury, metastatic	
					disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs	
			73721 Magnetic resonance (eg, proton)	Radiology Services	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
4/1/2023 -		General/Fa	imaging, any joint of lower extremity;	Denied Not	Radiation Oncology; This case was created via RadMD.; The primary symptoms began less	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	without contrast material	Medically Necessary	than 6 months ago; Medications were given for this diagnosis	1 2023 2023
			70704.4	5 11 6 1		
4/1/2023 -		General/Fa	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity;	Radiology Services Denied Not	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	without contrast material		member has failed a 4 week course of conservative management in the past 3 months.	7 2023 2023
	, ,	, , , , , , , , , , , , , , , , , , , ,		,		
			73721 Magnetic resonance (eg, proton)			
4/1/2023 - 6/30/2023	4/4/2022	General/Fa	imaging, any joint of lower extremity; without contrast material	Denied Not	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The	Apr-Jun 5 2023 2023
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	without contrast material	Medically Necessary	member has not failed a 4 week course of conservative management in the past 3 months.	5 2023 2023
			73721 Magnetic resonance (eg, proton)	Radiology Services	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent	
4/1/2023 -		General/Fa	imaging, any joint of lower extremity;	Denied Not	injury.; Tendon or ligament injuryis not suspected.; Surgery or arthrscopy is not scheduled in	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	without contrast material	Medically Necessary	the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	1 2023 2023
			73721 Magnetic resonance (eg, proton)	Radiology Services	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent	
4/1/2023 -		General/Fa	imaging, any joint of lower extremity;	Denied Not	injury.; There is a suspicion of tendon or ligament injury.; Surgery or arthrscopy is not	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	without contrast material		scheduled in the next 4 weeks.	1 2023 2023
4/1/2023 -		General/Fa	73721 Magnetic resonance (eg, proton)	0,	This is a year case far a him NADI. The year cast is far him using The him using is not due to a	A
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	imaging, any joint of lower extremity; without contrast material	Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is not due to a recent injury, old injury, Chronic Hip Pain or a Mass.	Apr-Jun 1 2023 2023
0/30/2023	4/1/2023	0/30/2023 mmy Practice Disapproval	without contrast material	ivical carry ivecessary	This study is being ordered for something other than: known trauma or injury, metastatic	1 2023 2023
					disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
					vascular disease.; There has been treatment or conservative therapy.; The ordering MDs	
4/1/2023 -		General/Fa	73721 Magnetic resonance (eg, proton)		specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	Apr lup
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	imaging, any joint of lower extremity; without contrast material	Denied Not Medically Necessary	Radiation Oncology; This case was created via BBI.; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	Apr-Jun 1 2023 2023
5,00,000	., _,	о, оо,		,		2 2020 2020
				Radiology Services	This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op	
4/1/2023 -	4/4/2022	General/Fa	74150 Computed tomography,	Denied Not	evaluation.; The requested study is for pre-operative evaluation.; Yes this is a request for a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	abdomen; without contrast material	iviedically Necessary	Diagnostic CT; This is NOT a Medicare member. This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer,	1 2023 2023
				Radiology Services	mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or	
4/1/2023 -		General/Fa	74150 Computed tomography,	Denied Not	abdominal cancer.; This study being ordered for initial staging of a known tumor other than	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	abdomen; without contrast material	Medically Necessary	prostate.; Yes this is a request for a Diagnostic CT	1 2023 2023
					This is a request for an Ahdaman CT. This study is being ordered for a known turner server	
				Radiology Services	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or	
4/1/2023 -		General/Fa	74150 Computed tomography,	Denied Not	abdominal cancer.; This study being ordered for new symptoms including hematuria,	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	abdomen; without contrast material		presenting with known cancer or tumor.; Yes this is a request for a Diagnostic CT	1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; This patient is experiencing hematuria.; Yes this is a request for a Diagnostic CT; This is NOT a Medicare member.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral stone.; This patient is not experiencing hematuria.; Yes this is a request for a Diagnostic CT This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; It is not known if there is a suspicious mass found using Ultrasound, IVP, Endoscopy,	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	Colonoscopy, or Sigmoidoscopy.; It is unknown if the patient has new symptoms including hematuria, new lab results or other imaging studies including ultrasound, doppler or x-ray (plain film) findings, suspicion of an adrenal mass or suspicion of a renal mass.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; Yes this is a request for a Diagnostic CT; This is NOT a Medicare member.	Apr-Jun 5 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; The patient does not have new symptoms including hematuria, new lab results or other imaging studies including ultrasound, doppler or x-ray (plain film) findings, suspicion of an adrenal mass or suspicion of a renal mass.; Yes this is a request for a Diagnostic CT	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023		General/Fa 6/30/2023 mily Practice Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not	This is a request for an Abdomen CT.; This study is being ordered for a vascular disease.; The requested studies are not being ordered for known or suspected aneurysms, hematoma, or blood clot, thrombosis, or stenosis and are being ordered by a surgeon or by the attending physician on behalf of a surgeon.; It is not known if there is evidence of vascular abnormality seen on plain film and/or Ultrasound/ Doppler.; There are no symptoms or findings to indicate the member has internal abdominal and or pelvic bleeding such as hematoma or hemorrhage.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; It is not known if there are findings that confirm hepatitis C.; Yes this is a request for a Diagnostic CT	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023		General/Fa 6/30/2023 mily Practice Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; It is unknown if there are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT	Apr-Jun 5 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of an Abscess of the upper abdominal area.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023

Main An expect for a Machine Main An expect for a Machine Main							
\$\sqrt{1}\text{2}\text{9} \ \ \sqrt{1}\text{2}\text{3} \ \ \sqrt{1}\text{2}\text{3} \ \ \ \sqrt{1}\text{2}\text{3} \ \ \ \sqrt{1}\text{3}\text{3} \ \ \ \sqrt{1}\text{3}\text{3} \ \ \ \sqrt{1}\text{3}\text{3} \ \ \ \sqrt{1}\text{3}\text{3} \ \ \ \ \sqrt{1}\text{3}\text{3} \ \ \ \sqrt{1}\text{3}\text{3} \ \ \ \sqrt{1}\text{3}\text{3} \ \ \ \ \sqrt{1}\text{3}\text{3} \ \sqrt{1}\text{3}\text{3} \ \ \sqrt{1}\text{3}\text{3} \ \sqrt{1}\					Radiology Services	This is a request for an Abdomen CT.; This study is being ordered for an infection such as	
This is a request for an Abdoment CT. This study is being ordered for another reason besides significant to the process of a process of the p		4/1/2023					·
4/1/2023 - General/Fa 4/1/2023 - General/Fa 5/30/2023 4/1/2023 - General/Fa 6/30/2023 4/1/2023							
41/2023 - General/Ta 41/2023 - General/Ta 41/2023 - General/Ta 41/2023 - General/Ta 630/2023 41/						Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or	
Section Sect					Radiology Services	Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc; There	
his is a request for an Addomen CT, This study is being ordered for another reason besides federally and control of the properties of the			General/Fa	74150 Computed tomography,	Denied Not	are clinical findings or indications of Diabetic patient with gastroparesis.; Yes this is a request	· ·
Kindley Jurieral stone, Annow Tumor, Cancer, Mass, or #Q or metastases, Suspicious Mass or #Annoy Compared tomography, abdomenn, without contrast material without contrast material without contrast material for #Q or	6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	abdomen; without contrast material	Medically Necessary		1 2023 2023
Aff/2023 General/Fa Aff/2023 General/Fa Aff/2023 General/Fa Aff/2023 General/Fa Aff/2023 A						· · · · · · · · · · · · · · · · · · ·	
4/1/2023 6/30/2023 mly Practice Disapproval buddeney, without contrast material Medically Necessary (March 1998) 1 2 1023 2023 2023 2023 2023 2023 2023							
6/30/2023 4/1/2023 6/30/2023 mily Practice Disapproval Abdomery, without contrast material Medically Necessary This is a request for an Abdoment CT, This study is being ordered for another reason besides Kideny, Microel stone, Encount Tumor, Cancer, Mass, or R/O metastases, sissipicious Mass or Radiology Services This is a request for an Abdomen CT, This study is being ordered for another reason besides Kideny, Microel stone, Encount Tumor, Cancer, Mass, or R/O metastases, sissipicious Mass or Radiology Services This is a request for an Diagnostic CT April 1970	4/4/2022		C 1/E -	74450 Community of American			A I
This is a request for an Abdomen C1, This study is being ordered for another reason besides for another reason reason in line for another reason reason in line for another reason reason reason reason reason rea	1 ' '	4/1/2022	•				
Michae/Ureteral Stone, Known Tumor, Cancer, Mass, or R/O metastases, Suspticious Mass or Variety (Expension of Supervisor) Michae/Ureteral Stone, Known Tumor, Cancer, Mass, or R/O metastases, Suspticious Mass or Variety (Expension of Supervisor) Michae/Ureteral Stone, Known or suspected infection such as paracrastis, etc.; These are no findings of femaluria, lymphadenopathy, weight loss, abdominal pain, diabetic patient of Apr-Jun et no findings of femaluria, lymphadenopathy, weight loss, abdominal pain, diabetic patient of Apr-Jun (Ajr/2023 6/30/2023 mily Practice Disapproval and Pr	0/30/2023	4/1/2023	6/30/2023 Illily Plactice Disapproval	abdomen, without contrast material	Medically Necessary	This is NOT a Medicale member.	1 2023 2023
Michae/Ureteral Stone, Known Tumor, Cancer, Mass, or R/O metastases, Suspticious Mass or Variety (Expension of Supervisor) Michae/Ureteral Stone, Known Tumor, Cancer, Mass, or R/O metastases, Suspticious Mass or Variety (Expension of Supervisor) Michae/Ureteral Stone, Known or suspected infection such as paracrastis, etc.; These are no findings of femaluria, lymphadenopathy, weight loss, abdominal pain, diabetic patient of Apr-Jun et no findings of femaluria, lymphadenopathy, weight loss, abdominal pain, diabetic patient of Apr-Jun (Ajr/2023 6/30/2023 mily Practice Disapproval and Pr						This is a request for an Ahdomen CT: This study is being ordered for another reason besides	
All/2023							
630/2023 4/1/2023 6/30/2023 mily Practice Disapproval before proval abdomen; without contrast material of 300/2023 4/1/2023 6/30/2023 mily Practice Disapproval before proval abdomen; without contrast material of 300/2023 4/1/2023 6/30/2023 mily Practice Disapproval before proval abdomen; without contrast material of 300/2023 4/1/2023 6/30/2023 mily Practice Disapproval before proval abdomen; without contrast material of 300/2023 4/1/2023 6/30/2023 mily Practice Disapproval before proval abdomen; without contrast material of 300/2023 4/1/2023 6/30/2023 mily Practice Disapproval before proval abdomen; without contrast material of 300/2023 4/1/2023 6/30/2023 mily Practice Disapproval before proval abdomen; without contrast material of 300/2023 4/1/2023 6/30/2023 mily Practice Disapproval before proval abdomen; without contrast material of 300/2023 4/1/2023 6/30/2023 mily Practice Disapproval before proval abdomen; without contrast material of 300/2023 4/1/2023 6/30/2023 mily Practice Disapproval before proval abdomen; without contrast material of 300/2023 4/1/2023 6/30/2023 mily Practice Disapproval before proval abdomen; without contrast material of 300/2023 4/1/2023 6/30/2023 mily Practice Disapproval before proval abdomen; without contrast material of 300/2023 4/1/2023 6/30/2023 mily Practice Disapproval before proval abdomen; without contrast material of 300/2023 4/1/2023 6/30/2023 mily Practice Disapproval abdomen; without contrast material of 300/2023 mily Practice Disapproval abdomen; without contrast material of 300/2023 mily Practice Disapproval abdomen; without contrast material of 300/2023 mily Practice Disapproval abdomen; without contrast material of 300/2023 mily Practice Disapproval abdomen; without contrast material of 300/2023 mily Practice Disapproval abdomen; without contrast material of 300/2023 mily Practice Disapproval abdomen; without contrast material of 300/2023 mily Practice Disapproval abdomen; without contrast material of 300/2023 mily Practice Disapproval abdomen; without contrast mate					Radiology Services		
6/30/2023 4/1/2023 6/30/2023 MIN Practice Disapproval 4/1/2023- 6/	4/1/2023 -		General/Fa	74150 Computed tomography,	0,		Apr-Jun
4/1/2023 - General/Fa 6/30/2023 al/1/2023 6/30/2023 mily Practice Disapproval 4/1/2023 - General/Fa 6/30/2023 4/1/2023 6/30/2023 mily Practice Disapproval 4/1/2023 - General/Fa 6/30/2023 4/1/2023 6/30/2023 mily Practice Disapproval 4/1/2023 - General/Fa 6/30/2023 4/1/2023 6/30/2023 mily Practice Disapproval 4/1/2023 - General/Fa 6/30/2023 4/1/2023 6/30/2023 mily Practice Disapproval 4/1/2023 - General/Fa 6/30/2023 4/1/2023 6/30/2023 mily Practice Disapproval 4/1/2023 - General/Fa 6/30/2023 4/1/2023 6/30/2023 mily Practice Disapproval 4/1/2023 - General/Fa 6/30/2023 4/1/2023 6/30/2023 mily Practice Disapproval 4/1/2023 - General/Fa 6/30/2023 4/1/2023 6/30/2023 mily Practice Disapproval 4/1/2023 - General/Fa 6/30/2023 4/1/2023 6/30/2023 mily Practice Disapproval 4/1/2023 - General/Fa 6/30/2023 4/1/2023 6/30/2023 mily Practice Disapproval 4/1/2023 - General/Fa 6/30/2023 4/1/2023 6/30/2023 mily Practice Disapproval 4/1/2023 - General/Fa 6/30/2023 4/1/2023 6/30/2023 mily Practice Disapproval 4/1/2023 - General/Fa 6/30/2023 4/1/2023 6/30/2023 mily Practice Disapproval 4/1/2023 - General/Fa 6/30/2023 4/1/2023 6/30/2023 mily Practice Disapproval 4/1/2023 - General/Fa 6/30/2023 4/1/2023 6/30/2023 mily Practice Disapproval 4/1/2023 - General/Fa 6/30/2023 4/1/2023 6/30/2023 mily Practice Disapproval 4/1/2023 - General/Fa 6/30/2023 4/1/2023 6/30/2023 mily Practice Disapproval 4/1/2023 - General/Fa		4/1/2023			Medically Necessary		· ·
4/1/2023 General/Fa 6/30/2023 4/1/20				·			
6/30/2023 4/1/2023 General/Fa 6/30/2					Radiology Services	This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.;	
4/1/2023 - General/Fa 6/30/2023 mily Practice Disapproval 7/41/4 Computed tomographic angiography, abdomen and pelvis, with contrast material singes, if performed, and image postprocessing 6/30/2023 mily Practice Disapproval 6/30/2023 mily Practice Disapproval 7/41/4 Computed tomographic angiography, abdomen and pelvis, with contrast material singes, if performed, and image postprocessing 7/41/5 Computed tomography 8/41/2023 6/30/2023 mily Practice Disapproval 7/41/4 Computed tomography 8	4/1/2023 -		General/Fa	74150 Computed tomography,	Denied Not	The liver is enlarged.; Yes this is a request for a Diagnostic CT; This is NOT a Medicare	Apr-Jun
4/1/2023 - General/Fa 6/30/2023 mily Practice Disapproval abdomen; without contrast material 6/30/2023 mily Practice Disapproval abdomen mile for material 6/30/2023 mily Practice Disapproval for material 6/30/2023 mily Practice Disapproval abdomen mile f	6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	abdomen; without contrast material	Medically Necessary	member.	1 2023 2023
4/1/2023 - General/Fa 6/30/2023 mily Practice Disapproval abdomen; without contrast material 6/30/2023 mily Practice Disapproval abdomen mile for material 6/30/2023 mily Practice Disapproval for material 6/30/2023 mily Practice Disapproval abdomen mile f							
6/30/2023 4/1/2023 6/30/2023 mily Practice Disapproval badomen; without contrast material Medically Necessary Specialists who has seen the patient.; Yes this is a request for a Diagnostic CT 1 2023 2023 2023 2023 2023 2023 2023 20						· · · · · · · · · · · · · · · · · · ·	
This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease, it is not known if there has been any treatment or conservative therapy.; 4/1/2023 - General/Fa		. /. /	•			, , ,	•
disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; it is not known if there has been any treatment or conservative therapy; vascular disease; it is not known if there has been any treatment or conservative therapy; vascular disease; it is not known if there has been any treatment or conservative therapy; vascular disease; it is not known if there has been any treatment or conservative therapy; vascular disease; it is not known if there has been any treatment or conservative therapy; vascular disease; it is not known if there has been any treatment or conservative therapy; vascular disease; it is not known if there has been any treatment or conservative therapy; vascular disease; it is not known if there has been any treatment or conservative therapy; vascular disease; it is not known if there has been any treatment or conservative therapy; vascular disease; it is not known if there has been any treatment or conservative therapy; vascular disease; it is not known if there has been any treatment or conservative therapy; vascular disease; it is not known if there has been any treatment or conservative therapy; vascular disease; it is not known if there has been any treatment or conservative therapy; vascular disease; it is not known if there has been any treatment or conservative therapy; vascular disease; it is not known if there has been any treatment or conservative therapy; vascular disease; it is not known if there has been any treatment or conservative therapy; valuar disease; it is not known if there has been any treatment or conservative therapy; valuar disease; it is not known if there has been any treatment or conservative therapy; valuar disease; it is not known if there has been any treatment or conservative therapy; valuar disease; valual is not formany specialty is NOT. I deficilly Necessary valuar to rule and identify unexplained weight loss; This is to rule until tal hernia, obstruction or mass, and identify unexplained weight loss; This	6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	abdomen; without contrast material	Medically Necessary		1 2023 2023
vascular disease.; It is not known if there has been any treatment or conservative therapy.; 4/1/2023							
Additional Processing Radiology Services Radiology Services There are 2 exams are being ordered.; The ordering MDs specialty is NOT Apr-Jun							
4/1/2023 - General/Fa					Radiology Services		
6/30/2023 4/1/2023 6/30/2023 mily Practice Disapproval abdomen; without contrast material Medically Necessary Oncology; This case was created via BBI.; The primary symptoms began 6 months to 1 year 1 2023 2023 Wants to rule out hital hernia, obstruction or mass, and identify unexplained weight loss; This study is being ordered for a metastatic disease. The ordering MDs specialty is NOT 4/1/2023 - General/Fa 6/30/2023 mily Practice Disapproval abdomen; without contrast material Medically Necessary Oncology; This case was created via BBI.; The primary symptoms began 6 months to 1 year 1 2023 2023 Wants to rule out hital hernia, obstruction or mass, and identify unexplained weight loss; This study is being ordered for a metastatic disease. The ordering MDs specialty is NOT 4/1/2023 - General/Fa 6/30/2023 mily Practice Disapproval abdomen and pelvis, with anglography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing Medically Necessary This is a request for CT Angiography of the Abdomen and Pelvis. 4/1/2023 - General/Fa 6/30/2023 mily Practice Disapproval General/Fa 6/30/2023 mily Practice Disapproval Medically Necessary Medically Necessary This is a request for CT Angiography of the Abdomen and Pelvis. 4/1/2023 - General/Fa 6/30/2023 mily Practice Disapproval Practic	4/1/2023 -		General/Fa	74150 Computed tomography.			Apr-Jun
Wants to rule out hital hernia, obstruction or mass, and identify unexplained weight loss.; A/1/2023 - General/Fa 6/30/2023 4/1/2023 6/30/2023 mily Practice Disapproval A/1/2023 - General/Fa A/1/2		4/1/2023					· ·
4/1/2023 - General/Fa General/Fa General/Fa General/Fa General/Fa General/Fa General/Fa General/Fa Apr-Jun abdomen; without contrast material Apr-Jun abdomen; without contrast material Medically Necessary Oncology; This case was created via RadMD. 1 2023 2023 74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing Medically Necessary This is a request for CT Angiography of the Abdomen and Pelvis. 6 2023 2023 4/1/2023 General/Fa General/Fa General/Fa images, if performed, and image on the final performed on the final perfor				·	•		
6/30/2023 d/1/2023 6/30/2023 mily Practice Disapproval abdomen; without contrast material Medically Necessary Oncology; This case was created via RadMD. 1 2023 2023 74/174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing material(s), including nangiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing Medically Necessary This is a request for CT Angiography of the Abdomen and Pelvis. 4/1/2023 - General/Fa General/Fa images, if performed, and image postprocessing Medically Necessary Period Not Medically Necessary Period Not Medically Necessary Period Not Medically Necessary Period Not Necessary P					Radiology Services	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT	
74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing Medically Necessary This is a request for CT Angiography of the Abdomen and Pelvis. 4/1/2023 - General/Fa noncontrast images, if performed, and image postprocessing Medically Necessary This is a request for CT Angiography of the Abdomen and Pelvis. 4/1/2023 - General/Fa images, if performed, and image postprocessing Medically Necessary This is a request for CT Angiography of the Abdomen and Pelvis. 4/1/2023 - General/Fa images, if performed, and image postprocessing Medically Necessary This is a request for CT Angiography of the Abdomen and Pelvis. 4/1/2023 - General/Fa images, if performed, and image postprocessing Medically Necessary Tes, this is a request for CT Angiography of the abdomen. 4/1/2023 - General/Fa abdomen and pelvis; without contrast This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT 4/1/2023 - General/Fa abdomen and pelvis; without contrast Denied Not Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Apr-Jun	4/1/2023 -		General/Fa	74150 Computed tomography,	Denied Not	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	Apr-Jun
angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and 6/30/2023 d/1/2023 6/30/2023 milly Practice Disapproval image postprocessing Medically Necessary This is a request for CT Angiography of the Abdomen and Pelvis. 4/1/2023 - General/Fa material(s), including noncontrast penied Not 4/1/2023 - General/Fa General/Fa General/Fa Medically Necessary Yes, this is a request for CT Angiography of the abdomen. 1 2023 2023 74176 Computed tomography, addiology Services yes, this is a request for CT Angiography of the abdomen. 1 2023 2023 74176 Computed tomography, addiology Services yes, this is a request for CT Angiography of the abdomen. 1 2023 2023	6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	abdomen; without contrast material	Medically Necessary	Oncology; This case was created via RadMD.	1 2023 2023
angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and 6/30/2023 d/1/2023 6/30/2023 milly Practice Disapproval image postprocessing Medically Necessary This is a request for CT Angiography of the Abdomen and Pelvis. 4/1/2023 - General/Fa material(s), including noncontrast penied Not 4/1/2023 - General/Fa General/Fa General/Fa Medically Necessary Yes, this is a request for CT Angiography of the abdomen. 1 2023 2023 74176 Computed tomography, addiology Services yes, this is a request for CT Angiography of the abdomen. 1 2023 2023 74176 Computed tomography, addiology Services yes, this is a request for CT Angiography of the abdomen. 1 2023 2023							
contrast material(s), including noncontrast images, if performed, and image postprocessing Medically Necessary This is a request for CT Angiography of the Abdomen and Pelvis. 4/1/2023							
4/1/2023 General/Fa noncontrast images, if performed, and foliable protection image postprocessing noncontrast image postprocessing negligible processing negligible negligible processing negligible							
6/30/2023 4/1/2023 6/30/2023 mily Practice Disapproval image postprocessing Medically Necessary This is a request for CT Angiography of the Abdomen and Pelvis. 6 2023 2023 74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing Medically Necessary Test images, if performed, and image postprocessing Medically Necessary Test, this is a request for CT Angiography of the abdomen. 1 2023 2023 74176 Computed tomography, addiology Services Medically Necessary Test, this star quest for CT Angiography of the abdomen. 1 2023 2023 74176 Computed tomography, addiology Services (This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT 74176 Computed tomography, addiology Services (This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Apr-Jun	4/4/2025		0 1/5	· · · · · · · · · · · ·			
74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast material(s), including noncontrast images, if performed, and image Denied Not Apr-Jun 6/30/2023 4/1/2023 6/30/2023 mily Practice Disapproval postprocessing Medically Necessary Yes, this is a request for CT Angiography of the abdomen. 1 2023 2023 74176 Computed tomography, Radiology Services; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT 4/1/2023 - General/Fa abdomen and pelvis; without contrast Denied Not Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Apr-Jun		4/4/2022	•	<u> </u>		This is a vacuum fau CT Ausianum hu of the Abdaman and Dalida	·
angiography, abdomen, with contrast material(s), including noncontrast material(s), including noncontrast images, if performed, and image postprocessing medically Necessary Ves, this is a request for CT Angiography of the abdomen. 74176 Computed tomography, abdomen and pelvis; without contrast postport. 4/1/2023 - General/Fa General/Fa angiography, abdomen, with contrast material(s), including noncontrast Radiology Services Denied Not Medically Necessary Ves, this is a request for CT Angiography of the abdomen. 74176 Computed tomography, abdomen, with contrast Padiology Services (This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Apr-Jun	6/30/2023	4/1/2023	o/30/2023 mily Practice Disapproval		iviedically Necessary	Tills is a request for CT Angiography of the Abdomen and Pelvis.	b 2023 2023
material(s), including noncontrast images, if performed, and image postprocessing Denied Not Medically Necessary Yes, this is a request for CT Angiography of the abdomen. Apr-Jun Medically Necessary Yes, this is a request for CT Angiography of the abdomen. Apr-Jun Medically Necessary Yes, this is a request for CT Angiography of the abdomen. This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Apr-Jun Medically Necessary Yes, this is a request for CT Angiography of the abdomen. This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Apr-Jun Medically Necessary Yes, this is a request for CT Angiography of the abdomen. Apr-Jun Medically Necessary Yes, this is a request for CT Angiography of the abdomen. Apr-Jun Medically Necessary Yes, this is a request for CT Angiography of the abdomen. Apr-Jun Medically Necessary Yes, this is a request for CT Angiography of the abdomen. Apr-Jun Medically Necessary Yes, this is a request for CT Angiography of the abdomen. Apr-Jun Medically Necessary Yes, this is a request for CT Angiography of the abdomen. Apr-Jun Medically Necessary Yes, this is a request for CT Angiography of the abdomen. Apr-Jun Medically Necessary Yes, this is a request for CT Angiography of the abdomen. Apr-Jun Medically Necessary Yes, this is a request for CT Angiography of the abdomen. Apr-Jun Medically Necessary Yes, this is a request for CT Angiography of the abdomen. Apr-Jun Medically Necessary Yes, this is a request for CT Angiography of the abdomen. Apr-Jun Medically Necessary Yes, this is a request for CT Angiography of the abdomen. Apr-Jun Medically Necessary Yes, this is a request for CT Angiography of the abdomen. Apr-Jun Medically Necessary Yes, this is a request for CT Angiography of the abdomen. Apr-Jun Medically Necessary Yes, this is a requ							
4/1/2023 - General/Fa images, if performed, and image postprocessing Denied Not Medically Necessary Yes, this is a request for CT Angiography of the abdomen. Apr-Jun 1 2023 2023 74176 Computed tomography, abdomen and pelvis; without contrast Denied Not Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Apr-Jun					Radiology Services		
6/30/2023 d/1/2023 6/30/2023 mily Practice Disapproval postprocessing Medically Necessary Yes, this is a request for CT Angiography of the abdomen. 1 2023 2023 74176 Computed tomography, 4/1/2023 - General/Fa Abdomen and pelvis; without contrast Denied Not Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Apr-Jun	4/1/2023 -		General/Fa				Anr-lun
74176 Computed tomography, Radiology Services ; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT 4/1/2023 - General/Fa abdomen and pelvis; without contrast Denied Not Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Apr-Jun		4/1/2023				Yes, this is a request for CT Angiography of the abdomen.	•
4/1/2023 - General/Fa abdomen and pelvis; without contrast Denied Not Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Apr-Jun	.,,	, ,	, , , , , , , , , , , , , , , , , , , ,	, , ,	,,	, , , , , , , , , , , , , , , , , , , ,	
				74176 Computed tomography,	Radiology Services	; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT	
6/30/2023 4/1/2023 6/30/2023 mily Practice Disapproval material Medically Necessary Oncology; This case was created via RadMD. 1 2023 2023	4/1/2023 -		General/Fa	abdomen and pelvis; without contrast	Denied Not	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	Apr-Jun
	6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	material	Medically Necessary	Oncology; This case was created via RadMD.	1 2023 2023

4/1/2023 -		General/Fa	74176 Computed tomography, abdomen and pelvis; without contrast	Radiology Services Denied Not	It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; It is unknown when the	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	material	Medically Necessary	primary symptoms began	1 2023 2023
			74176 Computed tomography,	Radiology Services	PT HAS SEVERE FATIGUE AND UNEXPLAINED WEIGHT FLUXUATIONS; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,	
4/1/2023 -		General/Fa	abdomen and pelvis; without contrast	Denied Not	Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	material		symptoms began 6 months to 1 year; Other not listed was done for this diagnosis	1 2023 2023
0,00,2025	., 1, 2020	0/00/2020 mmy : racade	That critic	medically recessary	Pt is having several symptoms that are unexplained. Further evaluation is needed.; This	1 2023 2023
			74176 Computed tomography,	Radiology Services	study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT	
4/1/2023 -		General/Fa	abdomen and pelvis; without contrast	Denied Not	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	Apr-Jun
6/30/2023	1/1/2023	6/30/2023 mily Practice Disapproval	material		Oncology; This case was created via RadMD.	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Illily Fractice Disapproval	material	Wicalcally Wecessary	The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,	1 2023 2023
			74176 Computed tomography,	Radiology Services	Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and	
4/1/2022		General/Fa		Denied Not	• • • • • • • • • • • • • • • • • • • •	Anr lun
4/1/2023 -	4/4/2022	•	abdomen and pelvis; without contrast		Chest ordered in combination.; This study is being ordered for Vascular Disease; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	material	Medically Necessary	ordering MDs specialty is NOT Thoracic Surgery or Vascular Surgery.	1 2023 2023
					There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	
					Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
			74176 Computed tomography,	Radiology Services	Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -		General/Fa	abdomen and pelvis; without contrast	Denied Not	This study is being ordered for Other not listed; The primary symptoms began less than 6	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	material	Medically Necessary	months ago; No treatment or therapy was given for this diagnosis or it is unknown	1 2023 2023
					There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	
					Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
					Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
			74176 Computed tomography,	Radiology Services	This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms	
4/1/2023 -		General/Fa	abdomen and pelvis; without contrast	Denied Not	began 6 months to 1 year; No treatment or therapy was given for this diagnosis or it is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	material	Medically Necessary		1 2023 2023
					There has not been any treatment or conservative therapy.; The ordering MDs specialty is	
					NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
			74176 Computed tomography,	Radiology Services	Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -		General/Fa	abdomen and pelvis; without contrast	Denied Not	This study is being ordered for Other not listed; The primary symptoms began less than 6	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	material	Medically Necessary		2 2023 2023
0,00,2020	., _,	э, ээ, ээээ эмм, эмжэээ эмэррээлэг		, , , , , , , , , , , , , , , , , , , ,	There has not been any treatment or conservative therapy.; The ordering MDs specialty is	
					NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
			74176 Computed tomography,	Radiology Services	Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -		General/Fa	abdomen and pelvis; without contrast	Denied Not	This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms	Apr-Jun
	4/1/2023	6/30/2023 mily Practice Disapproval	material	Medically Necessary		1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Illily Fractice Disapproval	material	ivicultarily recessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The	1 2023 2023
					reason for the study is renal calculi, kidney or ureteral stone.; This study is not being	
					requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The	
			74176 Computed tomography,	Padiology Sonders	results of the urinalysis were abnormal.; The urinalysis was positive for ketones.; Yes this is a	
4/1/2022		Conoral/Fa		Radiology Services	· · · · · · · · · · · · · · · · · · ·	A man live
4/1/2023 -	4/1/2022	General/Fa	abdomen and pelvis; without contrast	Denied Not	request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	material	ivieuically Necessary	for diagnosis or treatment. This is a request for an Abdomen and Bolyis CT - A urinalysis has been completed. This study.	1 2023 2023
					This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study	
			74476 Committed &	Darlinian C. 1	is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results	
. / . /			74176 Computed tomography,	Radiology Services	were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit	
4/1/2023 -	. /. /0	General/Fa	abdomen and pelvis; without contrast	Denied Not	for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	material	Medically Necessary	request for a Diagnostic CT	1 2023 2023
					This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study	
					is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were	
					abnormal.; It is not known if the urinalysis was positive for billirubin, ketones, nitrites,	
			74176 Computed tomography,	Radiology Services	hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is	
4/1/2023 -		General/Fa	abdomen and pelvis; without contrast	Denied Not	the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	material	Medically Necessary	test.; Yes this is a request for a Diagnostic CT	1 2023 2023

				This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study	
				is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were	
				abnormal.; It is not known if the urinalysis was positive for billirubin, ketones, nitrites,	
		74176 Computed tomography,	Radiology Services	hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is	
4/1/2023 -	General/Fa	abdomen and pelvis; without contrast	Denied Not	the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Disapproval	material	Medically Necessary	this is a request for a Diagnostic CT	1 2023 2023
				This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study	
				is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were	
		74176 Computed tomography,	Radiology Services	abnormal.; The urinalysis was positive for glucose.; The study is being ordered for chronic	
4/1/2023 -	General/Fa	abdomen and pelvis; without contrast	Denied Not	pain.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Disapproval	material	Medically Necessary	Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2023 2023
				This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study	
				is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were	
		74176 Computed tomography,	Radiology Services	abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for	
4/1/2023 -	General/Fa	abdomen and pelvis; without contrast		chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Disapproval	material		lipase lab test.; Yes this is a request for a Diagnostic CT	3 2023 2023
.,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, , , , , , , , , , , , , , , , , , , ,	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study	
				is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were	
		74176 Computed tomography,	Radiology Services	abnormal.; The urinalysis was positive for protein.; The study is being ordered for chronic	
4/1/2023 -	General/Fa	abdomen and pelvis; without contrast	Denied Not	pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Disapproval	material		lab test.; Yes this is a request for a Diagnostic CT	1 2023 2023
0/30/2023 4/1/2023	6/30/2023 Illily Plactice Disapproval	Illaterial	ivieuically ivecessary		1 2023 2023
				This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study	
				is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were	
				abnormal.; The urinalysis was positive for something other than billirubin, ketones, nitrites,	
. /. /	- 15	74176 Computed tomography,	Radiology Services	hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is	
4/1/2023 -	General/Fa	abdomen and pelvis; without contrast	Denied Not	the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Disapproval	material	Medically Necessary	test.; Yes this is a request for a Diagnostic CT	1 2023 2023
				This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study	
				is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were	
				abnormal.; The urinalysis was positive for something other than billirubin, ketones, nitrites,	
		74176 Computed tomography,	Radiology Services	hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is	
4/1/2023 -	General/Fa	abdomen and pelvis; without contrast	Denied Not	the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Disapproval	material	Medically Necessary	this is a request for a Diagnostic CT	2 2023 2023
				This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study	
				is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were	
		74176 Computed tomography,	Radiology Services	normal.; It is not known if the pain is acute or chronic.; This is the first visit for this	
4/1/2023 -	General/Fa	abdomen and pelvis; without contrast	Denied Not	complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Disapproval	material	Medically Necessary		1 2023 2023
.,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, , , , , , , , , , , , , , , , , , , ,	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study	
				is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were	
		74176 Computed tomography,	Radiology Services	normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.;	
4/1/2023 -	General/Fa	abdomen and pelvis; without contrast	Denied Not	It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Disapproval	material	Medically Necessary		2 2023 2023
0/30/2023 4/1/2023	6/30/2023 Illily Plactice Disapproval	Illaterial	ivieuically ivecessary	Diagnostic Ci	2 2023 2023
				This is a year cost for an Abdaman and Dalvis CT . A suinal reis has been assembled . This study	
		74176 Computed to receive	Padiology Camiles	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study	
4/1/2022	Conoral/Fo	74176 Computed tomography,	Radiology Services	is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were	Ame III
4/1/2023 -	General/Fa	abdomen and pelvis; without contrast	Denied Not	normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Disapproval	material	Medically Necessary	The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	8 2023 2023
				This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This	
		74176 Computed tomography,	Radiology Services	study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is	
4/1/2023 -	General/Fa	abdomen and pelvis; without contrast	Denied Not	acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Disapproval	material	Medically Necessary	or lipase lab test.; Yes this is a request for a Diagnostic CT	2 2023 2023
				This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This	
				study is being requested for abdominal and/or pelvic pain.; The study is being ordered for	
		74176 Computed tomography,	Radiology Services	chronic pain.; This is not the first visit for this complaint.; It is unknown if there has been a	
4/1/2023 -	General/Fa	abdomen and pelvis; without contrast	Denied Not	physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 mily Practice Disapproval	material	Medically Necessary	a Diagnostic CT	1 2023 2023
				-	

					This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This	
					study is being requested for abdominal and/or pelvic pain.; The study is being ordered for	
			74176 Computed tomography,	Radiology Services	chronic pain.; This is not the first visit for this complaint.; There has not been a physical	
4/1/202	l -	General/Fa	abdomen and pelvis; without contrast	Denied Not	exam.; The patient had an amylase lab test.; The results of the lab test were unknown.; Yes	Apr-Jun
	23 4/1/2023	6/30/2023 mily Practice Disapproval	material		this is a request for a Diagnostic CT	1 2023 2023
0/30/20	.5 4/1/2025	0/30/2023 mmy Fractice Disapproval	material	Wicalcally Weeessally	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This	1 2023 2023
			74176 Computed tomography,	Radiology Services	study is being requested for abdominal and/or pelvic pain.; The study is being ordered for	
4/1/202	l -	General/Fa	abdomen and pelvis; without contrast	Denied Not	chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an	Apr-Jun
		6/30/2023 mily Practice Disapproval	material		Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	5 2023 2023
0,50,20	., 1, 2020	0,50,2025 mm, 1100000 Bisapproval	materia.	irredically recessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This	3 2023 2023
			74176 Computed tomography,	Radiology Services	study is being requested for abdominal and/or pelvic pain.; The study is being ordered for	
4/1/202	l -	General/Fa	abdomen and pelvis; without contrast	Denied Not	chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or	Apr-Jun
	23 4/1/2023	6/30/2023 mily Practice Disapproval	material		lipase lab test.; Yes this is a request for a Diagnostic CT	18 2023 2023
0,50,20	., 1, 2, 2020	o, so, 2023 mm, Tradice Bisapproval	material	medically mecessary	mpase last cesti, res tins is a requestrion a staginostic of	10 2023 2023
					This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This	
			74176 Computed tomography,	Radiology Services	study is being requested for abdominal and/or pelvic pain.; The study is being ordered for	
4/1/202	} -	General/Fa	abdomen and pelvis; without contrast	Denied Not	chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.;	Apr-Jun
1	23 4/1/2023	6/30/2023 mily Practice Disapproval	material		The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1 2023 2023
5,55,25	, , , , , , , ,	о, оо, 2020 г.т., такие с догругота.		, , , , , , , , , , , , , , , , , , , ,		
					This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This	
			74176 Computed tomography,	Radiology Services	study is being requested for abdominal and/or pelvic pain.; The study is being ordered for	
4/1/202	} -	General/Fa	abdomen and pelvis; without contrast	Denied Not	chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The	Apr-Jun
6/30/20	3 4/1/2023	6/30/2023 mily Practice Disapproval	material	Medically Necessary	results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1 2023 2023
		, , , , , , , , , , , , , , , , , , , ,		, ,	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been	
			74176 Computed tomography,	Radiology Services	completed.; This study is being requested for abdominal and/or pelvic pain.; The study is	
4/1/202	3 -	General/Fa	abdomen and pelvis; without contrast	Denied Not	being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the	Apr-Jun
	3 4/1/2023	6/30/2023 mily Practice Disapproval	material		patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	2 2023 2023
		, , , , , , , , , , , , , , , , , , , ,		· · ·	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been	
			74176 Computed tomography,	Radiology Services	completed.; This study is being requested for abdominal and/or pelvic pain.; The study is	
4/1/202	3 -	General/Fa	abdomen and pelvis; without contrast	Denied Not	being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not	Apr-Jun
6/30/20	3 4/1/2023	6/30/2023 mily Practice Disapproval	material	Medically Necessary	have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	2 2023 2023
					This is a request for an Abdomen and Pelvis CT.; It is not known if this study is being	
					requested for abdominal and/or pelvic pain.; The patient did NOT have an abnormal	
			74176 Computed tomography,	Radiology Services	abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT; There is NO	
4/1/202	3 -	General/Fa	abdomen and pelvis; without contrast	Denied Not	documentation of a known tumor or a known diagnosis of cancer; This is study being	Apr-Jun
6/30/20	3 4/1/2023	6/30/2023 mily Practice Disapproval	material	Medically Necessary	ordered for a concern of cancer such as for diagnosis or treatment.	1 2023 2023
					This is a request for an Abdomen and Pelvis CT.; The patient is not presenting new	
					symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The last	
					Abdomen/Pelvis CT was performed within the past 10 months.; The patient had an abnormal	
					abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of	
					chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a	
			74176 Computed tomography,	Radiology Services	Diagnostic CT; There is NO documentation of a known tumor or a known diagnosis of	
4/1/202	} -	General/Fa	abdomen and pelvis; without contrast	Denied Not	cancer; This is study being ordered for a concern of cancer such as for diagnosis or	Apr-Jun
6/30/20	3 4/1/2023	6/30/2023 mily Practice Disapproval	material	Medically Necessary	treatment.	1 2023 2023
					This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the	
					listed reasons.; It is not known if this study is being requested for abdominal and/or pelvic	
					pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a	
			74176 Computed tomography,	Radiology Services	Diagnostic CT; Reason: ELSE (system matched response); will fax in, caller chose to bypass; It	
4/1/202		General/Fa	abdomen and pelvis; without contrast	Denied Not	is unknown if this study being ordered for a concern of cancer such as for diagnosis or	Apr-Jun
6/30/20	23 4/1/2023	6/30/2023 mily Practice Disapproval	material	Medically Necessary	treatment.	1 2023 2023
			74176 Computed tomography,	Radiology Services	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the	
4/1/202		General/Fa	abdomen and pelvis; without contrast	Denied Not	listed reasons.; It is not known if this study is being requested for abdominal and/or pelvic	Apr-Jun
6/30/20	23 4/1/2023	6/30/2023 mily Practice Disapproval	material	Medically Necessary	pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	Apr-Jur 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; Reason: ELSE (system matched response); ABDOMINAL DISTENTION; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	Apr-Jur 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; Reason: ELSE (system matched response); abnormal us showing possible cyst CT for further evaluation; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	Apr-Jur 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; Reason: ELSE (system matched response); Blood in sperm; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	Apr-Jur 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; Reason: ELSE (system matched response); blood loss/anemia; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	Apr-Jur 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; Reason: ELSE (system matched response); DYSURIA X 1 YEAR; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	Apr-Jur 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; Reason: ELSE (system matched response); hernia; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	Apr-Jur 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; Reason: ELSE (system matched response); Partial intestinal obstruction, unspecified cause; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	Apr-Jur 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; Reason: ELSE (system matched response); peripheral adema, renal congenital abnormalities with multiple surgeries; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	Apr-Jur 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	Apr-Jur 1 2023 2023

					This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass	
					or suspected tumor or metastasis.; This study is not being requested for abdominal and/or	
			74176 Computed tomography,	Radiology Services	pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an	
4/1/2023 -		General/Fa	abdomen and pelvis; without contrast	Denied Not	abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	material	Medically Necessary	This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	2 2023 2023
					This is a request for an Abdomen and Pelvis CT.; The reason for the study is vascular	
					disease.; There is known or suspicion of an abdominal aortic aneurysm.; This study is not	
			74176 Computed tomography,	Radiology Services	being requested for abdominal and/or pelvic pain.; The study is not requested for	
4/1/2023 -		General/Fa	abdomen and pelvis; without contrast	Denied Not	hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	material	Medically Necessary	concern of cancer such as for diagnosis or treatment.	1 2023 2023
					This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
					and/or pelvic pain.; It is not known if the pain is acute or chronic.; It is not known if this is the	
			74176 Computed tomography,	Radiology Services	first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic	
4/1/2023 -		General/Fa	abdomen and pelvis; without contrast	Denied Not	exam was performed.; The results of the exam were abnormal.; Yes this is a request for a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	material	Medically Necessary	Diagnostic CT	1 2023 2023
					This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
			74176 Computed tomography,	Radiology Services	and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical	
4/1/2023 -		General/Fa	abdomen and pelvis; without contrast	Denied Not	exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	material	Medically Necessary	Diagnostic CT	18 2023 2023
					This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
			74176 Computed tomography,	Radiology Services	and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical	
4/1/2023 -		General/Fa	abdomen and pelvis; without contrast	Denied Not	exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	material	Medically Necessary	unknown.; Yes this is a request for a Diagnostic CT	2 2023 2023
					This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
			74176 Computed tomography,	Radiology Services	and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical	
4/1/2023 -		General/Fa	abdomen and pelvis; without contrast	Denied Not	exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	material	Medically Necessary	abnormal.; Yes this is a request for a Diagnostic CT	1 2023 2023
					This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
			74176 Computed tomography,	Radiology Services	and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical	
4/1/2023 -		General/Fa	abdomen and pelvis; without contrast	Denied Not	exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	material	Medically Necessary	normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	2 2023 2023
					This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
					and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical	
					exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were	
			74176 Computed tomography,	Radiology Services	normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-	
4/1/2023 -		General/Fa	abdomen and pelvis; without contrast	Denied Not	ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	material	Medically Necessary	•	1 2023 2023
					This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
			74176 Computed tomography,	Radiology Services	and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical	
4/1/2023 -		General/Fa	abdomen and pelvis; without contrast	Denied Not	exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	material	Medically Necessary	request for a Diagnostic CT	1 2023 2023
					This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
			74176 Computed tomography,	Radiology Services	and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical	
4/1/2023 -		General/Fa	abdomen and pelvis; without contrast	Denied Not	exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	material	Medically Necessary	•	7 2023 2023
					This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
			74176 Computed tomography,	Radiology Services	and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical	
4/1/2023 -		General/Fa	abdomen and pelvis; without contrast	Denied Not	exam.; The patient is male.; A rectal exam was performed.; The results of the exam were	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	material	Medically Necessary	abnormal.; Yes this is a request for a Diagnostic CT	2 2023 2023
					This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
			74176 Computed tomography,	Radiology Services	and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical	
4/1/2023 -		General/Fa	abdomen and pelvis; without contrast	Denied Not	exam.; The patient is male.; A rectal exam was performed.; The results of the exam were	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	material	Medically Necessary	normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2023 2023

					This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
			74176 Computed tomography,	Radiology Services	and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical	
4/1/2023 -		General/Fa	abdomen and pelvis; without contrast	Denied Not	exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	material	Medically Necessary	request for a Diagnostic CT	4 2023 2023
					This is a second force Abdress and Bobis CT. This should be below as a different described	
			74476 Committed to management	Dadislass Candasa	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
4/4/2022		C 1/5-	74176 Computed tomography,	Radiology Services	and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the	A Ivva
4/1/2023 - 6/30/2023	4/4/2022	General/Fa	abdomen and pelvis; without contrast material	Denied Not	first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic	Apr-Jun 1 2023 2023
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	material	Medically Necessary	exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2023 2023
					This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
			74176 Computed tomography,	Radiology Services	and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the	
4/1/2023 -		General/Fa	abdomen and pelvis; without contrast	Denied Not	first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	material		exam was not performed.; Yes this is a request for a Diagnostic CT	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Hilly Fractice Disapproval	material	Wicultary Wecessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	1 2023 2023
			74176 Computed tomography,	Radiology Services	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/1/2023 -		General/Fa	abdomen and pelvis; without contrast	Denied Not	this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	material		NOT performed.; Yes this is a request for a Diagnostic CT	28 2023 2023
0/30/2023	4/1/2023	0/30/2023 Hilly Fractice Disapproval	material	Wiedically Weeessary	NOT performed, results is a request for a Diagnostic Ci	20 2023 2023
					This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
			74176 Computed tomography,	Radiology Services	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/1/2023 -		General/Fa	abdomen and pelvis; without contrast	Denied Not	this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	material		performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	4 2023 2023
0/30/2023	4/1/2023	0/30/2023 Hilly Fractice Disapproval	material	ivicultury ivecessury	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	4 2023 2023
					and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
			74176 Computed tomography,	Radiology Services	this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was	
4/1/2023 -		General/Fa	abdomen and pelvis; without contrast	Denied Not	performed.; The results of the exam were normal.; The patient did not have an Ultrasound.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	material		Yes this is a request for a Diagnostic CT	3 2023 2023
.,,	, ,	., ,		, ,	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
					and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
					this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was	
			74176 Computed tomography,	Radiology Services	performed.; The results of the exam were normal.; The patient had an Ultrasound.; The	
4/1/2023 -		General/Fa	abdomen and pelvis; without contrast	Denied Not	Ultrasound was abnormal.; The ultrasound showed a pelvic mass.; Yes this is a request for a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	material	Medically Necessary	•	1 2023 2023
		, , , , , , , , , , , , , , , , , , , ,		<i>.</i>		
					This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
					and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
					this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was	
			74176 Computed tomography,	Radiology Services	performed.; The results of the exam were normal.; The patient had an Ultrasound.; The	
4/1/2023 -		General/Fa	abdomen and pelvis; without contrast	Denied Not	Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	material		not have an endoscopy.; Yes this is a request for a Diagnostic CT	1 2023 2023
					This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
			74176 Computed tomography,	Radiology Services	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/1/2023 -		General/Fa	abdomen and pelvis; without contrast	Denied Not	this complaint.; There has been a physical exam.; The patient is female.; It is not known if a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	material	Medically Necessary	pelvic exam was performed.; Yes this is a request for a Diagnostic CT	8 2023 2023
					This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
			74176 Computed tomography,	Radiology Services	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/1/2023 -		General/Fa	abdomen and pelvis; without contrast	Denied Not	this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	material	Medically Necessary	performed.; Yes this is a request for a Diagnostic CT	6 2023 2023
					This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
			74176 Computed tomography,	Radiology Services	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/1/2023 -		General/Fa	abdomen and pelvis; without contrast	Denied Not	this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was	Apr-Jun
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	abdomen and pelvis; without contrast material		this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023

					This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
					and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
			74176 Computed tomography,	Radiology Services	this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was	
4/1/2023 -		General/Fa	abdomen and pelvis; without contrast	Denied Not	performed.; The results of the exam were normal.; The patient did not have an Ultrasound.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	material	Medically Necessary	Yes this is a request for a Diagnostic CT	1 2023 2023
					This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
			74176 Computed tomography,	Radiology Services	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/1/2023 -		General/Fa	abdomen and pelvis; without contrast	Denied Not	this complaint.; There has been a physical exam.; The patient is male.; It is not known if a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	material		rectal exam was performed.; Yes this is a request for a Diagnostic CT	2 2023 2023
0,00,000	., _,	0,00, 2020 mm, 1 100000 2 100pp 1010		, , , , , , , , , , , , , , , , , , , ,	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for	
					abdominal and/or pelvic pain.; The patient did NOT have an abnormal abdominal	
			74176 Computed tomography,	Radiology Services	Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT; There is NO	
4/1/2023 -		General/Fa	abdomen and pelvis; without contrast	Denied Not	documentation of a known tumor or a known diagnosis of cancer; This is study being	Apr-Jun
6/30/2023	4/1/2022	6/30/2023 mily Practice Disapproval	material		ordered for a concern of cancer such as for diagnosis or treatment.	5 2023 2023
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	material	iviedically necessary	•	5 2023 2023
			74476 6	De diele en Comitere	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for	
			74176 Computed tomography,	Radiology Services	abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request	
4/1/2023 -		General/Fa	abdomen and pelvis; without contrast	Denied Not	for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	material	Medically Necessary	diagnosis or treatment.	4 2023 2023
					; This study is being ordered for something other than: known trauma or injury, metastatic	
					disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
					vascular disease.; There has been treatment or conservative therapy.; The ordering MDs	
			74181 Magnetic resonance (eg, proton)	Radiology Services	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
4/1/2023 -		General/Fa	imaging, abdomen; without contrast	Denied Not	Radiation Oncology; This case was created via RadMD.; The primary symptoms began more	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	material(s)	Medically Necessary	than 1 year ago; Medications were given for this diagnosis	1 2023 2023
					PAIN IS CAUSING SLEEP APNEA. PAIN LEVEL ABOVE A 5. ALONG WITH MEDICATIONS HOME	
					EXERCISES AND HEAT THERAPY HAVE BEEN ATTEMPTED BUT NOT SUCCESSFUL IN TREATING	
					SYMPTOMS. SYMPTOMS CONTINUED AFTER ALTERNATIVE TREATMENT.; This study is being	
					ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative	
			74181 Magnetic resonance (eg, proton)	Radiology Services	therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery,	
4/1/2023 -		General/Fa	imaging, abdomen; without contrast	Denied Not	Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	material(s)		primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 IIIIY I Tuctice Disapprovai	material(3)	Wicarcarry Weeessary	primary symptoms began o months to 1 year, medications were given for this diagnosis	1 2023 2023
			74181 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -		General/Fa	imaging, abdomen; without contrast	Denied Not	This request is for an Abdomen MRI.; This study is being ordered for known or suspected	Apr-Jun
1 1	4/1/2022	· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	1 2023 2023
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	material(s)	Medically Necessary		1 2023 2023
			74404 Manustin anno 1 (anno 1)	De diele en Comitee	This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.;	
4/4/2022		Company I/F	74181 Magnetic resonance (eg, proton)		The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver	A I
4/1/2023 -		General/Fa	imaging, abdomen; without contrast	Denied Not	abnormality was found on a previous CT, MRI or Ultrasound.; There is NO suspicion of	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	material(s)	Medically Necessary		1 2023 2023
					This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or	
			74181 Magnetic resonance (eg, proton)	Radiology Services	suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT,	
4/1/2023 -		General/Fa	imaging, abdomen; without contrast	Denied Not	MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; It	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	material(s)	Medically Necessary	is unknown if the patient has a renal cyst or tumor.	1 2023 2023
					This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or	
			74181 Magnetic resonance (eg, proton)	Radiology Services	suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT,	
4/1/2023 -		General/Fa	imaging, abdomen; without contrast	Denied Not	MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; It is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	material(s)	Medically Necessary	unknown if there is suspicion of metastasis.	1 2023 2023
					This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or	
			74181 Magnetic resonance (eg, proton)	Radiology Services	suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT,	
4/1/2023 -		General/Fa	imaging, abdomen; without contrast	Denied Not	MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	material(s)		There is NO suspicion of metastasis.	1 2023 2023
, ,		, , , , , , , , , , , , , , , , , , , ,	ν-/	,	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or	
			74181 Magnetic resonance (eg, proton)	Radiology Services	suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT,	
4/1/2023 -		General/Fa	imaging, abdomen; without contrast	Denied Not	MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	material(s)		There is suspicion of metastasis.	1 2023 2023
	4/1/2023	0/30/2023 Hilly Practice Disapproval	1110151101(5)	ivieuically ivecessary	mere is suspicion of metastasis.	1 2023 2023

			74181 Magnetic resonance (eg, proton)	Radiology Services	This request is for an Abdomen MRI.; This study is not being ordered for known tumor,	
4/1/2023 -		General/Fa	imaging, abdomen; without contrast	Denied Not	suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	material(s)	Medically Necessary	vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	1 2023 2023
			74185 Magnetic resonance	Radiology Services		
4/1/2023 -		General/Fa	angiography, abdomen, with or without			Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	contrast material(s)		This is a request for a MR Angiogram of the abdomen.	1 2023 2023
			75571 Computed tomography, heart,			
			without contrast material, with	Radiology Services		
4/1/2023 -		General/Fa	quantitative evaluation of coronary	Denied Not		Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	calcium	Medically Necessary	; This is a request for a CT scan for evalutation of coronary calcification.	1 2023 2023
			75571 Computed tomography, heart, without contrast material, with	Radiology Services	Feels a pull in her chest, left sided. Feeling it while walking and while at rest, She does have	
4/1/2023 -		General/Fa	quantitative evaluation of coronary	Denied Not	some jaw tingliness associated with it.; This is a request for a CT scan for evalutation of	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	calcium		coronary calcification.	1 2023 2023
		, , , , , , , , , , , , , , , , , , , ,	75571 Computed tomography, heart,		· ·	
			without contrast material, with	Radiology Services		
4/1/2023 -		General/Fa	quantitative evaluation of coronary	Denied Not		Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	calcium	Medically Necessary	mixed hyperlipidemia; This is a request for a CT scan for evalutation of coronary calcification.	1 2023 2023
			75571 Computed tomography, heart,	Dadialası Candasa		
4/1/2023 -		General/Fa	without contrast material, with quantitative evaluation of coronary	Radiology Services Denied Not		Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	calcium		see notes; This is a request for a CT scan for evalutation of coronary calcification.	1 2023 2023
0,00,2020	1, 2, 2020	6,56,2525 mm,	carciani	medically recessary	see notes, mis is a request for a cristal role cristal and role constituting calculation.	1 2020 2020
			75574 Computed tomographic			
			angiography, heart, coronary arteries			
			and bypass grafts (when present), with			
			contrast material, including 3D image			
			postprocessing (including evaluation of			
			cardiac structure and morphology, assessment of cardiac function, and	Radiology Services		
4/1/2023 -		General/Fa	evaluation of venous structures, if	Denied Not	This is a request for CTA Coronary Arteries.; The study is requested for evaluation of the	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	performed)		heart prior to non cardiac surgery.	1 2023 2023
			·	,	<u> </u>	
			75635 Computed tomographic			
			angiography, abdominal aorta and			
			bilateral iliofemoral lower extremity			
4/1/2023 -		General/Fa	runoff, with contrast material(s), including noncontrast images, if	Radiology Services Denied Not	This procedure is being requested for evaluation of vascular disease in the stomach or legs;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	performed, and image postprocessing		No other study was performed	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Hilly Fractice Disapproval	performed, and image postprocessing	Wedically Wecessary	No other study was performed	1 2023 2023
			75635 Computed tomographic			
			angiography, abdominal aorta and			
			bilateral iliofemoral lower extremity			
. /. /			runoff, with contrast material(s),	Radiology Services		
4/1/2023 - 6/30/2023	4/1/2022	General/Fa 6/30/2023 mily Practice Disapproval	including noncontrast images, if	Denied Not	This procedure is being requested for evaluation of vascular disease in the stomach or legs;	Apr-Jun 1 2023 2023
0/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	performed, and image postprocessing	iviedically ivecessary	The patient had another study not listed	1 2023 2023
			75635 Computed tomographic			
			angiography, abdominal aorta and			
			bilateral iliofemoral lower extremity			
			runoff, with contrast material(s),	Radiology Services		
4/1/2023 -		General/Fa	including noncontrast images, if	Denied Not		Apr-Jun
6/30/2023	4/1/2023	6/30/2023 mily Practice Disapproval	performed, and image postprocessing	Medically Necessary	This procedure is being requested for something other than listed	1 2023 2023

4/1	./2023 -		General/Fa	76498 Unlisted magnetic resonance procedure (eg, diagnostic,	Radiology Services Denied Not		Apr-Jun
	•	4/1/2023	6/30/2023 mily Practice Disapproval	interventional)		bone marrow biopsy; Requestor has decided to proceed with the unlisted code.	1 2023 2023
						Patient needs diagnostic MRI bil. Abnormal mamma; This is a request for Breast MRI.; This	
١.				77046 Magnetic resonance imaging,	Radiology Services	study is being ordered for something other than known breast cancer, known breast lesions,	
1 '	./2023 -	. /. /	General/Fa	breast, without contrast material;	Denied Not	screening for known family history, screening following genetric testing or a suspected	Apr-Jun
6/3	0/2023	4/1/2023	6/30/2023 mily Practice Disapproval	unilateral	Medically Necessary	This is a request for a Bone Density Study.; This patient has not had a bone mineral density	1 2023 2023
						study within the past 23 months.; This patient does not have a clinical risk of osteoporosis	
				77078 Computed tomography, bone	Radiology Services	or osteopenia.; The patient has not been on steroid therapy for more than 3 months.; This is	
4/1	./2023 -		General/Fa	mineral density study, 1 or more sites,	Denied Not	not a repeat study due to a change in treatment or a change in symptoms of osteoporosis.;	Apr-Jun
6/3	0/2023	4/1/2023	6/30/2023 mily Practice Disapproval	axial skeleton (eg, hips, pelvis, spine)	Medically Necessary	The patient is not post-menopausal or estrogen deficient.	1 2023 2023
						This is a request for a Bone Density Study.; Unknown if this patient had a bone mineral	
						density study within the past 23 months.; This is a bone density study in a patient with	
4/4	/2022		Cara and UE	77078 Computed tomography, bone	Radiology Services	clinical risk of osteoporosis or osteopenia.; The patient has not been on steroid therapy for	A I
1.0	./2023 - 80/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	mineral density study, 1 or more sites, axial skeleton (eg, hips, pelvis, spine)	Denied Not Medically Necessary	more than 3 months.; This is not a repeat study due to a change in treatment or a change in symptoms of osteoporosis.	Apr-Jun 1 2023 2023
0/3	0/2023	4/1/2023	6/30/2023 Illily Plactice Disapproval	axiai skeletori (eg, nips, peivis, spine)	Medically Necessary	symptoms of osteoporosis.	1 2025 2025
				78451 Myocardial perfusion imaging,			
				tomographic (SPECT) (including		; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test	
				attenuation correction, qualitative or		besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to	
				quantitative wall motion, ejection		evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study	
				fraction by first pass or gated		is requested for congestive heart failure.; There are new or changing cardiac symptoms	
				technique, additional quantification,	Radiology Services	including atypical chest pain (angina) and/or shortness of breath.; The study is requested for	
	./2023 -	4/4/2022	General/Fa	when performed); single study, at rest	Denied Not	suspected coronary artery disease.; The member has known or suspected coronary artery	Apr-Jun 1 2023 2023
6/3	0/2023	4/1/2023	6/30/2023 mily Practice Disapproval	or stress (exercise or pharmacologic)	Medically Necessary	disease.	1 2023 2023
				78451 Myocardial perfusion imaging,			
				tomographic (SPECT) (including			
				attenuation correction, qualitative or			
				quantitative wall motion, ejection			
				fraction by first pass or gated		; This study is being ordered for Vascular Disease.; There has been treatment or conservative	
				technique, additional quantification,	Radiology Services	therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery,	
10.0	./2023 -	4/4/2022	General/Fa	when performed); single study, at rest	Denied Not	Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The	Apr-Jun
6/3	0/2023	4/1/2023	6/30/2023 mily Practice Disapproval	or stress (exercise or pharmacologic)	Medically Necessary	primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1 2023 2023
				78451 Myocardial perfusion imaging,			
				tomographic (SPECT) (including			
				attenuation correction, qualitative or			
				quantitative wall motion, ejection		; This study is being ordered for Vascular Disease.; There has not been any treatment or	
				fraction by first pass or gated		conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is	
				technique, additional quantification,	Radiology Services	NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
	./2023 -	. / . /	General/Fa	when performed); single study, at rest	Denied Not	Oncology; This case was created via RadMD.; The primary symptoms began less than 6	Apr-Jun
6/3	0/2023	4/1/2023	6/30/2023 mily Practice Disapproval	or stress (exercise or pharmacologic)	Medically Necessary	months ago	1 2023 2023
				78451 Myocardial perfusion imaging,			
				tomographic (SPECT) (including			
				attenuation correction, qualitative or			
				quantitative wall motion, ejection		Agatston coronary artery calcium score between 200 and 399; This is a request for	
				fraction by first pass or gated		Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac	
				technique, additional quantification,	Radiology Services	risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal	
				technique, additional quantification,	Radiology Services	risk factors, the study is not requested for pre-op-evaluation, cardiac mass, cm, septai	
	/2023 -	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	when performed); single study, at rest or stress (exercise or pharmacologic)	Denied Not	defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is not know	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	chest pain and suspected CAD; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	chest pain, precipitated by exertion; palliated by rest; amelioration with activity cessation; no abatement with change in position, dyspnea, htn,; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	ekg was abnormal cardiomegaly is worsening having sob also has copd; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient had a recent stress echocardiogram to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In Unknown If Lourdes is a 53 y.o. female who presents today with concerns about pain in her left axilla and arm that started last night. Patient reports she had a stressful situation that had occurred after which she noticed; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Hypertension. Patient complains of sob and irregular heart rate with exertion.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	persistent chest pain with syncope; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; It is unknown when the primary symptoms began; Other not listed was done for this diagnosis	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Assessment of risk for a patient without symptoms or history of ischemic/coronary artery disease best describes the patients clinical presentation.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other than listed above best describes the patients clinical presentation.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the member has known or suspected coronary artery disease.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	Apr-Jun 2 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not	A biopsy has NOT substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023		General/Fa 6/30/2023 mily Practice Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; It is unknown if a biopsy substantiated the cancer type; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This nodule is Existing (stable, being followed with any modality); This Pet Scan is being requested for a Pulmonary Nodule; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is for a PET Scan with an Other Tracer	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services	; This study is being ordered for Vascular Disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	persistent chest pain with syncope; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; It is unknown when the primary symptoms began; Other not listed was done for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		General/Fa 6/30/2023 mily Practice Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	Radiology Services	Really rapid heart rate daily; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		General/Fa 6/30/2023 mily Practice Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	, Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for Chest pain of suspected cardiac etiology; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram; The health carrier is NOT HealthNet of California	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval		Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for Chest pain of suspected cardiac etiology; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval		Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for Chest pain of suspected cardiac etiology; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram; The health carrier is NOT HealthNet of California	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval		Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval		Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; It is unknown if there are there new symptoms suggesting worsening of heart valve disease	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval		Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for Follow-up to a prior test; Stress Echocardiography has been completed	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval		Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or don't know.; This study is being ordered for none of the above or don't know.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	r, r, r	Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or don't know.; This study is being ordered for symptoms of a heart problem	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval		Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	Apr-Jun 3 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	Apr-Jun 5 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval		Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval		Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	Apr-Jun 5 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; It is unknown if this is a request for follow up of a known murmur.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	·	General/Fa 6/30/2023 mily Practice Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when	Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		General/Fa 6/30/2023 mily Practice Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral	Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; It is unknown what type of cardiac valve conditions apply to this patient.	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Denied Not	This is a request for a Transthoracic Echocardiogram.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; Other cardiac stress testing was completed 6 weeks or less ago; Congestive heart failure best describes the reason for ordering this study	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Denied Not	This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; It is unknown when the last TTE (Transthoracic Echocardiogram) was completed	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Denied Not	This is a request for a Transthoracic Echocardiogram.; This case was created via BBI.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; Congestive heart failure best describes the reason for ordering this study	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Denied Not	This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; The last TTE (Transthoracic Echocardiogram) was more than 3 months ago	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Denied Not	This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Cannot agree/affirm; New onset murmur best describes the reason for ordering this study.	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	This is a request for a Transthoracic Echocardiogram.; Unknown or other than listed above best describes the reason for ordering this study	Apr-Jun 5 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M mode recording); including probe placement, image acquisition, interpretation and report	- Radiology Services Denied Not Medically Necessary	Really rapid heart rate daily; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M mode recording); including probe placement, image acquisition, interpretation and report	Radiology Services Denied Not	shortness of breath /hyperlipidemia, high blood pressure; This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is NOT for suspected acute aortic pathology, pre-op of mitral valve regurgitation, infective endocarditis, left atrial thrombus, radiofrequency ablation procedure, fever with intracardiac devise or completed NON diagnostic TTE.; The patient is 18 years of age or older.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M mode recording); including probe placement, image acquisition, interpretation and report	Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested after a completed NON diagnostic transthoracic echocardiogram.; The patient is 18 years of age or older.; The health carrier is NOT HealthNet of California	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;			Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not	; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not	This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The patient has None of the above physical limitations; The health carrier is NOT HealthNet of California	Apr-Jun 2 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has None of the above	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not	This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Disapproval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY	Radiology Services Denied Not Medically Necessary	persistent symptoms of nausea with intermitted vomiting. Pain to right upper and lower quad of abdomen radiates towards the flank. Pelvic US, renal US, CT Abd/Pelvis showed no notable lymphadenopathy, tumor, mass, mesentric adenitis, appendicitis, renal; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Withdrawal	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has not directed conservative treatment for the past 4 weeks.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	General/Fa 6/30/2023 mily Practice Withdrawal	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Geriatrics Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Geriatrics Approval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Pulsatile tinnitus on L ear: noted the issue for the past 2 yrs. Exacerbated w/ head movement. Reports being able to hear her own heartbeat; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 -			70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image		Pulsatile tinnitus on Lear: noted the issue for the past 2 yrs. Exacerbated w/ head movement. Reports being able to hear her own heartbeat; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms	Apr-Jun
6/30/2023 4/1/2023 - 6/30/2023		6/30/2023 Geriatrics Approval 6/30/2023 Geriatrics Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		began more than 1 year ago; Medications were given for this diagnosis This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	1 2023 2023 Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Geriatrics Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Geriatrics Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	Apr-Jun 1 2023 2023

		70551 Magnetic resonance (eg. proton)		
			This request is for a Brain MRI: The study is being requested for evaluation of a headache:	Apr-Jun
023 6/30/2023 Geriatric	s Annroval			1 2023 2023
525 0,50,2525 CC.100110.	7,66,010.	William Contract Material	•	1 2023 2023
		70551 Magnetic resonance (eg. proton)		
			the state of the s	Apr-Jun
023 6/30/2023 Geriatric	s Annroval			1 2023 2023
525 0/50/2025 CCMatric	7,6610101	William Contract Material	, , , , , , , , , , , , , , , , , , , ,	1 2023 2023
		70551 Magnetic resonance (eg. proton)		
			· · ·	Apr-Jun
023 6/30/2023 Geriatric	s Approval			1 2023 2023
.,,			,	Apr-Jun
023 6/30/2023 Geriatric	s Approval			1 2023 2023
			· · · · · · · · · · · · · · · · · · ·	
		71250 Computed tomography, thorax;		Apr-Jun
023 6/30/2023 Geriatric	s Approval			1 2023 2023
.,,			This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low	
			Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient	
			· · · · · · · · · · · · · · · · · · ·	
		71271 Computed tomography, thorax.		
				Apr-Jun
023 6/30/2023 Geriatric	s Approval	G,	Health Plan	1 2023 2023
, ,	•••	, ,		
		72141 Magnetic resonance (eg, proton)	; There has been treatment or conservative therapy.; This case was created via RadMD.; This	
		imaging, spinal canal and contents,	study is being ordered for Other; The primary symptoms began more than 1 year ago;	Apr-Jun
023 6/30/2023 Geriatric	s Approval	cervical; without contrast material	Medications were given for this diagnosis	1 2023 2023
		72148 Magnetic resonance (eg, proton)	; There has been treatment or conservative therapy.; This case was created via RadMD.; This	
		imaging, spinal canal and contents,	study is being ordered for Other; The primary symptoms began more than 1 year ago;	Apr-Jun
023 6/30/2023 Geriatric	s Approval	lumbar; without contrast material	Medications were given for this diagnosis	1 2023 2023
			This study is being ordered due to known or suspected vascular disease.; It is not known if	
			the ordering physician is a surgeon or PCP who is ordering on behalf of a surgeon who has	
		72192 Computed tomography, pelvis;	seen the patient.; There is plain film, ultrasound or Doppler evidence of a vascular	Apr-Jun
023 6/30/2023 Geriatric	s Approval	without contrast material	abnormality.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2023 2023
			This is a request for an Abdomen and Pelvis CT.; This study is not being requested for	
		74176 Computed tomography,	abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request	
		abdomen and pelvis; without contrast	for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for	Apr-Jun
023 6/30/2023 Geriatric	s Approval	material	diagnosis or treatment.	2 2023 2023
		78451 Myocardial perfusion imaging,		
		tomographic (SPECT) (including		
		attenuation correction, qualitative or		
		quantitative wall motion, ejection		
		fraction by first pass or gated		
		iraction by irist pass of gateu		
		technique, additional quantification,	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New	
			This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms of chest pain or shortness of breath best describes the reason for ordering this	Apr-Jun
	6/30/2023 Geriatrics	6/30/2023 Geriatrics Approval	70551 Magnetic resonance (eg. proton) imaging, brain (including brain stem); without contrast material 70551 Magnetic resonance (eg. proton) imaging, brain (including brain stem); without contrast material 70551 Magnetic resonance (eg. proton) imaging, brain (including brain stem); without contrast material 71250 Computed tomography, thorax; without contrast material 71250 Computed tomography, thorax; without contrast material 71250 Computed tomography, thorax; without contrast material 71271 Computed tomography, thorax; low dose for lung cancer screening, without contrast material 71271 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; without contrast material 71274 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; without contrast material 71274 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; without contrast material 71274 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; without contrast material 71274 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; without contrast material 71274 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; without contrast material 71274 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; without contrast material 71274 Magnetic resonance (eg. proton) imaging, without contrast material 71274 Magnetic resonance (eg. proton) imaging, tomography, pelvis; without contrast material 71274 Magnetic resonance (eg. proton) imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection	imaging, brain (including brain stem); imaging, spinal canal and contents, subject of the stem of the last 90 days. Brain stem of brain stem of the stamp days and subject of the stamp da

4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Geriatrics	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic) 78608 Brain imaging, positron emission		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed; Changing symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; Other cardiac stress testing was completed less than one year ago	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Geriatrics	Approval	tomography (PET); metabolic evaluation		This is a request for a Metabolic Brain PET scan; This study is being ordered for dementia.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Geriatrics	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; Congestive heart failure best describes the reason for ordering this study	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Geriatrics	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; A previous TTE (Transthoracic Echocardiogram) has not been completed	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Geriatrics	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; The last TTE (Transthoracic Echocardiogram) was more than 3 months ago	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Geriatrics	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a new onset of a headhache within the past month; Headache best describes the reason that I have requested this test.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Geriatrics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Denied Not	BACK PAIN; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Geriatrics	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Denied Not	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Geriatrics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Denied Not	BACK PAIN; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Geriatrics	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Denied Not	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Geriatrics	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Denied Not	; The pain is described as chronic; The member has not failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Geriatrics	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are NO abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered for another reason besides Crohn's disease, Abscess, Ulcerative Colitis, Acute Non-ulcerative Colitis, Diverticulitis, or Inflammatory bowel disease.; There are no findings that confirm hepatitis C.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Geriatrics	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	gets PET scans through Genesis for hx of melanoma and last PET scan showed mildly enlarged heart and coronary atherosclerosis. No c/o chest pain, SOA, DOE, palpitations, fatigue, orthopnea, paroxysmal noctural dyspnea, peripheral edema, cough, TIA, near-; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; A study not listed has be completed.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are not new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		6/30/2023 Geriatrics	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Geriatrics	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Geriatrics	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Geriatrics	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Gynecologic 6/30/2023 Oncology	Approval	71250 Computed tomography, thorax; without contrast material		It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/Tumor/ Metastatic Disease; It is unknown when the primary symptoms began	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Gynecologic 6/30/2023 Oncology		71250 Computed tomography, thorax; without contrast material		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago; Chemotherapy was given for this diagnosis	Apr-Jun 1 2023 2023

4/1/2023 -	Gynecologic	71250 Computed tomography, thorax;	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/Tumor/ Metastatic Disease; The primary symptoms	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Oncology Approval	without contrast material	began more than 1 year ago; Chemotherapy was given for this diagnosis	3 2023 2023
			There has not been any treatment or conservative therapy.; The ordering MDs specialty is	
			NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
. /. /			Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -	Gynecologic	71250 Computed tomography, thorax;	This study is being ordered for Cancer/Tumor/ Metastatic Disease; The primary symptoms	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Oncology Approval	without contrast material	began less than 6 months ago	1 2023 2023
			They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; Yes this is a request	
4/1/2022	Cunasalasia	712F0 Committed to magnetic therein	for a Diagnostic CT; This study is being ordered for work-up for suspicious mass.; There is	Ame I.m
4/1/2023 -	Gynecologic	71250 Computed tomography, thorax;	radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Oncology Approval	without contrast material	noted in the last 90 days The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the	1 2023 2023
4/1/2023 -	Cymacalagic	72196 Magnetic resonance (eg, proton)	reason for this procedure; No prior imaging was conducted; The patient's cancer is known;	Apr-Jun
6/30/2023 4/1/2023	Gynecologic 6/30/2023 Oncology Approval	imaging, pelvis; with contrast material(s)	This is being requeted for initial staging.	1 2023 2023
0/30/2023 4/1/2023	6/30/2023 Officology Approval	72196 Magnetic resonance (eg, proton)	This is being requered for initial stagning.	1 2023 2023
4/1/2023 -	Gynecologic	imaging, pelvis; with contrast	The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Oncology Approval	material(s)	reason for this procedure; The patient's cancer status is unknown	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Officology Approval	material(3)	It is not known if there has been any treatment or conservative therapy.; The ordering MDs	1 2023 2023
			specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
		74176 Computed tomography,	Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in	
4/1/2023 -	Gynecologic	abdomen and pelvis; without contrast	combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; It is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Oncology Approval	material	unknown when the primary symptoms began	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Officiology Approval	material	anatown when the printerly symptoms seguin	1 2023 2023
			There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	
			Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
		74176 Computed tomography,	Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -	Gynecologic	abdomen and pelvis; without contrast	This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Oncology Approval	material	began less than 6 months ago; Chemotherapy was given for this diagnosis	1 2023 2023
.,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ν. β	
			There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	
			Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
		74176 Computed tomography,	Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -	Gynecologic	abdomen and pelvis; without contrast	This study is being ordered for Cancer/Tumor/ Metastatic Disease; The primary symptoms	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Oncology Approval	material	began more than 1 year ago; Chemotherapy was given for this diagnosis	3 2023 2023
			There has not been any treatment or conservative therapy.; The ordering MDs specialty is	
			NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
		74176 Computed tomography,	Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -	Gynecologic	abdomen and pelvis; without contrast	This study is being ordered for Cancer/Tumor/ Metastatic Disease; The primary symptoms	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Oncology Approval	material	began less than 6 months ago	1 2023 2023
		74176 Computed tomography,	This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.;	
4/1/2023 -	Gynecologic	abdomen and pelvis; without contrast	This study is not being requested for abdominal and/or pelvic pain.; The study is not	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Oncology Approval	material	requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2023 2023
			This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
		74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical	
4/1/2023 -	Gynecologic	abdomen and pelvis; without contrast	exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Oncology Approval	material	Diagnostic CT	3 2023 2023
			This is a request for an Abdomen and Pelvis CT.; This study is not being requested for	
		74176 Computed tomography,	abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT; There is	
4/1/2023 -	Gynecologic	abdomen and pelvis; without contrast	documentation of a known tumor or a known diagnosis of cancer; This is study being	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Oncology Approval	material	ordered for a concern of cancer such as for diagnosis or treatment.	2 2023 2023
. /. /		77046 Magnetic resonance imaging,	This is a request for Breast MRI.; This study is being ordered as a screening examination	
4/1/2023 -	Gynecologic	breast, without contrast material;	following genetic testing for breast cancer.; The patient has a lifetime risk score of greater	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Oncology Approval	unilateral	than 20.	1 2023 2023

			7704C Magnetic reconnections		This is a various for Durant MDI. This study is being addressed as a constraint constitution for	
4/4/2022		Common la sia	77046 Magnetic resonance imaging,		This is a request for Breast MRI.; This study is being ordered as a screening examination for	A I
4/1/2023 -	4/1/2022	Gynecologic	breast, without contrast material;		known family history of breast cancer.; There is a pattern of breast cancer history in at least	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Oncology Approval	unilateral		two first-degree relatives (parent, sister, brother, or children).	1 2023 2023
			7004 C Desitues and selection to accomply		A bisson which which date a constant This Bat Constant is being a constant for Constant	
			78816 Positron emission tomography		A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or	
			(PET) with concurrently acquired		Known Cancer; This study is being ordered for something other than listed above.; This study	
. /. /2022			computed tomography (CT) for		is being requested for Cervical Cancer.; This PET Scan is being requested for Restaging during	
4/1/2023 -	4/4/2022	Gynecologic	attenuation correction and anatomical		ongoing therapy or treatment; This is for a Routine/Standard PET Scan using FDG	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Oncology Approval	localization imaging; whole body		(fluorodeoxyglucose)	1 2023 2023
			70046 0 11 1 1 1 1		ALC 1	
			78816 Positron emission tomography		A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or	
			(PET) with concurrently acquired		Known Cancer; This study is being ordered for something other than listed above.; This study	
4/1/2022		Curanalagia	computed tomography (CT) for		is being requested for Cervical Cancer.; This PET Scan is being requested to Confirm or	A mar I i i m
4/1/2023 -	4/1/2022	Gynecologic	attenuation correction and anatomical		establish a diagnosis of Cancer; This is for a Routine/Standard PET Scan using FDG	Apr-Jun 1 2023 2023
6/30/2023	4/1/2023	6/30/2023 Oncology Approval	localization imaging; whole body		(fluorodeoxyglucose)	1 2023 2023
			78816 Positron emission tomography			
			(PET) with concurrently acquired		A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or	
			computed tomography (CT) for		Known Cancer; This study is being requested for Ovarian or Esophageal Cancer.; This PET	
4/1/2023 -		Gynecologic	attenuation correction and anatomical		Scan is being requested for Restaging following therapy or treatment for suspected	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Oncology Approval	localization imaging; whole body		metastasis; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Chediogy /Approval	localization imaging, whole body		metastasis, mis is for a notatine, standard 121 scan asing 130 (naoroacoxygiacosc)	1 2023 2023
					This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	
					This study is being ordered for another reason; This study is being ordered for evaluation of	
			93307 Echocardiography, transthoracic,		abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG)	
			real-time with image documentation		indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical	
			(2D), includes M-mode recording, when		exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This	
4/1/2023 -		Gynecologic	performed, complete, without spectral		study is being requested for the initial evaluation of frequent or sustained atrial or	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Oncology Approval	or color Doppler echocardiography		ventricular cardiac arrhythmias.; The patient has an abnormal EKG	1 2023 2023
					This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	
					This study is being ordered for another reason; This study is being ordered for evaluation of	
			93307 Echocardiography, transthoracic,		abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG)	
			real-time with image documentation		indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical	
			(2D), includes M-mode recording, when		exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; This	
4/1/2023 -		Gynecologic	performed, complete, without spectral		study is being requested for the initial evaluation of frequent or sustained atrial or	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Oncology Approval	or color Doppler echocardiography		ventricular cardiac arrhythmias.; The patient has an abnormal EKG	1 2023 2023
			93307 Echocardiography, transthoracic,		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	
			real-time with image documentation		This study is being ordered for Evaluation of Cardiac Valves.; This is NOT for prolapsed mitral	
. / . /			(2D), includes M-mode recording, when		valve, suspected valve disease, new or changing symptoms of valve disease, annual review	
4/1/2023 -	4/4/0	Gynecologic	performed, complete, without spectral		of known valve disease, initial evaluation of artificial heart valves or annual re-eval of	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Oncology Approval	or color Doppler echocardiography		artifical heart valves.	1 2023 2023
			92207 Echacardiography transferacio		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	
			93307 Echocardiography, transthoracic, real-time with image documentation		This a request for an ecnocardiogram.; This is a request for a Transthoracic Ecnocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is NOT for prolapsed mitral	
			•			
4/1/2023 -		Gynecologic	(2D), includes M-mode recording, when performed, complete, without spectral		valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of	Apr-Jun
6/30/2023	4/1/2022	6/30/2023 Oncology Approval	or color Doppler echocardiography		artificial heart valves.	1 2023 2023
0/30/2023	7/1/2023	0,30,2023 Oncology Approval	or color poppler echocardiographly		This is a request for a Pelvis MRI.; The study is being ordered for suspicion of tumor, mass,	1 2023 2023
			72196 Magnetic resonance (eg, proton)	Radiology Services	neoplasm, or metastatic disease.; An abnormality was found in the ovary.; A tumor or mass	
4/1/2023 -		Gynecologic		Denied Not	was noted on previous imaging.; The patient had previous abnormal imaging including a CT,	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Oncology Disapproval	0 0,1 ,	Medically Necessary		1 2023 2023
2,00,2025	., _, _0_0	1,11,1320 0110010B) Disapproval		,cccssury		1 2020 2020

				This is a request for an Abdomen and Pelvis CT.; This study is not being requested for	
		74176 Computed tomography,	Radiology Services	abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT; There is	
4/1/2023 -	Gynecologic	abdomen and pelvis; without contrast	Denied Not	documentation of a known tumor or a known diagnosis of cancer; This is study being	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Oncology Disapproval	material	Medically Necessary	ordered for a concern of cancer such as for diagnosis or treatment.	1 2023 2023
				evaluation of adenopathy for Waldenstrom's macroglobulinemia; There are 4 exams are	
4/1/2023 -	Hematologis	70450 Computed tomography, head or		being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	brain; without contrast material		created via RadMD.	1 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5,55,2525 y 555.58.55 x pp. 6.55.	,			
4/1/2023 -	Hematologis	70450 Computed tomography, head or		restaging, Esophageal CA; There are 4 exams are being ordered.; The ordering MDs specialty	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	brain; without contrast material		is Hematologist/Oncologist; This case was created via RadMD.	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 t/Oncologist Approval	brain, without contrast material		is Hematologist/Oncologist, This case was created via Radivid.	1 2023 2023
. /. /2.22		704500			
4/1/2023 -	Hematologis	70450 Computed tomography, head or		stage iiib melanoma; There are 4 exams are being ordered.; The ordering MDs specialty is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	brain; without contrast material		Hematologist/Oncologist; This case was created via RadMD.	1 2023 2023
4/1/2023 -	Hematologis	70450 Computed tomography, head or		There are 3 exams are being ordered.; The ordering MDs specialty is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	brain; without contrast material		Hematologist/Oncologist	12 2023 2023
4/1/2023 -	Hematologis	70450 Computed tomography, head or		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	brain; without contrast material		reason that I have requested this test.	1 2023 2023
-,00,2020 4,1,2020	1, 13, 2020 G O. COTOBISC Approval	2.2.nj menode contract material			1 2023 2023
4/1/2023 -	Homatologis	70450 Computed tomography, head or		This is a request for a brain/head CT - Recent (in the past month) head traums. The nations is	Anr.lun
	Hematologis	70450 Computed tomography, head or		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	brain; without contrast material		on anticoagulation or blood thinner treatments	1 2023 2023
				This is a request for a brain/head CT.; The patient has a known brain tumor.; There are	
				documented neurologic findings suggesting a primary brain tumor.; This is a Medicare	
4/1/2023 -	Hematologis	70450 Computed tomography, head or		member.; Known or suspected tumor best describes the reason that I have requested this	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	brain; without contrast material		test.	1 2023 2023
4/1/2023 -	Hematologis	70450 Computed tomography, head or		This is a request for a brain/head CT.; The patient has a known tumor outside the brain.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	brain; without contrast material		Known or suspected tumor best describes the reason that I have requested this test.	5 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,		This is a request for a brain/head CT.; The patient has a suspected brain tumor.; There are	7 2727 2727
				documented neurologic findings suggesting a primary brain tumor.; This is a Medicare	
4/1/2023 -	Homotologic	704E0 Computed tomography head or			Apr lup
	Hematologis	70450 Computed tomography, head or		member.; Known or suspected tumor best describes the reason that I have requested this	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	brain; without contrast material		test.	1 2023 2023
4/1/2023 -	Hematologis	70450 Computed tomography, head or		This is a request for a brain/head CT.; The patient has a suspected tumor outside the brain.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	brain; without contrast material		Known or suspected tumor best describes the reason that I have requested this test.	1 2023 2023
		70486 Computed tomography,			
4/1/2023 -	Hematologis	maxillofacial area; without contrast		There are 2 exams are being ordered.; The ordering MDs specialty is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	material		Hematologist/Oncologist	1 2023 2023
		70486 Computed tomography,			
4/1/2023 -	Hematologis	maxillofacial area; without contrast		This is a request for a Sinus CT.; This study is being ordered for a known or suspected tumor.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	material		Yes this is a request for a Diagnostic CT	1 2023 2023
-,, 2025 ., 2, 2025	-,,				1 2020 2020
4/1/2023 -	Homatologic	70/190 Computed tomography seft		; There are 4 exams are being ordered.; The ordering MDs specialty is	Apr lus
	Hematologis	70490 Computed tomography, soft			Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	tissue neck; without contrast material		Hematologist/Oncologist; This case was created via RadMD.	1 2023 2023
. /. /				evaluation of adenopathy for Waldenstrom's macroglobulinemia; There are 4 exams are	
4/1/2023 -	Hematologis	70490 Computed tomography, soft		being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	tissue neck; without contrast material		created via RadMD.	1 2023 2023
4/1/2023 -	Hematologis	70490 Computed tomography, soft		NSCLC; evaluate for treatment response; There are 4 exams are being ordered.; The ordering	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	tissue neck; without contrast material		MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	1 2023 2023
4/1/2023 -	Hematologis	70490 Computed tomography, soft		restaging, Esophageal CA; There are 4 exams are being ordered.; The ordering MDs specialty	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	tissue neck; without contrast material		is Hematologist/Oncologist; This case was created via RadMD.	1 2023 2023
0,30,2023 4,1,2023	0/30/2023 (/Oncologist Apploval	assac neck, without contrast material		is memorologist, oneologist, fills case was created via nativio.	1 2023 2023
4/1/2022	Homotolo ele	70400 Commuted to		stage iiih malanana. Thase are 4 ayang aya hair and and The and also \$40 and 10.	A 1
4/1/2023 -	Hematologis	70490 Computed tomography, soft		stage iiib melanoma; There are 4 exams are being ordered.; The ordering MDs specialty is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	tissue neck; without contrast material		Hematologist/Oncologist; This case was created via RadMD.	1 2023 2023

4/1/2023 -	Hematologis	70490 Computed tomography, soft	There are 2 exams are being ordered.; The ordering MDs specialty is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	tissue neck; without contrast material	Hematologist/Oncologist	17 2023 2023
4/1/2023 -	Hematologis	70490 Computed tomography, soft	There are 3 exams are being ordered.; The ordering MDs specialty is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	tissue neck; without contrast material	Hematologist/Oncologist	35 2023 2023
. /. /				
4/1/2023 -	Hematologis	70490 Computed tomography, soft	This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	tissue neck; without contrast material	neck.; Yes this is a request for a Diagnostic CT	15 2023 2023
4/1/2022	Homotologia	70400 Committed townsmin and	This is a vacuus that much soft tissue CT. The matient has a neel lumin or mass. It is not	Ame I.in
4/1/2023 -	Hematologis	70490 Computed tomography, soft	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; It is not	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	tissue neck; without contrast material	known if there is a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a	1 2023 2023
4/1/2023 -	Hematologis	70490 Computed tomography, soft	palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	tissue neck; without contrast material	NOT done.; Yes this is a request for a Diagnostic CT	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 t/Oncologist Approval	tissue neck, without contrast material	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a	1 2023 2023
4/1/2023 -	Hematologis	70490 Computed tomography, soft	palpable neck mass or lump.; The neck mass is larger than 1 cm.; It is unknown if a fine	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	tissue neck; without contrast material	needle aspirate was done.; Yes this is a request for a Diagnostic CT	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 t/Oncologist Approval	tissue neck, without contrast material	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a	1 2023 2023
4/1/2023 -	Hematologis	70490 Computed tomography, soft	palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has NOT	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	tissue neck; without contrast material	been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT	1 2023 2023
., ., ., ., ., .,	-,,,			
4/1/2023 -	Hematologis	70490 Computed tomography, soft	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	tissue neck; without contrast material	a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT	1 2023 2023
		·		
4/1/2023 -	Hematologis	70490 Computed tomography, soft	This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	tissue neck; without contrast material	Surgery is NOT scheduled in the next 30 days.; Yes this is a request for a Diagnostic CT	1 2023 2023
		70540 Magnetic resonance (eg, proton)		
4/1/2023 -	Hematologis	imaging, orbit, face, and/or neck;	There are 2 exams are being ordered.; The ordering MDs specialty is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	without contrast material(s)	Hematologist/Oncologist	1 2023 2023
		70540 Magnetic resonance (eg, proton)		
4/1/2023 -	Hematologis	imaging, orbit, face, and/or neck;	There are 3 exams are being ordered.; The ordering MDs specialty is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	without contrast material(s)	Hematologist/Oncologist	10 2023 2023
		70540 Magnetic resonance (eg, proton)		
4/1/2023 -	Hematologis	imaging, orbit, face, and/or neck;		Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	without contrast material(s)	This is a request for a Face MRI.; There is a history of orbit or face trauma or injury.	1 2023 2023
			There is an abnormal 4 mm x 2.5 mm outpouching which is anteriorly, inferiorly and	
		705 44 Magnetic veces	laterally; directed arising from the right aspect of the basilar tip; There is not an immediate	
4/1/2023 -	Homatalasia	70544 Magnetic resonance	family history of aneurysm.; The patient does not have a known aneurysm.; The patient has	Amar I
1 ' '	Hematologis	angiography, head; without contrast	not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	material(s)	the past two weeks.; This is a request for a Brain MRA.	1 2023 2023
4/1/2023 -	Homatalagis	70544 Magnetic resonance		Apr les
6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	angiography, head; without contrast material(s)	There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	Apr-Jun 1 2023 2023
0/30/2023 4/1/2023	0,30,2023 (Officologist Approval	material(3)	There is an initioulate family history of affectiviti., This is a request fol a bidili lyina.	1 2023 2023
		70551 Magnetic resonance (eg, proton)		
4/1/2023 -	Hematologis	imaging, brain (including brain stem);	; There are 4 exams are being ordered.; The ordering MDs specialty is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	without contrast material	Hematologist/Oncologist; This case was created via RadMD.	1 2023 2023
0,00,2020 4,1,2020	5,55,2525 Goneologist Approval	ac contract material	Tematologist, officiologist, find case was oreated via nautrib.	1 2023 2023

			This request is feen Desig ADD. It is unlinear of the standard by the standard of the standard	
			; This request is for a Brain MRI; It is unknown if the study is being requested for evaluation	
			of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm,	
			infection/inflammation,multiple sclerosis, or seizures; It is not known if the condition is	
		7055444 11 / / /	associated with headache, blurred or double vision or a change in sensation noted on exam.;	
		70551 Magnetic resonance (eg, proton)	It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete	
4/1/2023 -	Hematologis	imaging, brain (including brain stem);	blood count with results completed.; The patient does NOT have dizziness, fatigue or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	without contrast material	malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1 2023 2023
			; This request is for a Brain MRI; The study is being requested for evaluation of a headache.;	
			The headache is described as chronic or recurring.; The headache is not presenting with a	
			sudden change in severity, associated with exertion, or a mental status change.; There are	
		70551 Magnetic resonance (eg, proton)	not recent neurological symptoms or deficits such as one sided weakness, speech	
4/1/2023 -	Hematologis	imaging, brain (including brain stem);	impairments, or vision defects.; There is not a family history (parent, sibling or child of the	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	without contrast material	patient) of AVM (arteriovenous malformation).	1 2023 2023
			; This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
			headache.; Requested for evaluation of tumor; A biopsy has not been completed to	
			determine tumor tissue type.; There are not recent neurological symptoms such as one-	
		70551 Magnetic resonance (eg, proton)	sided weakness, speech impairments, or vision defects.; There is not a new and sudden	
4/1/2023 -	Hematologis	imaging, brain (including brain stem);	onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	without contrast material	pituitary tumor or pituitary adenoma.	2 2023 2023
			'Elevated white blood cell count, unspecified(288.60/D72.829)', 'Localized enlarged	
			lymph;nodes(785.6/R59.0)', 'Abnormal weight loss(783.21/R63.4)'.; This request is for a	
			Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested	
			for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple	
			sclerosis, or seizures; The condition is not associated with headache, blurred or double	
			vision or a change in sensation noted on exam.; A metabolic work-up done including	
		70551 Magnetic resonance (eg, proton)	urinalysis, electrolytes, and complete blood count with results was not completed.; The	
4/1/2023 -	Hematologis	imaging, brain (including brain stem);	patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality,	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	without contrast material	loss of smell, hearing loss or vertigo.	1 2023 2023
			breast cancer, looking for mets; This request is for a Brain MRI; The study is NOT being	
			requested for evaluation of a headache.; Not requested for evaluation of trauma/injury,	
			tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The patient	
			has not undergone treatment for a congenital abnormality (such as hydrocephalus or	
			craniosynostosis).; There are not recent neurological symptoms or deficits such as one-sided	
			weakness, speech impairments, or vision defects.; Surgery is not planned within the next 4	
		70551 Magnetic resonance (eg, proton)	weeks.; An operation for shunt placement (for brain fluid drainage) is not being considered	
4/1/2023 -	Hematologis	imaging, brain (including brain stem);	or a non-metalic shunt is not functioning correctly.; The patient has a congenital	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	without contrast material	abnormality.	1 2023 2023
			Enter answer here - or Type In Unknown If No Info Given. This request is for a Brain MRI;	
			The study is NOT being requested for evaluation of a headache.; Requested for evaluation of	
			tumor; A biopsy has not been completed to determine tumor tissue type.; There are not	
		70551 Magnetic resonance (eg, proton)	recent neurological symptoms such as one-sided weakness, speech impairments, or vision	
4/1/2023 -	Hematologis	imaging, brain (including brain stem);	defects.; There is not a new and sudden onset of headache (less than 1 week) not improved	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	without contrast material	by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.	1 2023 2023
			Evaluation and management of metastatic melanoma; This request is for a Brain MRI; The	
			study is NOT being requested for evaluation of a headache.; Requested for evaluation of	
			infection or inflammation; The patient does not have a fever, stiff neck AND positive	
			laboratory findings (like elevated WBC or abnormal Lumbar puncture fluid examination that	
			indicate inflammatory disease or an infection.; The doctor does not note on exam that the	
		70551 Magnetic resonance (eg, proton)	patient has delirium or acute altered mental status.; The patient does not have a Brain CT	
4/1/2023 -	Hematologis	imaging, brain (including brain stem);	showing abscess, brain infection, meningitis or encephalitis.; This is NOT a Medicare	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	without contrast material	member.	1 2023 2023

4/1/2023 - 6/30/2023 4/1	1/2023	Hematologis 6/30/2023 t/Oncologist Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Lung cancer; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with headache, blurred or double vision or a change in sensation noted on exam.; It is not known if a metabolic work-up done including urinalysis, electrolytes, and complete blood count with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1	1/2023	Hematologis 6/30/2023 t/Oncologist Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	LUNG CANCER; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1	1/2023	Hematologis 6/30/2023 t/Oncologist Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Nonintractable headache, unspecified chronicity pattern, unspecified headache type x 2 weeks.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The headache is not described as a "thunderclap" or the worst headache of the patient's life.; Requested for evaluation of tumor; A biopsy has not been completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is a new and sudden onset of headache (less than 1 week) not improved by pain medications.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1		Hematologis 6/30/2023 t/Oncologist Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	NSCLC; evaluate for treatment response; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1	1/2023	Hematologis 6/30/2023 t/Oncologist Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	NSCLC; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. restaging, NSCLC; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has not been	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1	1/2023	Hematologis 6/30/2023 t/Oncologist Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	completed to determine tumor tissue type.; There are not recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.; There is not a new and sudden onset of headache (less than 1 week) not improved by pain medications.; The tumor is not a pituitary tumor or pituitary adenoma.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1	1/2023	Hematologis 6/30/2023 t/Oncologist Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This is being requested to Establish a diagnosis of Cancer, Metastatic disease, Malignancy; This study is being ordered for Cancer/Tumor/ Metastatic Disease	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1	1/2023	Hematologis 6/30/2023 t/Oncologist Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	Apr-Jun 10 2023 2023
4/1/2023 - 6/30/2023 4/1	1/2023	Hematologis 6/30/2023 t/Oncologist Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	Apr-Jun 8 2023 2023
4/1/2023 - 6/30/2023 4/1	1/2023	Hematologis 6/30/2023 t/Oncologist Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1	1/2023	Hematologis 6/30/2023 t/Oncologist Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; Requested for evaluation of tumor; It is not known if a biopsy has been completed to determine tumor tissue type.; There are recent neurological symptoms such as one-sided weakness, speech impairments, or vision defects.	Apr-Jun 1 2023 2023

			This request is for a Brain MRI; Known or suspected tumor best describes the reason that I	
		70551 Magnetic resonance (eg, proton)	have requested this test.; Known brain tumor best describes the patient's tumor.; There are	
4/1/2023 -	Hematologis	imaging, brain (including brain stem);	documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	without contrast material	member.	1 2023 2023
. /. /		70551 Magnetic resonance (eg, proton)		
4/1/2023 -	Hematologis	imaging, brain (including brain stem);	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	without contrast material	have requested this test.; Known tumor outside the brain best describes the patient's tumor.	1 2023 2023
		70554.44	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I	
4/4/2022		70551 Magnetic resonance (eg, proton)	have requested this test.; Suspected brain tumor best describes the patient's tumor.; There	
4/1/2023 -	Hematologis	imaging, brain (including brain stem);	are documented neurologic findings suggesting a primary brain tumor.; This is NOT a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	without contrast material	Medicare member.	1 2023 2023
		70551 Magnetic resonance (eg, proton)	This request is for a Brain MRI; The study is being requested for evaluation of a headache.;	
4/1/2023 -	Hematologis	imaging, brain (including brain stem);	The headache is described as chronic or recurring.; The headache is presenting with a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	without contrast material	sudden change in severity, associated with exertion, or a mental status change.	3 2023 2023
0/30/2023 4/1/2023	0/30/2023 t/Oncologist Approval	Without Contrast material	Sudden Change in Sevency, associated with exercion, or a mental status change.	3 2023 2023
			This request is for a Brain MRI; The study is being requested for evaluation of a headache.;	
			The headache is described as sudden and severe.; It is unknown if there recent neurological	
		70551 Magnetic resonance (eg, proton)	deficits on exam such as one sided weakness, speech impairments or vision defects.; There	
4/1/2023 -	Hematologis	imaging, brain (including brain stem);	is a new and sudden onset of a headache less than 1 week not improved by medications.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	without contrast material	The headache is described as a "thunderclap" or the worst headache of the patient's life.	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 t/Oncologist Approval	without contrast material	The headache is described as a "thuriderciap" of the worst headache of the patient sine.	1 2023 2023
		70551 Magnetic resonance (eg, proton)	This request is for a Brain MRI; The study is being requested for evaluation of a headache.;	
4/1/2023 -	Hematologis	imaging, brain (including brain stem);	The headache is described as sudden and severe.; There recent neurological deficits on exam	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	without contrast material	such as one sided weakness, speech impairments or vision defects.	2 2023 2023
0,00,000	c, cc, , , cc.g.cc		This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
			headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm,	
			infection/inflammation, multiple sclerosis, or seizures; It is not known if the condition is	
			associated with headache, blurred or double vision or a change in sensation noted on exam.;	
			A metabolic work-up done including urinalysis, electrolytes, and complete blood count with	
		70551 Magnetic resonance (eg, proton)	results completed.; The lab results were abnormal; The patient does NOT have dizziness,	
4/1/2023 -	Hematologis	imaging, brain (including brain stem);	fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	without contrast material	vertigo.	1 2023 2023
	· · · · · · · · · · · · · · · · · · ·		This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
			headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm,	
		70551 Magnetic resonance (eg, proton)	infection/inflammation, multiple sclerosis, or seizures; The condition is associated with	
4/1/2023 -	Hematologis	imaging, brain (including brain stem);	headache, blurred or double vision or a change in sensation noted on exam.; The patient is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	without contrast material	experiencing dizziness.	1 2023 2023
			This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
			headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm,	
			infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with	
			headache, blurred or double vision or a change in sensation noted on exam.; A metabolic	
		70551 Magnetic resonance (eg, proton)	work-up done including urinalysis, electrolytes, and complete blood count with results	
4/1/2023 -	Hematologis	imaging, brain (including brain stem);	completed.; The lab results were abnormal; The patient does NOT have dizziness, fatigue or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	without contrast material	malaise, Bell's Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1 2023 2023
. /. /2022		70551 Magnetic resonance (eg, proton)	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/1/2023 -	Hematologis	imaging, brain (including brain stem);	headache.; Requested for evaluation of seizures; There has not been a previous Brain MRI	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	without contrast material	completed.	1 2023 2023
		70FF1 Magnatic recognition ()	This year, each is few a Dunie MADI. The about is NOT below as well for each other.	
4/1/2022	Hamatalasta	70551 Magnetic resonance (eg, proton)	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	A 1
4/1/2023 - 6/30/2023 4/1/2023	Hematologis	imaging, brain (including brain stem);	headache.; Requested for evaluation of stroke or aneurysm; There are recent neurological	Apr-Jun 1 2023 2023
0/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	without contrast material	symptoms such as one sided weakness, speech impairments, or vision defects.	1 2023 2023

		70551 Magnetic resonance (eg, proton)	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/1/2023 -	Hematologis	imaging, brain (including brain stem);	headache.; Requested for evaluation of tumor; A biopsy has been completed to determine	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	without contrast material	tumor tissue type.	34 2023 2023
			This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
		70551 Magnetic resonance (eg, proton)	headache.; Requested for evaluation of tumor; A biopsy has not been completed to	
4/1/2023 -	Hematologis	imaging, brain (including brain stem);	determine tumor tissue type.; There are recent neurological symptoms such as one-sided	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	without contrast material	weakness, speech impairments, or vision defects.	2 2023 2023
			; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung	
4/1/2023 -	Hematologis	71250 Computed tomography, thorax;	cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	without contrast material	11 months.; Yes this is a request for a Diagnostic CT	3 2023 2023
			; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung	
			cancer.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history	
			of smoking.; The patient has a 20 pack per year history of smoking.; The patient did NOT quit	
			smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer	
			such as an unexplained cough, coughing up blood, unexplained weight loss or other	
4/1/2023 -	Hematologis	71250 Computed tomography, thorax;	condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	without contrast material	in the past 11 months.; Yes this is a request for a Diagnostic CT	1 2023 2023
			; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung	
			cancer.; The patient is between 50 and 80 years old.; This patient is NOT a smoker nor do	
4/1/2023 -	Hematologis	71250 Computed tomography, thorax;	they have a history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	without contrast material	Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	1 2023 2023
4/1/2023 -	Hematologis	71250 Computed tomography, thorax;	; There are 4 exams are being ordered.; The ordering MDs specialty is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	without contrast material	Hematologist/Oncologist; This case was created via RadMD.	1 2023 2023
			:Abnormal LDCT.; "There is NO evidence of a lung, mediastinal or chest mass noted within	
4/1/2023 -	Hematologis	71250 Computed tomography, thorax;	the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	without contrast material	up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2023 2023
			'None of the above' describes the reason for this request.; Another abnormality is related to	
4/1/2023 -	Hematologis	71250 Computed tomography, thorax;	the suspicion of cancer in this patient.; This is a request for a Chest CT.; This study is beign	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	without contrast material	requested for suspected cancer or tumor.; Yes this is a request for a Diagnostic CT	1 2023 2023
			'None of the above' describes the reason for this request.; Surveillance of a known cancer	
			following treatment is related to this request for imaging of a known cancer or tumor; This is	
4/1/2023 -	Hematologis	71250 Computed tomography, thorax;	a request for a Chest CT.; This study is beign requested for known cancer or tumor; Yes this	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	without contrast material	is a request for a Diagnostic CT	1 2023 2023
			"The ordering physician IS a surgeon, pulmonologist or PCP ordering on behalf of a specialist	
			who has seen the patient."; A Chest/Thorax CT is being ordered.; This study is being ordered	
4/1/2023 -	Hematologis	71250 Computed tomography, thorax;	for known or suspected inflammatory disease or pneumonia.; Yes this is a request for a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	without contrast material	Diagnostic CT	1 2023 2023
			"The ordering physician IS an oncologist, surgeon, pulmonologist, cardiologist or PCP	
			ordering on behalf of a specialist who has seen the patient."; A Chest/Thorax CT is being	
4/1/2023 -	Hematologis	71250 Computed tomography, thorax;	ordered.; The study is being ordered for none of the above.; This study is being ordered for a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	without contrast material	pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1 2023 2023
			"There IS evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A	
4/1/2023 -	Hematologis	71250 Computed tomography, thorax;	Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	without contrast material	mass.; Yes this is a request for a Diagnostic CT	10 2023 2023
4/1/2023 -	Hematologis	71250 Computed tomography, thorax;	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	without contrast material	is a request for a Diagnostic CT	60 2023 2023
4/1/2023 -	Hematologis	71250 Computed tomography, thorax;	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	without contrast material	is a request for a Diagnostic CT	62 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary Embolus.; Yes this is a request for a Diagnostic CT	Apr-Jun 8 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	71250 Computed tomography, thorax; without contrast material	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request:; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	Apr-Jun 4 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	71250 Computed tomography, thorax; without contrast material	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	71250 Computed tomography, thorax; without contrast material	Abnormal laboratory test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	71250 Computed tomography, thorax; without contrast material	Enter answer here - or Type In Unknown If NoAbnormal LDCT Info Given.; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	71250 Computed tomography, thorax; without contrast material	evaluation of adenopathy for Waldenstrom's macroglobulinemia; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	71250 Computed tomography, thorax; without contrast material	Follow up history of epitheloid hemangioendothelioma; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	71250 Computed tomography, thorax; without contrast material	FOLLOW-UP FROM SCAN ON 01/30/2023 with a lung nodule; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	71250 Computed tomography, thorax; without contrast material	lung cancer; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	71250 Computed tomography, thorax; without contrast material	NSCLC; evaluate for treatment response; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	71250 Computed tomography, thorax; without contrast material	patient has lung cancer; A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung cancer.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	71250 Computed tomography, thorax; without contrast material	PER CT IN ER ON 6/5/23: Increasing opacity is seen in the right upper lobe and right suprahilar; region when compared to the prior studies. Underlying coarse cystic changes are; also seen in the right upper lung. Findings may be related to superimposed; i; A Chest/Thorax CT is being ordered.; The study is being ordered for none of the above.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	71250 Computed tomography, thorax; without contrast material	Pre-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	71250 Computed tomography, thorax; without contrast material	presented with pulmonary nodules, calcified hilar and mediastinal nodes, and anterior mediastinal mass in the spring of;2022 noted on CT. She was seen by Dr Bauer and underwent resection of anterior mediastinal mass and biopsy of multiple nodes (;Chambe; "There is NO evidence of a lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023

4/1/2023 -	Hematologis	71250 Computed tomography, thorax;	restaging, Esophageal CA; There are 4 exams are being ordered.; The ordering MDs specialty	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	without contrast material	is Hematologist/Oncologist; This case was created via RadMD.	1 2023 2023
4/1/2023 -	Hematologis	71250 Computed tomography, thorax;	stage iiib melanoma; There are 4 exams are being ordered.; The ordering MDs specialty is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	without contrast material	Hematologist/Oncologist; This case was created via RadMD.	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 t/Oncologist Approval	Without contrast material	TEHRE WAS A SOFT TISSUE MASS SEEN ON A CT BACK IN MARCH; "There is NO evidence of a	1 2023 2023
			lung, mediastinal or chest mass noted within the last 30 days."; A Chest/Thorax CT is being	
4/1/2023 -	Hematologis	71250 Computed tomography, thorax;	ordered.; This study is being ordered for work-up for suspicious mass.; Yes this is a request	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	without contrast material	for a Diagnostic CT	1 2023 2023
			The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the	
4/1/2023 -	Hematologis	71250 Computed tomography, thorax;	Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Follow up	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	without contrast material	treatment of Cancer, Metastatic disease, Malignancy	28 2023 2023
			The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the	
4/1/2023 -	Hematologis	71250 Computed tomography, thorax;	Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Known	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	without contrast material	diagnosis of Cancer, Metastatic disease, Malignancy	77 2023 2023
4/4/2022		74050 0 1 1 1 1	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the	
4/1/2023 -	Hematologis	71250 Computed tomography, thorax;	Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Staging or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	without contrast material	Restaging of Cancer, Metastatic disease, Malignancy	106 2023 2023
4/1/2023 -	Hematologis	71250 Computed tomography, thorax;	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested to Establish a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	without contrast material	diagnosis of Cancer, Metastatic disease, Malignancy	13 2023 2023
0/30/2023 4/1/2023	0/30/2023 t/Oncologist Approval	without contrast material	diagnosis of Cancer, inecastatic disease, inalignaticy	13 2023 2023
4/1/2023 -	Hematologis	71250 Computed tomography, thorax;	There are 2 exams are being ordered.; The ordering MDs specialty is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	without contrast material	Hematologist/Oncologist	21 2023 2023
	, , , , , , , , , , , , , , , , , , , ,			
4/1/2023 -	Hematologis	71250 Computed tomography, thorax;	There are 3 exams are being ordered.; The ordering MDs specialty is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	without contrast material	Hematologist/Oncologist	48 2023 2023
			Thymoma; "There is NO evidence of a lung, mediastinal or chest mass noted within the last	
4/1/2023 -	Hematologis	71250 Computed tomography, thorax;	30 days."; A Chest/Thorax CT is being ordered.; This study is being ordered for work-up for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	without contrast material	suspicious mass.; Yes this is a request for a Diagnostic CT	1 2023 2023
4/1/2023 -	Hematologis	71250 Computed tomography, thorax;	Unexplained weight loss describes the reason for this request.; This is a request for a Chest	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	without contrast material	CT.; Yes this is a request for a Diagnostic CT	1 2023 2023
			This request is for a Low Dose CT for Lung Cancer Screening.; It is unknown if this patient has	
		71271 Computed tomography, thoray	had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.;	
4/1/2023 -	Hematologis	71271 Computed tomography, thorax, low dose for lung cancer screening,	It is unknown if the patient is presenting with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.; The health carrier is NOT	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	without contrast material(s)	Virginia Premier Health Plan	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 t/Oncologist Approval	without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a	1 2023 2023
		71271 Computed tomography, thorax,	Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with	
4/1/2023 -	Hematologis	low dose for lung cancer screening,	pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	without contrast material(s)	lung cancer.; The health carrier is NOT Virginia Premier Health Plan	1 2023 2023
			This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low	
			Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient	
			is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The	
			patient has a 20 pack per year history of smoking.; The patient is NOT presenting with	
		71271 Computed tomography, thorax,	pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive	
4/1/2023 -	Hematologis	low dose for lung cancer screening,	of lung cancer.; The patient has not quit smoking.; The health carrier is NOT Virginia Premier	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	without contrast material(s)	Health Plan	11 2023 2023
		7127F Committed to magnetic		
		71275 Computed tomographic	. It is not known whather this study is requested to avaluate cusposted pulmons as a stable s	
		angiography, chest (noncoronary), with contrast material(s), including	; It is not known whether this study is requested to evaluate suspected pulmonary embolus.; This study is being ordered for another reason besides Known or Suspected Congenital	
4/1/2023 -	Hematologis	noncontrast images, if performed, and	Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	image postprocessing	Angiography.	1 2023 2023
-, - 5, 2020 -, 1, 2, 2023	5, 50, 2020 G 00010gist /ipproval	9c booth occoom9	0-20, Ab. 11.	1 2023 2023

4/1/2023 - 6/30/2023 4/1/202	Hematologis 3 6/30/2023 t/Oncologist Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	66year-old female, ECOG performance status of 0, PMH NSTEMI, not known to have CAD seen for first time in hematology oncology clinic on 6/21/2021 referred by Dr. Akkad for evaluation of right breast invasive lobular carcinoma grade 1. Was initially se; This study is not requested to evaluate suspected pulmonary embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request for a Chest CT Angiography.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/202	Hematologis 3 6/30/2023 t/Oncologist Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	severe dyspnea, stage IV breast cancer; This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for another reason besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/202	Hematologis 3 6/30/2023 t/Oncologist Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This is a request for an Abdomen CTA and Chest CTAordered in combination; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/202	Hematologis 3 6/30/2023 t/Oncologist Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	Apr-Jun 11 2023 2023
4/1/2023 - 6/30/2023 4/1/202	Hematologis	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/202	Hematologis 3 6/30/2023 t/Oncologist Approval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	Apr-Jun 10 2023 2023
4/1/2023 - 6/30/2023 4/1/202	Hematologis 3 6/30/2023 t/Oncologist Approval	72125 Computed tomography, cervical spine; without contrast material	There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/202	Hematologis 3 6/30/2023 t/Oncologist Approval	72128 Computed tomography, thoracic spine; without contrast material	There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/202	Hematologis 3 6/30/2023 t/Oncologist Approval	72131 Computed tomography, lumbar spine; without contrast material	There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/202	Hematologis 3 6/30/2023 t/Oncologist Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This is being requested to Establish a diagnosis of Cancer, Metastatic disease, Malignancy; This study is being ordered for Cancer/Tumor/ Metastatic Disease	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/202	Hematologis 3 6/30/2023 t/Oncologist Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Follow up treatment of Cancer, Metastatic disease, Malignancy	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/202	Hematologis 3 6/30/2023 t/Oncologist Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Known diagnosis of Cancer, Metastatic disease, Malignancy	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	Hematologis	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Staging or Restaging of Cancer,	Apr-Jun 10 2023 2023
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	cervical; without contrast material	Metastatic disease, Malignancy	10 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient does not have a neurological deficit, PT or home exercise, diagnostic test, or abnormal xray.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Known tumor with or without metastasis	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/Tumor/ Metastatic Disease; This request is for Follow up treatment of Cancer, Metastatic disease, Malignancy	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Staging or Restaging of Cancer, Metastatic disease, Malignancy	Apr-Jun 11 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; It is not known if the patient has had back pain for over 4 weeks.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Hematologis	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is no weakness or reflex abnormality.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Hematologis	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has not directed conservative treatment for the past 6 weeks.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Hematologis	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Known Tumor with or without metastasis	Apr-Jun 4 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Follow up treatment of Cancer, Metastatic disease, Malignancy	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for Cancer/Tumor/ Metastatic Disease; This request is for Known diagnosis of Cancer, Metastatic disease, Malignancy	Apr-Jun 1 2023 2023

		72148 Magnetic resonance (eg, proton)	The ordering MDs specialty is Hematologist/Oncologist; This study is being ordered for	
4/1/2023 -	Hematologis	imaging, spinal canal and contents,	Cancer/ Tumor/ Metastatic Disease; This request is for Staging or Restaging of Cancer,	Apr-Jun
				•
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	lumbar; without contrast material	Metastatic disease, Malignancy	11 2023 2023
		72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic	
4/1/2023 -	Hematologis	imaging, spinal canal and contents,	back pain.; This study is being requested for Known or suspected tumor with or without	Apr-Jun
6/30/2023 4/1/2023	_	lumbar; without contrast material	metastasis	3 2023 2023
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	iumpar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	3 2023 2023
		72148 Magnetic resonance (eg, proton)	This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is	
4/1/2022	Homotologic		NOT General/Family Practice, Internal Medicine, Unknown, Other, Advanced Practice	Anr lun
4/1/2023 -	Hematologis	imaging, spinal canal and contents,		Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	lumbar; without contrast material	Registered Nurse or Preventative Medicine	1 2023 2023
		72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -	Homotologia			Amm Issue
	Hematologis	imaging, spinal canal and contents,	This study is being requested for an Abnormal nerve study (EMG) involving the lumbar	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	lumbar; without contrast material	spine; This is NOT a Medicare member.	1 2023 2023
		72148 Magnetic resonance (eg, proton)		
4/1/2023 -	Hematologis	imaging, spinal canal and contents,	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	lumbar; without contrast material	This study is being requested for None of the above	3 2023 2023
3/30/2023 4/1/2023	6/30/2023 t/Officologist Approval	iumbar, without contrast material	This study is being requested for None of the above	3 2023 2023
		72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; The	
4/1/2023 -	Hematologis	imaging, spinal canal and contents,	patient has Focal extremity weakness; This procedure is NOT being ordered for acute or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	lumbar; without contrast material	chronic back pain	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 t/Oncologist Approval	idilibal, without contrast material	Cironic back pain	1 2023 2023
		72148 Magnetic resonance (eg, proton)		
4/1/2023 -	Hematologis	imaging, spinal canal and contents,	There are 2 exams are being ordered.; The ordering MDs specialty is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	lumbar; without contrast material	Hematologist/Oncologist	2 2023 2023
0/30/2023 4/1/2023	0/30/2023 t/Oncologist Approval	idilibal, without contrast material	Hematologist/Oncologist	2 2023 2023
		72148 Magnetic resonance (eg, proton)		
4/1/2023 -	Hematologis	imaging, spinal canal and contents,	There are 3 exams are being ordered.; The ordering MDs specialty is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	lumbar; without contrast material	Hematologist/Oncologist	2 2023 2023
0/30/2023 4/1/2023	0/30/2023 t/Oncologist Approval	72196 Magnetic resonance (eg, proton)	; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging	2 2023 2023
4/1/2023 -	Hematologis	imaging, pelvis; with contrast	including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass,	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	material(s)	neoplasm, or metastatic disease.	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 t/Oncologist Approval	72196 Magnetic resonance (eg, proton)	His PSA is elevated at 4.53. History of Hematuria; This is a request for a Pelvis MRI.; It is	1 2023 2023
4/1/2023 -	Hematologis	imaging, pelvis; with contrast	unknown if the patient had previous abnormal imaging including a CT, MRI or Ultrasound.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	material(s)	The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 t/Oncologist Approval	material(s)	initial staging of rectal cancer; This is a request for a Pelvis MRI.; The patient had previous	1 2023 2023
		72196 Magnetic resonance (eg, proton)	abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in	
4/1/2023 -	Homotologia			American
	Hematologis	imaging, pelvis; with contrast	something other than the bladder, uterus or ovary.; The study is being ordered for suspicion	Apr-Jun 1 2023 2023
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	material(s)	of tumor, mass, neoplasm, or metastatic disease.	1 2023 2023
			Rectal cancer, monitor; Rectal protocol MRI for rectal cancer staging; This is a request for a	
		72196 Magnetic resonance (eg, proton)	Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.;	
4/1/2022	Hometalasia			A mana 1 mm
4/1/2023 -	Hematologis	imaging, pelvis; with contrast	An abnormality was found in something other than the bladder, uterus or ovary.; The study	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	material(s)	is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2023 2023
4/1/2022	Homotologic	72196 Magnetic resonance (eg, proton)	The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the	April Lin
4/1/2023 -	Hematologis	imaging, pelvis; with contrast	reason for this procedure; The patient's cancer is known; This is being requested for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	material(s)	suspected metastasis.	1 2023 2023
4/1/2022	Homotologia	72196 Magnetic resonance (eg, proton)	The patient is male.; Tumor, mass, neoplasm, or metastatic disease best describes the	A 1
4/1/2023 -	Hematologis	imaging, pelvis; with contrast	reason for this procedure; Other imaging has been previously conducted.; The patient's	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	material(s)	cancer is known; This is being requeted for initial staging.	1 2023 2023
. /. /2022		72196 Magnetic resonance (eg, proton)	The patient is male.; Tumor, mass, neoplasm, or metastatic disease best describes the	
4/1/2023 -	Hematologis	imaging, pelvis; with contrast	reason for this procedure; The patient's cancer is known; This is being requested for follow-	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	material(s)	up for active treatment.	1 2023 2023

		72106 Magnetic reconance (eg. proten)		
4/1/2023 -	Hematologis	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast	There are 2 exams are being ordered.; The ordering MDs specialty is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	material(s)	Hematologist/Oncologist	6 2023 2023
.,,	., ,	72196 Magnetic resonance (eg, proton)		
4/1/2023 -	Hematologis	imaging, pelvis; with contrast	There are 3 exams are being ordered.; The ordering MDs specialty is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	material(s)	Hematologist/Oncologist	10 2023 2023
		72196 Magnetic resonance (eg, proton)		
4/1/2023 -	Hematologis	imaging, pelvis; with contrast	This is a request for a Pelvis MRI.; Surgery is planned for within 30 days.; The study is being	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	material(s)	ordered for Evaluation of the pelvis prior to surgery or laparoscopy.	1 2023 2023
			This is a request for a Pelvis MRI.; The study is being ordered for suspicion of tumor, mass,	
		72196 Magnetic resonance (eg, proton)	neoplasm, or metastatic disease.; An abnormality was found in something other than the	
4/1/2023 -	Hematologis	imaging, pelvis; with contrast	bladder, uterus or ovary.; The patient had previous abnormal imaging including a CT, MRI or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	material(s)	Ultrasound.	2 2023 2023
4/1/2023 -	Hematologis	73200 Computed tomography, upper	There is a history of upper extremity joint or long bone trauma or injury.; This is a request for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	extremity; without contrast material	an Arm CT Non Joint; Yes this is a request for a Diagnostic CT	1 2023 2023
		73220 Magnetic resonance (eg, proton)		
		imaging, upper extremity, other than		
		joint; without contrast material(s),	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent	
4/1/2023 -	Hematologis	followed by contrast material(s) and	postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	further sequences	metastasis.	2 2023 2023
		73220 Magnetic resonance (eg, proton)		
		imaging, upper extremity, other than		
		joint; without contrast material(s),		
4/1/2023 -	Hematologis	followed by contrast material(s) and	There are 3 exams are being ordered.; The ordering MDs specialty is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	further sequences	Hematologist/Oncologist	3 2023 2023
		73221 Magnetic resonance (eg, proton)		
4/1/2023 -	Hematologis	imaging, any joint of upper extremity;	There are 2 exams are being ordered.; The ordering MDs specialty is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	without contrast material(s)	Hematologist/Oncologist	7 2023 2023
		70004.4		
. /. /2022		73221 Magnetic resonance (eg, proton)		
4/1/2023 -	Hematologis	imaging, any joint of upper extremity;	There are 3 exams are being ordered.; The ordering MDs specialty is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	without contrast material(s)	Hematologist/Oncologist	11 2023 2023
		73706 Computed tomographic		
		angiography, lower extremity, with		
4/1/2023 -	Hematologis	contrast material(s), including noncontrast images, if performed, and		Apr-Jun
	6/30/2023 t/Oncologist Approval	- · · · · · · · · · · · · · · · · · · ·	Yes, this is a request for CT Angiography of the lower extremity.	1 2023 2023
6/30/2023 4/1/2023	0/30/2023 t/Olicologist Approval	image postprocessing 73720 Magnetic resonance (eg, proton)	res, this is a request for Ci Anglography of the lower extremity.	1 2025 2025
		imaging, lower extremity other than		
4/1/2023 -	Hematologis	joint; without contrast material(s), followed by contrast material(s) and	There is a pulsaitile mass.; "There is evidence of tumor or mass from a previous exam, plain	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	further sequences	·	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 CONCORDST Approval	73720 Magnetic resonance (eg, proton)	film, ultrasound, or previous CT or MRI."; Non Joint is being requested.	1 2023 2023
		imaging, lower extremity other than		
		joint; without contrast material(s),	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is NOT	
4/1/2023 -	Hematologis	followed by contrast material(s) and	being ordered for chronic pain, acute pain, rule our tarsal coalition, known or suspected	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	further sequences	septic arthritis or oseteomylitis, tendonitis, neuroma or plantar fasciitis.	1 2023 2023
0,30,2023 4,1,2023	0,30,2023 (Johnsologist Approval	rarater sequences	septie artifitis of oseteomynus, tendomus, ficuloma of plantar fascilus.	1 2023 2023
		73721 Magnetic resonance (eg, proton)		
4/1/2023 -	Hematologis	imaging, any joint of lower extremity;	There are 2 exams are being ordered.; The ordering MDs specialty is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	without contrast material	Hematologist/Oncologist	2 2023 2023
-,, 2020 ., 2, 2020	-,,,			2 2020 2020

		73721 Magnetic resonance (eg, proton)	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a mass.; The diagnosis of Mass, Tumor, or Cancer has been established.; The study is requested for	
4/4/2022	Hamatalanta			A 1
4/1/2023 -	Hematologis	imaging, any joint of lower extremity;	follow-up.; The study is requested to detect residual cancer after a course of treatment has	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	without contrast material	been completed?	1 2023 2023
		73721 Magnetic resonance (eg, proton)	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a mass.;	
4/1/2023 -	Hematologis	imaging, any joint of lower extremity;	The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has not had	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	without contrast material	recent plain films, bone scan or ultrasound of the knee.	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 t/Olicologist Approval	Without Contrast material	recent plain tilins, bone scar of ultrasound of the knee.	1 2023 2023
4/4/2022	Hamakala ata	74450 Commented to accomment	The second devices and being and seal of the analysis MRs and sight in	0
4/1/2023 -	Hematologis	74150 Computed tomography,	There are 2 exams are being ordered.; The ordering MDs specialty is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	abdomen; without contrast material	Hematologist/Oncologist	5 2023 2023
			This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer,	
4/1/2023 -	Hematologis	74150 Computed tomography,	mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	abdomen; without contrast material	abdominal cancer.; Yes this is a request for a Diagnostic CT; This is a Medicare member.	1 2023 2023
0,00,2020 1,2,2020	o/so/zozs t/ oncologist / tpproval	ababilien, minoat contrast material	and of the content of	1 2020 2020
			This is a second for an Abdama CT. This study is being added for a bound for a	
			This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer,	
4/1/2023 -	Hematologis	74150 Computed tomography,	mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	abdomen; without contrast material	abdominal cancer.; Yes this is a request for a Diagnostic CT; This is NOT a Medicare member.	2 2023 2023
			This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or	
4/1/2023 -	Homatalogic	7/150 Computed tomography	tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or	Apr line
1 1	Hematologis	74150 Computed tomography,	• • • • • • • • • • • • • • • • • • • •	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	abdomen; without contrast material	Sigmoidoscopy.; Yes this is a request for a Diagnostic CT; This is NOT a Medicare member.	2 2023 2023
			This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or	
			tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy,	
4/1/2023 -	Hematologis	74150 Computed tomography,	or Sigmoidoscopy.; The patient has new lab results or other imaging studies including	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	abdomen; without contrast material	doppler or x-ray (plain film) findings.; Yes this is a request for a Diagnostic CT	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 t/Oncologist /tpproval	abdomen, without contrast material	This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.;	1 2023 2023
. /. /2022		7450		
4/1/2023 -	Hematologis	74150 Computed tomography,	The liver is enlarged.; Yes this is a request for a Diagnostic CT; This is NOT a Medicare	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	abdomen; without contrast material	member.	1 2023 2023
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	abdomen; without contrast material 74176 Computed tomography,	member.	1 2023 2023
6/30/2023 4/1/2023 4/1/2023 -	6/30/2023 t/Oncologist Approval Hematologis		member. ; There are 4 exams are being ordered.; The ordering MDs specialty is	1 2023 2023 Apr-Jun
4/1/2023 -	Hematologis	74176 Computed tomography, abdomen and pelvis; without contrast	; There are 4 exams are being ordered.; The ordering MDs specialty is	Apr-Jun
		74176 Computed tomography, abdomen and pelvis; without contrast material	; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	
4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography,	; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. evaluation of adenopathy for Waldenstrom's macroglobulinemia; There are 4 exams are	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 -	Hematologis 6/30/2023 t/Oncologist Approval Hematologis	74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast	; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. evaluation of adenopathy for Waldenstrom's macroglobulinemia; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was	Apr-Jun 1 2023 2023 Apr-Jun
4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material	; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. evaluation of adenopathy for Waldenstrom's macroglobulinemia; There are 4 exams are	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 -	Hematologis 6/30/2023 t/Oncologist Approval Hematologis	74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast	; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. evaluation of adenopathy for Waldenstrom's macroglobulinemia; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was	Apr-Jun 1 2023 2023 Apr-Jun
4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 -	Hematologis 6/30/2023 t/Oncologist Approval Hematologis	74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material	; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. evaluation of adenopathy for Waldenstrom's macroglobulinemia; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was	Apr-Jun 1 2023 2023 Apr-Jun
4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval Hematologis 6/30/2023 t/Oncologist Approval	74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography,	; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. evaluation of adenopathy for Waldenstrom's macroglobulinemia; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 -	Hematologis 6/30/2023 t/Oncologist Approval Hematologis 6/30/2023 t/Oncologist Approval Hematologis	74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material	; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. evaluation of adenopathy for Waldenstrom's macroglobulinemia; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. NSCLC; evaluate for treatment response; There are 4 exams are being ordered.; The ordering	Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun
4/1/2023 - 6/30/2023	Hematologis 6/30/2023 t/Oncologist Approval Hematologis 6/30/2023 t/Oncologist Approval Hematologis 6/30/2023 t/Oncologist Approval	74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography,	; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. evaluation of adenopathy for Waldenstrom's macroglobulinemia; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. NSCLC; evaluate for treatment response; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 -	Hematologis 6/30/2023 t/Oncologist Approval Hematologis 6/30/2023 t/Oncologist Approval Hematologis 6/30/2023 t/Oncologist Approval Hematologis	74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast	; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. evaluation of adenopathy for Waldenstrom's macroglobulinemia; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. NSCLC; evaluate for treatment response; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. restaging, Esophageal CA; There are 4 exams are being ordered.; The ordering MDs specialty	Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun Apr-Jun
4/1/2023 - 6/30/2023	Hematologis 6/30/2023 t/Oncologist Approval Hematologis 6/30/2023 t/Oncologist Approval Hematologis 6/30/2023 t/Oncologist Approval	74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material	; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. evaluation of adenopathy for Waldenstrom's macroglobulinemia; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. NSCLC; evaluate for treatment response; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	Hematologis 6/30/2023 t/Oncologist Approval Hematologis 6/30/2023 t/Oncologist Approval Hematologis 6/30/2023 t/Oncologist Approval Hematologis 6/30/2023 t/Oncologist Approval	74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography,	; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. evaluation of adenopathy for Waldenstrom's macroglobulinemia; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. NSCLC; evaluate for treatment response; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. restaging, Esophageal CA; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 4/1/2023 -	Hematologis 6/30/2023 t/Oncologist Approval Hematologis 6/30/2023 t/Oncologist Approval Hematologis 6/30/2023 t/Oncologist Approval Hematologis	74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material	; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. evaluation of adenopathy for Waldenstrom's macroglobulinemia; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. NSCLC; evaluate for treatment response; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. restaging, Esophageal CA; There are 4 exams are being ordered.; The ordering MDs specialty	Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun Apr-Jun
4/1/2023 - 6/30/2023	Hematologis 6/30/2023 t/Oncologist Approval Hematologis 6/30/2023 t/Oncologist Approval Hematologis 6/30/2023 t/Oncologist Approval Hematologis 6/30/2023 t/Oncologist Approval	74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography,	; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. evaluation of adenopathy for Waldenstrom's macroglobulinemia; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. NSCLC; evaluate for treatment response; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. restaging, Esophageal CA; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 4/1/2023 -	Hematologis 6/30/2023 t/Oncologist Approval	74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material	; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. evaluation of adenopathy for Waldenstrom's macroglobulinemia; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. NSCLC; evaluate for treatment response; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. restaging, Esophageal CA; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. stage iiib melanoma; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	Apr-Jun 1 2023 2023 Apr-Jun
4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography,	; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. evaluation of adenopathy for Waldenstrom's macroglobulinemia; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. NSCLC; evaluate for treatment response; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. restaging, Esophageal CA; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. stage iiib melanoma; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	Hematologis 6/30/2023 t/Oncologist Approval Hematologis	74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast	; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. evaluation of adenopathy for Waldenstrom's macroglobulinemia; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. NSCLC; evaluate for treatment response; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. restaging, Esophageal CA; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. stage iiib melanoma; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Follow up	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material	; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. evaluation of adenopathy for Waldenstrom's macroglobulinemia; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. NSCLC; evaluate for treatment response; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. restaging, Esophageal CA; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. stage iiib melanoma; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Follow up treatment of Cancer, Metastatic disease, Malignancy	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	Hematologis 6/30/2023 t/Oncologist Approval	74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography,	; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. evaluation of adenopathy for Waldenstrom's macroglobulinemia; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. NSCLC; evaluate for treatment response; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. restaging, Esophageal CA; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. stage iiib melanoma; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Follow up treatment of Cancer, Metastatic disease, Malignancy The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the	Apr-Jun 1 2023 2023 Apr-Jun 2023 2023
4/1/2023 - 6/30/2023	Hematologis 6/30/2023 t/Oncologist Approval Hematologis	74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast	; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. evaluation of adenopathy for Waldenstrom's macroglobulinemia; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. NSCLC; evaluate for treatment response; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. restaging, Esophageal CA; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. stage iiib melanoma; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Follow up treatment of Cancer, Metastatic disease, Malignancy The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Known	Apr-Jun 1 2023 2023 Apr-Jun 29 2023 2023 Apr-Jun 29 2023 2023
4/1/2023 - 6/30/2023	Hematologis 6/30/2023 t/Oncologist Approval	74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography,	; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. evaluation of adenopathy for Waldenstrom's macroglobulinemia; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. NSCLC; evaluate for treatment response; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. restaging, Esophageal CA; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. stage iiib melanoma; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Follow up treatment of Cancer, Metastatic disease, Malignancy The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the	Apr-Jun 1 2023 2023 Apr-Jun 2023 2023
4/1/2023 - 6/30/2023	Hematologis 6/30/2023 t/Oncologist Approval Hematologis	74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material	; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. evaluation of adenopathy for Waldenstrom's macroglobulinemia; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. NSCLC; evaluate for treatment response; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. restaging, Esophageal CA; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. stage iiib melanoma; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Follow up treatment of Cancer, Metastatic disease, Malignancy The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy	Apr-Jun 1 2023 2023 Apr-Jun 29 2023 2023 Apr-Jun 29 2023 2023
4/1/2023 - 6/30/2023	Hematologis 6/30/2023 t/Oncologist Approval	74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography,	; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. evaluation of adenopathy for Waldenstrom's macroglobulinemia; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. NSCLC; evaluate for treatment response; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. restaging, Esophageal CA; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. stage iiib melanoma; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Follow up treatment of Cancer, Metastatic disease, Malignancy The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the	Apr-Jun 1 2023 2023 Apr-Jun 2023 2023 Apr-Jun 2023 2023 Apr-Jun 2023 2023 Apr-Jun 2023 2023
4/1/2023 - 6/30/2023	Hematologis 6/30/2023 t/Oncologist Approval Hematologis	74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast	; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. evaluation of adenopathy for Waldenstrom's macroglobulinemia; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. NSCLC; evaluate for treatment response; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. restaging, Esophageal CA; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. stage iiib melanoma; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Follow up treatment of Cancer, Metastatic disease, Malignancy The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy	Apr-Jun 1 2023 2023 Apr-Jun 29 2023 2023 Apr-Jun 29 2023 2023 Apr-Jun 76 2023 2023 Apr-Jun 76 2023 2023
4/1/2023 - 6/30/2023	Hematologis 6/30/2023 t/Oncologist Approval	74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material	; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. evaluation of adenopathy for Waldenstrom's macroglobulinemia; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. NSCLC; evaluate for treatment response; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. restaging, Esophageal CA; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. stage iiib melanoma; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Follow up treatment of Cancer, Metastatic disease, Malignancy The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy	Apr-Jun 1 2023 2023 Apr-Jun 2023 2023 Apr-Jun 2023 2023 Apr-Jun 2023 2023 Apr-Jun 2023 2023
4/1/2023 - 6/30/2023	Hematologis 6/30/2023 t/Oncologist Approval	74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography,	; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. evaluation of adenopathy for Waldenstrom's macroglobulinemia; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. NSCLC; evaluate for treatment response; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. restaging, Esophageal CA; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. stage iiib melanoma; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Follow up treatment of Cancer, Metastatic disease, Malignancy The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy	Apr-Jun 1 2023 2023 Apr-Jun 29 2023 2023 Apr-Jun 29 2023 2023 Apr-Jun 76 2023 2023 Apr-Jun 76 2023 2023
4/1/2023 - 6/30/2023	Hematologis 6/30/2023 t/Oncologist Approval Hematologis	74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast	; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. evaluation of adenopathy for Waldenstrom's macroglobulinemia; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. NSCLC; evaluate for treatment response; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. restaging, Esophageal CA; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. stage iiib melanoma; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Follow up treatment of Cancer, Metastatic disease, Malignancy The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested to Establish a	Apr-Jun 1 2023 2023 Apr-Jun 29 2023 2023 Apr-Jun 29 2023 2023 Apr-Jun 76 2023 2023 Apr-Jun 107 2023 2023 Apr-Jun 107 2023 2023 Apr-Jun
4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography,	; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. evaluation of adenopathy for Waldenstrom's macroglobulinemia; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. NSCLC; evaluate for treatment response; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. restaging, Esophageal CA; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. stage iiib melanoma; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD. The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Follow up treatment of Cancer, Metastatic disease, Malignancy The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy	Apr-Jun 1 2023 2023 Apr-Jun 29 2023 2023 Apr-Jun 29 2023 2023 Apr-Jun 76 2023 2023 Apr-Jun 76 2023 2023

4/1/2023 -		Hematologis	74176 Computed tomography, abdomen and pelvis; without contrast	There are 2 exams are being ordered.; The ordering MDs specialty is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 t/Oncologist Approval	material	Hematologist/Oncologist	1 2023 2023
			74176 Computed tomography,		
4/1/2023 -		Hematologis	abdomen and pelvis; without contrast	There are 3 exams are being ordered.; The ordering MDs specialty is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 t/Oncologist Approval	material	Hematologist/Oncologist	48 2023 2023
				This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study	
				is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were	
			74176 Computed tomography,	abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for	
4/1/2023 -		Hematologis	abdomen and pelvis; without contrast	chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 t/Oncologist Approval	material	lipase lab test.; Yes this is a request for a Diagnostic CT	1 2023 2023
				This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This	
			74176 Computed tomography,	study is being requested for abdominal and/or pelvic pain.; The study is being ordered for	
4/1/2023 -		Hematologis	abdomen and pelvis; without contrast	acute pain.; There has not been a physical exam.; The patient did not have a amylase or	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 t/Oncologist Approval	material	lipase lab test.; Yes this is a request for a Diagnostic CT	1 2023 2023
				This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This	
				study is being requested for abdominal and/or pelvic pain.; The study is being ordered for	
			74176 Computed tomography,	chronic pain.; This is not the first visit for this complaint.; There has not been a physical	
4/1/2023 -		Hematologis	abdomen and pelvis; without contrast	exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 t/Oncologist Approval	material	Diagnostic CT	1 2023 2023
				This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This	
			74176 Computed tomography,	study is being requested for abdominal and/or pelvic pain.; The study is being ordered for	
4/1/2023 -		Hematologis	abdomen and pelvis; without contrast	chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 t/Oncologist Approval	material	lipase lab test.; Yes this is a request for a Diagnostic CT	1 2023 2023
			74176 Computed tomography,	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for	
4/1/2023 -		Hematologis	abdomen and pelvis; without contrast	chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 t/Oncologist Approval	material	results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 t/Olicologist Approval	material	This is a request for an Abdomen and Pelvis CT.; The patient is presenting new symptoms.;	1 2023 2023
				This study is not being requested for abdominal and/or pelvic pain.; The patient had an	
				abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course	
				of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a	
			74176 Computed tomography,	Diagnostic CT; There is NO documentation of a known tumor or a known diagnosis of	
4/1/2023 -		Hematologis	abdomen and pelvis; without contrast	cancer; This is study being ordered for a concern of cancer such as for diagnosis or	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 t/Oncologist Approval	material	treatment.	2 2023 2023
			74176 Computed tomography,	This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.;	
4/1/2023 -		Hematologis	abdomen and pelvis; without contrast	This study is not being requested for abdominal and/or pelvic pain.; The study is not	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 t/Oncologist Approval	material	requested for hematuria.; Yes this is a request for a Diagnostic CT	7 2023 2023
				This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass	
				or suspected tumor or metastasis.; The patient is presenting new symptoms.; It is not known	
				if this study is being requested for abdominal and/or pelvic pain.; It is not known if the study	
				is requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR	
			74176 Computed tomography,	study.; The patient has NOT completed a course of chemotherapy or radiation therapy	
4/1/2023 -		Hematologis	abdomen and pelvis; without contrast	within the past 90 days.; Yes this is a request for a Diagnostic CT; It is unknown if this study	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 t/Oncologist Approval	material	being ordered for a concern of cancer such as for diagnosis or treatment.	1 2023 2023
				This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass	
				or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is	
				not being requested for abdominal and/or pelvic pain.; The study is not requested for	
			74176 Computed tomography,	hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The	
4/1/2023 -		Hematologis	abdomen and pelvis; without contrast	patient has NOT completed a course of chemotherapy or radiation therapy within the past	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 t/Oncologist Approval	material	90 days.; Yes this is a request for a Diagnostic CT	2 2023 2023

			This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass	
		74176 Computed tomography,	or suspected tumor or metastasis.; This study is not being requested for abdominal and/or	
4/1/2023 -	Hematologis	abdomen and pelvis; without contrast	pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	material	abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 t/Olicologist Approval	material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	1 2023 2023
		74176 Computed tomography,	and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for	
4/1/2023 -	Hematologis	abdomen and pelvis; without contrast	this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was	Apr.lup
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	material	NOT performed.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
0/30/2023 4/1/2023	6/30/2023 t/Olicologist Approval	Illaterial	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	1 2023 2023
		74176 Computed tomography		
4/4/2022	Homotologia	74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical	A 1
4/1/2023 -	Hematologis	abdomen and pelvis; without contrast	exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	material	Diagnostic CT	1 2023 2023
		74476 6	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
4/4/2022		74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for acute pain.; There has not been a physical	
4/1/2023 -	Hematologis	abdomen and pelvis; without contrast	exam.; The patient had an amylase lab test.; The results of the lab test were abnormal.; Yes	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	material	this is a request for a Diagnostic CT	2 2023 2023
			This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
. /. /		74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/1/2023 -	Hematologis	abdomen and pelvis; without contrast	this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	material	NOT performed.; Yes this is a request for a Diagnostic CT	1 2023 2023
			This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
		74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/1/2023 -	Hematologis	abdomen and pelvis; without contrast	this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	material	performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	2 2023 2023
			This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
		74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/1/2023 -	Hematologis	abdomen and pelvis; without contrast	this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	material	performed.; Yes this is a request for a Diagnostic CT	2 2023 2023
			This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
		74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/1/2023 -	Hematologis	abdomen and pelvis; without contrast	this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	material	performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 t/Oncologist /tpproval	material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	1 2023 2023
		74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/1/2023 -	Hematologis	abdomen and pelvis; without contrast	this complaint.; There has been a physical exam.; The patient is male.; It is not known if a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	material	rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 t/Olicologist Approval	Illaterial	, , , , , ,	1 2023 2023
		7417C Committed townsame	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
4/4/2022	Hamakala eta	74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this	A I
4/1/2023 -	Hematologis	abdomen and pelvis; without contrast	complaint.; The patient had an amylase lab test.; The results of the lab test were abnormal.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	material	Yes this is a request for a Diagnostic CT	1 2023 2023
			This is a request for an Abdomen and Pelvis CT.; This study is not being requested for	
			abdominal and/or pelvic pain.; The patient did NOT have an abnormal abdominal	
		74176 Computed tomography,	Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT; There is NO	
4/1/2023 -	Hematologis	abdomen and pelvis; without contrast	documentation of a known tumor or a known diagnosis of cancer; This is study being	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	material	ordered for a concern of cancer such as for diagnosis or treatment.	1 2023 2023
			This is a request for an Abdomen and Pelvis CT.; This study is not being requested for	
		74176 Computed tomography,	abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT; There is	
4/1/2023 -	Hematologis	abdomen and pelvis; without contrast	documentation of a known tumor or a known diagnosis of cancer; This is study being	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	material	ordered for a concern of cancer such as for diagnosis or treatment.	23 2023 2023
		74181 Magnetic resonance (eg, proton)	A CT Scan has been previously conducted.; Prior imaging was abnormal; Tumor, mass,	
4/1/2023 -	Hematologis	imaging, abdomen; without contrast	neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	material(s)	cancer is known; This is being requested for follow-up for active treatment.	1 2023 2023
	. , ,	• • • • • • • • • • • • • • • • • • • •	, , , , , , , , , , , , , , , , , , , ,	

6/30/2023	4/1/2023	6/30/2023 t/Oncologist Approval	material(s)	The patient's cancer is known; This is being requested for Remission/Surveillance.	1 2023 2023
4/1/2023 -		Hematologis	imaging, abdomen; without contrast	Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.;	Apr-Jun
			74181 Magnetic resonance (eg, proton)		
6/30/2023	4/1/2023	6/30/2023 t/Oncologist Approval	material(s)	vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	1 2023 2023
4/1/2023 -		Hematologis	imaging, abdomen; without contrast	suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected	Apr-Jun
	. ,	, , , , , , , , , , , , , , , , , , , ,	74181 Magnetic resonance (eg, proton)	This request is for an Abdomen MRI.; This study is not being ordered for known tumor,	
6/30/2023	4/1/2023	6/30/2023 t/Oncologist Approval	material(s)	the liver, kidney, pancreas or spleen.	1 2023 2023
4/1/2023 -		Hematologis	imaging, abdomen; without contrast	MRI or Ultrasound.; The abnormality found on a previous CT, MRI or Ultrasound was not in	Apr-Jun
			74181 Magnetic resonance (eg, proton)	suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT,	
3/30/2023	1 1 2023	5,55,2525 Goneologist Approval	cc.iui(y)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or	7 2023 2023
6/30/2023	4/1/2023	6/30/2023 t/Oncologist Approval	material(s)	There is suspicion of metastasis.	4 2023 2023
4/1/2023 -		Hematologis	imaging, abdomen; without contrast	MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.;	Apr-Jun
			74181 Magnetic resonance (eg, proton)	suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT,	
0/30/2023	4/1/2023	0/30/2023 t/Olicologist Approval	matematis	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or	1 2025 2023
6/30/2023	4/1/2022	6/30/2023 t/Oncologist Approval	material(s)	The patient has a tumor.	1 2023 2023
4/1/2023 -		Hematologis	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast	suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.;	Apr-Jun
			7/191 Magnetic reconance (eg. proten)		
6/30/2023	4/1/2023	6/30/2023 t/Oncologist Approval	material(s)	Ultrasound. This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or	1 2023 2023
1 1	4/1/2022	Hematologis	imaging, abdomen; without contrast	Ultrasound.	Apr-Jun 1 2023 2023
4/1/2023 -		Homatologis	74181 Magnetic resonance (eg, proton)	suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A abnormality was found on the pancreas during a previous CT, MRI or	Apr lun
			74101 Magnetic recognition (This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or	
6/30/2023	4/1/2023	6/30/2023 t/Oncologist Approval	material(s)	study is being ordered for staging.	4 2023 2023
4/1/2023 -	. /. /2025	Hematologis	imaging, abdomen; without contrast	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This	Apr-Jun
4/4/2000		U-may 1	74181 Magnetic resonance (eg, proton)	This was a to force Abdomes ABD This et al. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
6/30/2023	4/1/2023	6/30/2023 t/Oncologist Approval	material(s)	surgery in the last 3 months.	3 2023 2023
4/1/2023 -	. /. /2025	Hematologis	imaging, abdomen; without contrast	study is being ordered for follow-up.; The patient had chemotherapy, radiation therapy or	Apr-Jun
. /. /2025			74181 Magnetic resonance (eg, proton)	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This	
6/30/2023	4/1/2023	6/30/2023 t/Oncologist Approval	material(s)	the last 10 months.	1 2023 2023
4/1/2023 -	4/4/2022	Hematologis	imaging, abdomen; without contrast	radiation therapy or surgery in the last 3 months.; They did NOT have an Abdomen MRI in	Apr-Jun
4/4/2022		Hamadalaa!a	74181 Magnetic resonance (eg, proton)	known if the study is for follow up or staging.; The patient did NOT have chemotherapy,	A *
				This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; It is not	
6/30/2023	4/1/2023	6/30/2023 t/Oncologist Approval	material(s)	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.	4 2023 2023
4/1/2023 -	. /. /	Hematologis	imaging, abdomen; without contrast		Apr-Jun
			74181 Magnetic resonance (eg, proton)		
6/30/2023	4/1/2023	6/30/2023 t/Oncologist Approval	material(s)	colitis, bowel inflammation or diverticulitis.	1 2023 2023
4/1/2023 -		Hematologis	imaging, abdomen; without contrast	peritonitis, pancreatitis or appendicitis.; There is active or clinical findings of ulcerative	Apr-Jun
			74181 Magnetic resonance (eg, proton)	infection.; There are NO physical findings or abnormal blood work consistent with	
				This request is for an Abdomen MRI.; This study is being ordered for known or suspected	
6/30/2023	4/1/2023	6/30/2023 t/Oncologist Approval	material(s)	Hematologist/Oncologist	2 2023 2023
4/1/2023 -		Hematologis	imaging, abdomen; without contrast	There are 3 exams are being ordered.; The ordering MDs specialty is	Apr-Jun
			74181 Magnetic resonance (eg, proton)		
6/30/2023	4/1/2023	6/30/2023 t/Oncologist Approval	material(s)	Hematologist/Oncologist	3 2023 2023
4/1/2023 -		Hematologis	imaging, abdomen; without contrast	There are 2 exams are being ordered.; The ordering MDs specialty is	Apr-Jun
			74181 Magnetic resonance (eg, proton)		
6/30/2023	4/1/2023	6/30/2023 t/Oncologist Approval	material(s)	suspected.	1 2023 2023
4/1/2023 -		Hematologis	imaging, abdomen; without contrast	describes the reason for this procedure.; The patient's cancer is suspected; Liver cancer is	Apr-Jun
0,00,2020	., 1, 2023	0,00,2020 (, Oncologist Approval	74181 Magnetic resonance (eg, proton)	An MRI has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease best	2 2023 2023
6/30/2023	4/1/2023	6/30/2023 t/Oncologist Approval	material(s)	cancer is known; This is being requested for suspected metastasis.	2 2023 2023
4/1/2023 -		Hematologis	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast	A CT Scan has been previously conducted.; Prior imaging was abnormal; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 t/Oncologist Approval	material(s)	cancer is known; This is being requested for suspected metastasis.	1 2023 2023
1 1 1	4/1/2022	Hematologis	imaging, abdomen; without contrast	neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's	Apr-Jun
4/1/2023 -			inconing abdomen, without contract	na cultura au materitatia diagona hast dassuihas the usasan fauthis nuses diagon. The materials	A mage 1 com

		75557 Cardiac magnetic resonance		
4/1/2023 - 6/30/2023 4/1/20	Hematologis 023 6/30/2023 t/Oncologist Approval	imaging for morphology and function without contrast material;	This is NOT a Medicare member.; This Heart MRI is being requested for Coronary Artery Disease evaluation (CAD)	Apr-Jun 1 2023 2023
3,30,2020 1,2,2		,	Evaluate for new lump in the left upper inner quadrant of the reconstructed breast; This is a	
			request for Breast MRI.; This study is being ordered for a known history of breast cancer.;	
		77046 Magnetic resonance imaging,	No, this is not an individual who has known breast cancer in the contralateral (other) breast.;	
4/1/2023 -	Hematologis	breast, without contrast material;	Yes, this is a confirmed breast cancer.; No, the results of this MRI (size and shape of tumor)	Apr-Jun
6/30/2023 4/1/20	023 6/30/2023 t/Oncologist Approval	unilateral	affect the patient's further management.	1 2023 2023
			Invitae 4/27/2023 pathogenic mutation in ATM; This is a request for Breast MRI.; This study	
			is being ordered as a screening examination for known family history of breast cancer.;	
		77046 Magnetic resonance imaging,	There are NOT benign lesions in the breast associated with an increased cancer risk.; There is	
4/1/2023 -	Hematologis	breast, without contrast material;	NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister,	Apr-Jun
6/30/2023 4/1/20	023 6/30/2023 t/Oncologist Approval	unilateral	brother, or children).	1 2023 2023
		77046 Magnetic resonance imaging,	This is a request for Breast MRI.; This study is being ordered as a screening examination	
4/1/2023 -	Hematologis	breast, without contrast material;	following genetic testing for breast cancer.; The patient has a lifetime risk score of greater	Apr-Jun
6/30/2023 4/1/20	023 6/30/2023 t/Oncologist Approval	unilateral	than 20.	2 2023 2023
		77046 Magnetic resonance imaging,	This is a request for Breast MRI.; This study is being ordered as a screening examination for	
4/1/2023 -	Hematologis	breast, without contrast material;	known family history of breast cancer.; There is a pattern of breast cancer history in at least	Apr-Jun
6/30/2023 4/1/20	023 6/30/2023 t/Oncologist Approval	unilateral	two first-degree relatives (parent, sister, brother, or children).	5 2023 2023
		77046 Magnetic resonance imaging,		
4/1/2023 -	Hematologis	breast, without contrast material;	This is a request for Breast MRI.; This study is being ordered for a known history of breast	Apr-Jun
6/30/2023 4/1/20	023 6/30/2023 t/Oncologist Approval	unilateral	cancer.	5 2023 2023
			This is a request for Breast MRI.; This study is being ordered for a known history of breast	
		77046 Magnetic resonance imaging,	cancer.; No, this is not an individual who has known breast cancer in the contralateral	
4/1/2023 -	Hematologis	breast, without contrast material;	(other) breast.; Yes, this is a confirmed breast cancer.; Yes, the results of this MRI (size and	Apr-Jun
6/30/2023 4/1/20	023 6/30/2023 t/Oncologist Approval	unilateral	shape of tumor) affect the patient's further management.	1 2023 2023
		77046 Magnetic resonance imaging,	This is a request for Breast MRI.; This study is being ordered for a known history of breast	
4/1/2023 -	Hematologis	breast, without contrast material;	cancer.; Yes, this is an individual who has known breast cancer in the contralateral (other)	Apr-Jun
6/30/2023 4/1/20	023 6/30/2023 t/Oncologist Approval	unilateral	breast.	5 2023 2023
		77046 Magnetic resonance imaging,		
4/1/2023 -	Hematologis	breast, without contrast material;	This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There	Apr-Jun
6/30/2023 4/1/20	023 6/30/2023 t/Oncologist Approval	unilateral	are benign lesions in the breast associated with an increased cancer risk.	1 2023 2023
		77046 Magnetic resonance imaging,		
4/1/2023 -	Hematologis	breast, without contrast material;	This is a request for Breast MRI.; This study is being ordered for known or suspected breast	Apr-Jun
6/30/2023 4/1/20	023 6/30/2023 t/Oncologist Approval	unilateral	lesions.; There are benign lesions in the breast associated with an increased cancer risk.	1 2023 2023
			unknown; This is a request for Breast MRI.; This study is being ordered as a screening	
		77046 Magnetic resonance imaging,	examination for known family history of breast cancer.; There are NOT benign lesions in the	
4/1/2023 -	Hematologis	breast, without contrast material;	breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer	Apr-Jun
6/30/2023 4/1/20	023 6/30/2023 t/Oncologist Approval	unilateral	history in at least two first-degree relatives (parent, sister, brother, or children).	1 2023 2023
. /. /				
4/1/2023 -	Hematologis	77084 Magnetic resonance (eg, proton)		Apr-Jun
6/30/2023 4/1/20	023 6/30/2023 t/Oncologist Approval	imaging, bone marrow blood supply	; This is a request for an MRI Bone Marrow.	1 2023 2023
4/1/2023 -	Hematologis	77084 Magnetic resonance (eg, proton)		Apr-Jun
6/30/2023 4/1/20	023 6/30/2023 t/Oncologist Approval	imaging, bone marrow blood supply	multiple myeloma assess for disease progression; This is a request for an MRI Bone Marrow.	1 2023 2023
4/4/2022		77004 Managabia managa (
4/1/2023 -	Hematologis	77084 Magnetic resonance (eg, proton)		Apr-Jun
6/30/2023 4/1/20	023 6/30/2023 t/Oncologist Approval	imaging, bone marrow blood supply	One year followup restaging Multiple Myeloma; This is a request for an MRI Bone Marrow.	1 2023 2023
4/1/2022	Hamatalada	77004 Magnakia magna-11-1 (11-11-11-11-11-11-11-11-11-11-11-11-1	Those are 2 arrange are being audored. The audored-MD- and delta-to-	A 1.
4/1/2023 -	Hematologis	77084 Magnetic resonance (eg, proton)	There are 2 exams are being ordered.; The ordering MDs specialty is	Apr-Jun
6/30/2023 4/1/20	023 6/30/2023 t/Oncologist Approval	imaging, bone marrow blood supply	Hematologist/Oncologist	3 2023 2023
4/1/2022	Hamatalania	77004 Magnakia magna-11-1 (11-11-11-11-11-11-11-11-11-11-11-11-1	Those are 2 arrange are being and ared. The and of a MD and of the factor	8 m m 15
4/1/2023 -	Hematologis	77084 Magnetic resonance (eg, proton)	There are 3 exams are being ordered.; The ordering MDs specialty is	Apr-Jun
6/30/2023 4/1/20	023 6/30/2023 t/Oncologist Approval	imaging, bone marrow blood supply	Hematologist/Oncologist	7 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is a change in cardiac signs or symptoms (shortness of breath, etc.)."; The last MUGA scan was performed more than 3 months ago.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient has not had a previous MUGA scan.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is not a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient will be undergoing more chemotherapy.; The last MUGA scan was performed more than 3 months ago.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is not a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient will be undergoing more chemotherapy.; The patient has not had a previous MUGA scan.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; The last MUGA scan was performed within the last 3 months.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has not been initiated or completed.; Chemotherapy is planned.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	•	Hematologis 6/30/2023 t/Oncologist Approval	78813 Positron emission tomography (PET) imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being ordered for something other than listed above.; This study is being requested for an other solid tumor.; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	78813 Positron emission tomography (PET) imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Colo-rectal Cancer.; This PET Scan is being requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	78813 Positron emission tomography (PET) imaging; whole body	Known Cancer; This study is being requested for Lung Cancer.; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023

			A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or	
4/4/2022	Ht-ld-	7004.2 Parities and advantage to the second	Known Cancer; This study is being requested for Lymphoma or Myeloma.; This PET Scan is	A 1
4/1/2023 -	Hematologis	78813 Positron emission tomography	being requested for Restaging during ongoing therapy or treatment; This is for a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	(PET) imaging; whole body	Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	5 2023 2023
			A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or	
4/4/2022	Hamadala da	70042 Desituare and advantage to the control of	Known Cancer; This study is being requested for Lymphoma or Myeloma.; This PET Scan is	A 1
4/1/2023 -	Hematologis	78813 Positron emission tomography	being requested for Restaging following therapy or treatment for new signs or symptoms;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	(PET) imaging; whole body	This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	3 2023 2023
			A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or	
. /. /2022		70040 0 11 1 1 1 1	Known Cancer; This study is being requested for Lymphoma or Myeloma.; This PET Scan is	
4/1/2023 -	Hematologis	78813 Positron emission tomography	being requested for Restaging following therapy or treatment for suspected metastasis; This	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	(PET) imaging; whole body	is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2023 2023
			A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or	
			* * * * * * * * * * * * * * * * * * * *	
4/1/2023 -	Hematologis	78813 Positron emission tomography	Known Cancer; This study is being requested for Melanoma.; This PET Scan is being	Anr lun
	_		requested for Surveillance following the completion of therapy or treatment without new	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	(PET) imaging; whole body	signs or symptoms; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2023 2023
			This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial	
4/1/2022	Homotologia	70012 Desitues emission temperantu.	Staging; This would be the first PET Scan performed on this patient for this cancer.; This	A 1
4/1/2023 -	Hematologis	78813 Positron emission tomography	study is being requested for Colo-rectal Cancer.; This is a Medicare member.; This is for a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	(PET) imaging; whole body	Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2023 2023
			This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial	
4/4/2022	Hamadala da	70042 Desituare and advantage to the control of	Staging; This would be the first PET Scan performed on this patient for this cancer.; This	A I
4/1/2023 -	Hematologis	78813 Positron emission tomography	study is being requested for Lung Cancer.; This is a Medicare member.; This is for a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	(PET) imaging; whole body	Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2023 2023
			This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for	
4/4/0000		70040 P. 11	Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on	
4/1/2023 -	Hematologis	78813 Positron emission tomography	this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	(PET) imaging; whole body	is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2023 2023
			This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for	
. /. /			Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed	
4/1/2023 -	Hematologis	78813 Positron emission tomography	on this patient for this cancer.; This study is being requested for Prostate Cancer.; This is for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	(PET) imaging; whole body	a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2023 2023
			This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for	
			Restaging following therapy or treatment for new signs or symptoms; 1 PET Scans has	
. /. /			already been performed on this patient for this cancer.; This study is being requested for	
4/1/2023 -	Hematologis	78813 Positron emission tomography	Lymphoma or Myeloma.; This is for a Routine/Standard PET Scan using FDG	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	(PET) imaging; whole body	(fluorodeoxyglucose)	1 2023 2023
			This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for	
			Restaging following therapy or treatment for new signs or symptoms; 3 PET Scans have	
. /. /2022		70040 P. 11	already been performed on this patient for this cancer.; This study is being requested for	
4/1/2023 -	Hematologis	78813 Positron emission tomography	Melanoma.; A sentinel biopsy was performed on the regional lymph nodes; This is for a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	(PET) imaging; whole body	Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2023 2023
			This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for	
. /. /			Restaging following therapy or treatment for new signs or symptoms; 4 PET Scans have	
4/1/2023 -	Hematologis	78813 Positron emission tomography	already been performed on this patient for this cancer.; This study is being requested for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	(PET) imaging; whole body	Lung Cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2023 2023
			This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for	
			Restaging following therapy or treatment for suspected metastasis; This would be the first	
			PET Scan performed on this patient for this cancer.; This study is being requested for	
4/1/2023 -	Hematologis	78813 Positron emission tomography	Lymphoma or Myeloma.; This is a Medicare member.; This is for a Routine/Standard PET	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	(PET) imaging; whole body	Scan using FDG (fluorodeoxyglucose)	1 2023 2023

				This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for	
				Surveillance following the completion of therapy or treatment without new signs or symptoms; More than 4 PET Scans have already been performed on this patient for this	
				cancer.; This study is being requested for Melanoma.; A sentinel biopsy was performed on	
4/1/2023 -		Hematologis	78813 Positron emission tomography	the regional lymph nodes; This is for a Routine/Standard PET Scan using FDG	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 t/Oncologist Approval	(PET) imaging; whole body	(fluorodeoxyglucose)	1 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(, , , , , , , , , , , , , , , , , , ,	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm	
				or establish a diagnosis of Cancer; 1 PET Scans has already been performed on this patient	
4/1/2023 -		Hematologis	78813 Positron emission tomography	for this cancer.; This study is being requested for Lung Cancer.; This is for a Routine/Standard	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 t/Oncologist Approval	(PET) imaging; whole body	PET Scan using FDG (fluorodeoxyglucose)	1 2023 2023
				This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm	
4/4/2022		Harristala eta	70042 Parithern and advantage to the second second	or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient	A I
4/1/2023 -	4/4/2022	Hematologis	78813 Positron emission tomography	for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 t/Oncologist Approval	(PET) imaging; whole body	This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) This is a request for a Tumor Imaging PET Scan; This study is being requested for Melanoma.;	1 2023 2023
4/1/2023 -		Hematologis	78813 Positron emission tomography	It is unknown if a sentinel biopsy was performed on the regional lymph nodes; This is for a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 t/Oncologist Approval	(PET) imaging; whole body	Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2023 2023
.,,		., ,	(, , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,	
			78816 Positron emission tomography		
			(PET) with concurrently acquired		
			computed tomography (CT) for		
4/1/2023 -		Hematologis	attenuation correction and anatomical	; There are 4 exams are being ordered.; The ordering MDs specialty is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 t/Oncologist Approval	localization imaging; whole body	Hematologist/Oncologist; This case was created via RadMD.	1 2023 2023
			T0046 B 11 1 1 1 1 1		
			78816 Positron emission tomography		
			(PET) with concurrently acquired	A higher has NOT substantiated the cancer tune. This Bet Sean is being requested for	
4/1/2023 -		Hematologis	computed tomography (CT) for attenuation correction and anatomical	A biopsy has NOT substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This is for a Routine/Standard PET Scan using FDG	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 t/Oncologist Approval	localization imaging; whole body	(fluorodeoxyglucose)	9 2023 2023
0,30,2023	., 1, 2020	0/30/2023 t/ 0110010g.st / ipprotui	iodalization imaging, whole 2007	(11431-042011)	3 2023 2023
			78816 Positron emission tomography		
			(PET) with concurrently acquired	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or	
			computed tomography (CT) for	Known Cancer; This study is being ordered for something other than listed above.; This study	
4/1/2023 -		Hematologis	attenuation correction and anatomical	is being requested for an other solid tumor.; This PET Scan is being requested for Initial	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 t/Oncologist Approval	localization imaging; whole body	Staging; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2 2023 2023
			78816 Positron emission tomography	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or	
			(PET) with concurrently acquired	Known Cancer; This study is being ordered for something other than listed above.; This study	
4/1/2022		Homotologie	computed tomography (CT) for	is being requested for an other solid tumor.; This PET Scan is being requested for Restaging	A I
4/1/2023 - 6/30/2023	4/1/2022	Hematologis 6/30/2023 t/Oncologist Approval	attenuation correction and anatomical localization imaging; whole body	during ongoing therapy or treatment; This is for a PET Scan with Dotatate (Gallium GA 68- Dotatate)	Apr-Jun 1 2023 2023
0/30/2023	4/1/2023	0/30/2023 t/Oncologist Approval	localization imaging, whole body	Dotatate	1 2023 2023
			78816 Positron emission tomography	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or	
			(PET) with concurrently acquired	Known Cancer; This study is being ordered for something other than listed above.; This study	
			computed tomography (CT) for	is being requested for an other solid tumor.; This PET Scan is being requested for Restaging	
4/1/2023 -		Hematologis	attenuation correction and anatomical	during ongoing therapy or treatment; This is for a Routine/Standard PET Scan using FDG	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 t/Oncologist Approval	localization imaging; whole body	(fluorodeoxyglucose)	1 2023 2023
			78816 Positron emission tomography	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or	
			(PET) with concurrently acquired	Known Cancer; This study is being ordered for something other than listed above.; This study	
. /. /			computed tomography (CT) for	is being requested for an other solid tumor.; This PET Scan is being requested for Restaging	
4/1/2023 -	4/4/2022	Hematologis	attenuation correction and anatomical	following therapy or treatment for new signs or symptoms; This is for a Routine/Standard	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 t/Oncologist Approval	localization imaging; whole body	PET Scan using FDG (fluorodeoxyglucose)	1 2023 2023

			78816 Positron emission tomography (PET) with concurrently acquired	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or	
			computed tomography (CT) for	Known Cancer; This study is being ordered for something other than listed above.; This study	
4/1/2023 -		Hematologis	attenuation correction and anatomical	is being requested for Cervical Cancer.; This PET Scan is being requested for Initial Staging;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 t/Oncologist Approval	localization imaging; whole body	This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2 2023 2023
			7001C Desitues emission tomography		
			78816 Positron emission tomography (PET) with concurrently acquired	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or	
			computed tomography (CT) for	Known Cancer; This study is being ordered for something other than listed above.; This study	
4/1/2023 -		Hematologis	attenuation correction and anatomical	is being requested for Cervical Cancer.; This PET Scan is being requested for Initial Staging;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 t/Oncologist Approval	localization imaging; whole body	This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	3 2023 2023
			78816 Positron emission tomography	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or	
			(PET) with concurrently acquired	Known Cancer; This study is being ordered for something other than listed above.; This study	
4/1/2023 -		Hemsekele etc	computed tomography (CT) for	is being requested for Cervical Cancer.; This PET Scan is being requested for Restaging during	A 1
6/30/2023	4/1/2022	Hematologis	attenuation correction and anatomical	ongoing therapy or treatment; This is for a Routine/Standard PET Scan using FDG	Apr-Jun 1 2023 2023
0/30/2023	4/1/2023	6/30/2023 t/Oncologist Approval	localization imaging; whole body	(fluorodeoxyglucose)	1 2023 2023
			78816 Positron emission tomography	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or	
			(PET) with concurrently acquired	Known Cancer; This study is being ordered for something other than listed above.; This study	
			computed tomography (CT) for	is being requested for Cervical Cancer.; This PET Scan is being requested for Surveillance	
4/1/2023 -		Hematologis	attenuation correction and anatomical	following the completion of therapy or treatment without new signs or symptoms; This is for	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 t/Oncologist Approval	localization imaging; whole body	a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2023 2023
			7004 C Desitues and relies to the second second	A bit and a bit be able to the data and a second and This Dat Come is being a second of Grace Comment of the Co	
			78816 Positron emission tomography	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or	
			(PET) with concurrently acquired computed tomography (CT) for	Known Cancer; This study is being ordered for something other than listed above.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This PET Scan is being	
4/1/2023 -		Hematologis	attenuation correction and anatomical	requested for Restaging during ongoing therapy or treatment; This is for a Routine/Standard	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 t/Oncologist Approval	localization imaging; whole body	PET Scan using FDG (fluorodeoxyglucose)	3 2023 2023
0,00,000	, , , = = = =				3 2020 2020
			78816 Positron emission tomography	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or	
			(PET) with concurrently acquired	Known Cancer; This study is being ordered for something other than listed above.; This study	
			computed tomography (CT) for	is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This PET Scan is being	
4/1/2023 -	. /. /	Hematologis	attenuation correction and anatomical	requested for Restaging following therapy or treatment for suspected metastasis; This is for	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 t/Oncologist Approval	localization imaging; whole body	a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	3 2023 2023
			78816 Positron emission tomography	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or	
			(PET) with concurrently acquired	Known Cancer; This study is being ordered for something other than listed above.; This study	
			computed tomography (CT) for	is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This PET Scan is being	
4/1/2023 -		Hematologis	attenuation correction and anatomical	requested for Surveillance following the completion of therapy or treatment without new	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 t/Oncologist Approval	localization imaging; whole body	signs or symptoms; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2023 2023
			78816 Positron emission tomography	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or	
			(PET) with concurrently acquired	Known Cancer; This study is being ordered for something other than listed above.; This study	
4/1/2023 -		Homotologic	computed tomography (CT) for	is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This PET Scan is being	Apr I
6/30/2023	4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	attenuation correction and anatomical localization imaging; whole body	requested to Confirm or establish a diagnosis of Cancer; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
0/30/2023	7/ 1/ 2023	5,35,2323 Concologist Approval	iocunzacion imaging, whole body	Sean asing 100 (naoroacoxygraeose)	1 2023 2023
			78816 Positron emission tomography		
			(PET) with concurrently acquired	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or	
			computed tomography (CT) for	Known Cancer; This study is being ordered for something other than listed above.; This study	
4/1/2023 -		Hematologis	attenuation correction and anatomical	is not being ordered for None of the above.; This is for a Routine/Standard PET Scan using	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 t/Oncologist Approval	localization imaging; whole body	FDG (fluorodeoxyglucose)	8 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Breast Cancer.; This PET Scan is being requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 9 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Breast Cancer.; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 16 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Breast Cancer.; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Breast Cancer.; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 4 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Breast Cancer.; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Colo-rectal Cancer.; This PET Scan is being requested for Initial Staging; This is for a PET Scan with Dotatate (Gallium GA 68-Dotatate)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Colo-rectal Cancer.; This PET Scan is being requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 5 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Colo-rectal Cancer.; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 4 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Colo-rectal Cancer.; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 2 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Colo-rectal Cancer.; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Colo-rectal Cancer.; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Lung Cancer.; This PET Scan is being requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 8 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Lung Cancer.; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 5 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Lung Cancer.; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Lung Cancer.; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 6 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Lung Cancer.; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Lung Cancer.; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Lymphoma or Myeloma.; This PET Scan is being requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 11 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Lymphoma or Myeloma.; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 12 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Lymphoma or Myeloma.; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 6 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Lymphoma or Myeloma.; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Lymphoma or Myeloma.; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Melanoma.; This PET Scan is being requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Melanoma.; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Ovarian or Esophageal Cancer.; This PET Scan is being requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Ovarian or Esophageal Cancer.; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer, This study is being requested for Ovarian or Esophageal Cancer,; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023

		78816 Positron emission tomography	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or	
		(PET) with concurrently acquired	Known Cancer; This study is being requested for Ovarian or Esophageal Cancer.; This PET	
4/4/2022	Homotologia	computed tomography (CT) for	Scan is being requested for Surveillance following the completion of therapy or treatment	A 1
4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	attenuation correction and anatomical localization imaging; whole body	without new signs or symptoms; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
0/30/2023 4/1/2023	0/30/2023 t/Oncologist Approval	localization imaging, whole body	(indirodeoxygiucose)	1 2023 2023
		78816 Positron emission tomography		
		(PET) with concurrently acquired		
		computed tomography (CT) for	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or	
4/1/2023 -	Hematologis	attenuation correction and anatomical	Known Cancer; This study is being requested for Prostate Cancer.; This PET Scan is being	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	localization imaging; whole body	requested for Initial Staging; This is for a PET Scan with Dotatate (Gallium GA 68-Dotatate)	1 2023 2023
		7004C Deathar and advantage to the second		
		78816 Positron emission tomography (PET) with concurrently acquired	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or	
		computed tomography (CT) for	Known Cancer; This study is being requested for Prostate Cancer.; This PET Scan is being	
4/1/2023 -	Hematologis	attenuation correction and anatomical	requested for Restaging during ongoing therapy or treatment; This is for a PET Scan with	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	localization imaging; whole body	Dotatate (Gallium GA 68-Dotatate)	1 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , ,		
		78816 Positron emission tomography		
		(PET) with concurrently acquired	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or	
		computed tomography (CT) for	Known Cancer; This study is being requested for Prostate Cancer.; This PET Scan is being	
4/1/2023 -	Hematologis	attenuation correction and anatomical	requested for Restaging following therapy or treatment for suspected metastasis; This is for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	localization imaging; whole body	a PET Scan with Dotatate (Gallium GA 68-Dotatate)	1 2023 2023
		78816 Positron emission tomography		
		(PET) with concurrently acquired	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or	
		computed tomography (CT) for	Known Cancer; This study is being requested for Soft Tissue Sarcoma, Pancreatic or	
4/1/2023 -	Hematologis	attenuation correction and anatomical	Testicular Cancer.; This PET Scan is being requested for Initial Staging; This is for a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	localization imaging; whole body	Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	4 2023 2023
		78816 Positron emission tomography		
		(PET) with concurrently acquired		
4/4/2022	11	computed tomography (CT) for	There are 2 common better endowed. The endoster MDs constalls to	A I
4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	attenuation correction and anatomical localization imaging; whole body	There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	Apr-Jun 12 2023 2023
0/30/2023 4/1/2023	0/30/2023 t/Oncologist Approval	localization imaging, whole body	Hematologist/ Oncologist	12 2023 2023
		78816 Positron emission tomography		
		(PET) with concurrently acquired		
		computed tomography (CT) for		
4/1/2023 -	Hematologis	attenuation correction and anatomical	There are 3 exams are being ordered.; The ordering MDs specialty is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	localization imaging; whole body	Hematologist/Oncologist	4 2023 2023
		7004C Deathers and advantage to the second		
		78816 Positron emission tomography (PET) with concurrently acquired		
		computed tomography (CT) for		
4/1/2023 -	Hematologis	attenuation correction and anatomical		Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This is for a PET Scan with an Other Tracer	1 2023 2023
		78816 Positron emission tomography		
		(PET) with concurrently acquired		
		computed tomography (CT) for		
4/1/2023 -	Hematologis	attenuation correction and anatomical	This is a request for a Tumor Imaging PET Scan; This is for a PET Scan with Dotatate (Gallium	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	localization imaging; whole body	GA 68-Dotatate)	1 2023 2023

		78816 Positron emission tomography		
		(PET) with concurrently acquired		
4/4/2022	Hamatalanta	computed tomography (CT) for	This is a second for a Town of break and DET Comp. This is for a DET Comp. with DCAAA (D. lavife	A man I man
4/1/2023 -	Hematologis	attenuation correction and anatomical	This is a request for a Tumor Imaging PET Scan; This is for a PET Scan with PSMA (Pylarify,	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	localization imaging; whole body	Locametz, or Illuccix)	3 2023 2023
		78816 Positron emission tomography		
		(PET) with concurrently acquired	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial	
		computed tomography (CT) for	Staging; 1 PET Scans has already been performed on this patient for this cancer.; This study is	
4/1/2023 -	Hematologis	attenuation correction and anatomical	being requested for Lung Cancer.; This is for a Routine/Standard PET Scan using FDG	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	localization imaging; whole body	(fluorodeoxyglucose)	1 2023 2023
			This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial	
		78816 Positron emission tomography	Staging; This study is being ordered for something other than Breast CA, Lymphoma,	
		(PET) with concurrently acquired	Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma,	
. /. /2022		computed tomography (CT) for	Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an	
4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	attenuation correction and anatomical	other solid tumor.; A biopsy substantiated the cancer type; This is for a Routine/Standard	Apr-Jun 1 2023 2023
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	localization imaging; whole body	PET Scan using FDG (fluorodeoxyglucose) This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial	1 2023 2023
			Staging; This would be the first PET Scan performed on this patient for this cancer.; This	
		78816 Positron emission tomography	study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian	
		(PET) with concurrently acquired	CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma,	
		computed tomography (CT) for	Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer,	
4/1/2023 -	Hematologis	attenuation correction and anatomical	Tumor or Mass.; This is a Medicare member.; This is for a Routine/Standard PET Scan using	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	localization imaging; whole body	FDG (fluorodeoxyglucose)	1 2023 2023
		78816 Positron emission tomography	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial	
		(PET) with concurrently acquired	Staging; This would be the first PET Scan performed on this patient for this cancer.; This	
4/4/2022	Hamatalanta	computed tomography (CT) for	study is being requested for Breast Cancer.; This is a Medicare member.; A sentinel biopsy	A I
4/1/2023 - 6/30/2023 4/1/2023	Hematologis	attenuation correction and anatomical	was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using	Apr-Jun 2 2023 2023
0/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	localization imaging; whole body	FDG (fluorodeoxyglucose)	2 2023 2023
		78816 Positron emission tomography		
		(PET) with concurrently acquired	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial	
		computed tomography (CT) for	Staging; This would be the first PET Scan performed on this patient for this cancer.; This	
4/1/2023 -	Hematologis	attenuation correction and anatomical	study is being requested for Colo-rectal Cancer.; This is a Medicare member.; This is for a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	localization imaging; whole body	Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2 2023 2023
		78816 Positron emission tomography		
		(PET) with concurrently acquired	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial	
4/1/2023 -	Hematologis	computed tomography (CT) for attenuation correction and anatomical	Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This is for a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	localization imaging; whole body	Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	4 2023 2023
0/30/2023 4/1/2023	0/30/2023 t/Oncologist Approval	localization imaging, whole body	Noutine/Standard FET Stan dsing FDG (Indolodeoxygidcose)	4 2023 2023
		78816 Positron emission tomography		
		(PET) with concurrently acquired	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial	
		computed tomography (CT) for	Staging; This would be the first PET Scan performed on this patient for this cancer.; This	
4/1/2023 -	Hematologis	attenuation correction and anatomical	study is being requested for Lymphoma or Myeloma.; This is a Medicare member.; This is for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	localization imaging; whole body	a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2 2023 2023
		78816 Positron emission tomography		
		(PET) with concurrently acquired	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial	
4/1/2023 -	Hematologis	computed tomography (CT) for attenuation correction and anatomical	Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Ovarian or Esophageal Cancer.; This is a Medicare member.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	localization imaging; whole body	This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2023 2023
0,30,2023 4,1,2023	0/30/2023 (Officologist Apploval	iocanzacion imaging, whole body	mis is for a noutine/standard file standard	1 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Prostate Cancer.; This is a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Prostate Cancer.; This is a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Colo-rectal Cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 4 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023

		78816 Positron emission tomography		
		(PET) with concurrently acquired	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for	
		computed tomography (CT) for	Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed	
4/1/2023 -	Hematologis	attenuation correction and anatomical	on this patient for this cancer.; This study is being requested for Lung Cancer.; This is for a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	localization imaging; whole body	Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2 2023 2023
		78816 Positron emission tomography		
		(PET) with concurrently acquired	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for	
		computed tomography (CT) for	Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed	
4/1/2023 -	Hematologis	attenuation correction and anatomical	on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	localization imaging; whole body	This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2023 2023
		78816 Positron emission tomography	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for	
		(PET) with concurrently acquired	Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed	
		computed tomography (CT) for	on this patient for this cancer.; This study is being requested for Soft Tissue Sarcoma,	
4/1/2023 -	Hematologis	attenuation correction and anatomical	Pancreatic or Testicular Cancer.; This is for a Routine/Standard PET Scan using FDG	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	localization imaging; whole body	(fluorodeoxyglucose)	1 2023 2023
		70016 Decitron emission to magazine	This is a request for a Tumor Imaging DET Coar. This DET Coar is being requested for	
		78816 Positron emission tomography (PET) with concurrently acquired	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 3 PET Scans have already been performed	
		computed tomography (CT) for	on this patient for this cancer.; This study is being requested for Breast Cancer.; A sentinel	
4/1/2023 -	Hematologis	attenuation correction and anatomical	biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	localization imaging; whole body	using FDG (fluorodeoxyglucose)	1 2023 2023
		78816 Positron emission tomography	This is a user seek for a Trumon Impering DET Coop. This DET Coop is help a servested for	
		(PET) with concurrently acquired computed tomography (CT) for	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 3 PET Scans have already been performed	
4/1/2023 -	Hematologis	attenuation correction and anatomical	on this patient for this cancer.; This study is being requested for Lung Cancer.; This is for a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	localization imaging; whole body	Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2023 2023
		78816 Positron emission tomography		
		(PET) with concurrently acquired	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for	
4/1/2023 -	Hematologis	computed tomography (CT) for attenuation correction and anatomical	Restaging during ongoing therapy or treatment; 3 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	localization imaging; whole body	This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2023 2023
		78816 Positron emission tomography	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for	
		(PET) with concurrently acquired	Restaging during ongoing therapy or treatment; 4 PET Scans have already been performed	
4/1/2023 -	Hematologis	computed tomography (CT) for attenuation correction and anatomical	on this patient for this cancer.; This study is being requested for Breast Cancer.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	localization imaging; whole body	using FDG (fluorodeoxyglucose)	1 2023 2023
0,00,2020 1,2,2020	o, so, roll of one of other states	iodalization integrity, whole sour	damig 190 (natioaces, /g. acesse)	1 2023 2025
		78816 Positron emission tomography		
		(PET) with concurrently acquired	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for	
. /. /2.22		computed tomography (CT) for	Restaging during ongoing therapy or treatment; More than 4 PET Scans have already been	
4/1/2023 -	Hematologis	attenuation correction and anatomical	performed on this patient for this cancer.; This study is being requested for Lymphoma or	Apr-Jun 1 2023 2023
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	localization imaging; whole body	Myeloma.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2023 2023
		78816 Positron emission tomography		
		(PET) with concurrently acquired	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for	
		computed tomography (CT) for	Restaging during ongoing therapy or treatment; More than 4 PET Scans have already been	
4/1/2023 -	Hematologis	attenuation correction and anatomical	performed on this patient for this cancer.; This study is being requested for Ovarian or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	localization imaging; whole body	Esophageal Cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2023 2023

		78816 Positron emission tomography	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for	
		(PET) with concurrently acquired	Restaging during ongoing therapy or treatment; This would be the first PET Scan performed	
4/1/2023 -	Hematologis	computed tomography (CT) for attenuation correction and anatomical	on this patient for this cancer.; This study is being requested for Breast Cancer.; This is a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	localization imaging; whole body	Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2023 2023
0,00,2020 1,2,2020	6,55,2525 t,5115515g.st 7,pp.544.	iodanization imaging, whole body	a nodalite/standard i En Stan dollig i Do (indoisaces.i/g. acesse/	1 2023 2023
		78816 Positron emission tomography		
		(PET) with concurrently acquired	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for	
4/4/2022	Users shall set a	computed tomography (CT) for	Restaging during ongoing therapy or treatment; This would be the first PET Scan performed	A 1
4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	attenuation correction and anatomical localization imaging; whole body	on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
0/30/2023 4/1/2023	6/36/2023 Concologist Approval	localization imaging, whole body	Wedicare members, find to a noutrie, standard FET Sear daining 1964 (natioacoxygraeose)	1 2023 2023
		78816 Positron emission tomography	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for	
		(PET) with concurrently acquired	Restaging during ongoing therapy or treatment; This would be the first PET Scan performed	
4/4/2022		computed tomography (CT) for	on this patient for this cancer.; This study is being requested for Ovarian or Esophageal	
4/1/2023 - 6/30/2023 4/1/2023	Hematologis	attenuation correction and anatomical localization imaging; whole body	Cancer.; This is a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
0/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	localization imaging, whole body	(iiuoi odeoxygiucose)	1 2023 2023
		78816 Positron emission tomography		
		(PET) with concurrently acquired	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for	
		computed tomography (CT) for	Restaging following therapy or treatment for new signs or symptoms; 1 PET Scans has	
4/1/2023 -	Hematologis	attenuation correction and anatomical	already been performed on this patient for this cancer.; This study is being requested for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	localization imaging; whole body	Colo-rectal Cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2023 2023
		78816 Positron emission tomography	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for	
		(PET) with concurrently acquired	Restaging following therapy or treatment for new signs or symptoms; 1 PET Scans has	
		computed tomography (CT) for	already been performed on this patient for this cancer.; This study is being requested for	
4/1/2023 -	Hematologis	attenuation correction and anatomical	Lymphoma or Myeloma.; This is for a Routine/Standard PET Scan using FDG	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	localization imaging; whole body	(fluorodeoxyglucose)	1 2023 2023
		78816 Positron emission tomography		
		(PET) with concurrently acquired	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for	
		computed tomography (CT) for	Restaging following therapy or treatment for new signs or symptoms; 2 PET Scans have	
4/1/2023 -	Hematologis	attenuation correction and anatomical	already been performed on this patient for this cancer.; This study is being requested for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	localization imaging; whole body	Colo-rectal Cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2 2023 2023
		78816 Positron emission tomography	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for	
		(PET) with concurrently acquired	Restaging following therapy or treatment for new signs or symptoms; 2 PET Scans have	
		computed tomography (CT) for	already been performed on this patient for this cancer.; This study is being requested for	
4/1/2023 -	Hematologis	attenuation correction and anatomical	Lymphoma or Myeloma.; This is for a Routine/Standard PET Scan using FDG	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	localization imaging; whole body	(fluorodeoxyglucose)	1 2023 2023
		7004C Parities a series in the series when	This is a second for a Town of locality DET Const. This DET Const. Is help a second of for	
		78816 Positron emission tomography (PET) with concurrently acquired	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; It is unknown how	
		computed tomography (CT) for	many PET Scans have already been performed on this patient for this cancer.; This study is	
4/1/2023 -	Hematologis	attenuation correction and anatomical	being requested for Lung Cancer.; This is for a Routine/Standard PET Scan using FDG	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	localization imaging; whole body	(fluorodeoxyglucose)	1 2023 2023
		7004 C Desites a servicei en terre en en en	This is a second for a Toursellow live DET Court This DET Court is help as a second se	
		78816 Positron emission tomography (PET) with concurrently acquired	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; This would be the first	
		computed tomography (CT) for	PET Scan performed on this patient for this cancer.; This study is being requested for Lung	
4/1/2023 -	Hematologis	attenuation correction and anatomical	Cancer.; This is a Medicare member.; This is for a Routine/Standard PET Scan using FDG	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	localization imaging; whole body	(fluorodeoxyglucose)	2 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 1 PET Scans has already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 3 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; A Sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		Hematologis 6/30/2023 t/Oncologist Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Ovarian or Esophageal Cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	A/1/2022	Hematologis 6/30/2023 t/Oncologist Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; This would be the first PET Scan performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; This is a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being requested for Breast Cancer.; It is unknown if a sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being requested for Melanoma.; A sentinel biopsy was NOT performed on the regional lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This nodule is Existing (stable, being followed with any modality); This Pet Scan is being requested for a Pulmonary Nodule; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This nodule is New (recently diagnosed); The nodule is calcified (full or partial); This Pet Scan is being requested for a Pulmonary Nodule; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This Pet Scan is being requested for Other; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023 4	4/4/2022	Hematologis	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral	; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artificial heart valves.	Apr-Jun 3 2023 2023
6/30/2023 4	4/1/2023	6/30/2023 t/Oncologist Approval	or color Doppler echocardiography	annual re-eval of artifical neart valves.	3 2023 2023
4/1/2023 - 6/30/2023 4	4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artificial heart valves.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4	4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4	4/4/2022	Hematologis 6/30/2023 t/Oncologist Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral	CARDIAC EVALUATION DURING CARDIOTOXIC CHEMOTHERAPY; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4		Hematologis 6/30/2023 t/Oncologist Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Patient to begin chemotherapy for breast cancer.; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4	4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Patient undergoing chemotherapy.; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patient's cardiac symptoms.; It has been at least 24 months since the last echocardiogram was performed.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4	4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Right breast and left breast both with ER; positive, PR positive and HER2 negative tumors. ; She is s/p bilateral lumpectomies and sentinel lymph node studies on May 24, 2022 with negative sentinel lymph node studies and; pathology staging of pT2N0 diseas; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artifical heart valves.	Apr-Jun 1 2023 2023

			Right breast and left breast both with ER; positive, PR positive and HER2 negative tumors.	
			;She is s/p bilateral lumpectomies and sentinel lymph node studies on May 24, 2022 with	
			negative sentinel lymph node studies and; pathology staging of pT2N0 diseas; This a request	
		93307 Echocardiography, transthoracic,	for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is	
		real-time with image documentation	being ordered for Evaluation of Cardiac Valves.; This is NOT for prolapsed mitral valve,	
		(2D), includes M-mode recording, when	suspected valve disease, new or changing symptoms of valve disease, annual review of	
4/1/2023 -	Hematologis	performed, complete, without spectral	known valve disease, initial evaluation of artificial heart valves or annual re-eval of artificial	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	or color Doppler echocardiography	heart valves.	1 2023 2023
		93307 Echocardiography, transthoracic,		
		real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	
		(2D), includes M-mode recording, when	The member is 15 or older.; The ordering provider's specialty is Hematologist/Oncologist;	
4/1/2023 -	Hematologis	performed, complete, without spectral	This study is being ordered for evaluation related to chemotherapy (initial evaluation or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	or color Doppler echocardiography	follow-up).	5 2023 2023
0/30/2023 4/1/2023	0/30/2023 t/Oncologist Approval	or color poppler echocardiography	ioliow-upj.	3 2023 2023
		93307 Echocardiography, transthoracic,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	
		real-time with image documentation	The member is 15 or older.; The ordering provider's specialty is Hematologist/Oncologist;	
		(2D), includes M-mode recording, when	This study is being ordered for none of the above or don't know.; This study is being ordered	
4/1/2023 -	Hematologis	performed, complete, without spectral	for evaluation of an abnormal heart rhythm.; The health carrier is NOT HealthNet of	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	or color Doppler echocardiography	California	1 2023 2023
		93307 Echocardiography, transthoracic,		
		real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	
		(2D), includes M-mode recording, when	The member is 15 or older.; The ordering provider's specialty is Hematologist/Oncologist;	
4/1/2023 -	Hematologis	performed, complete, without spectral	This study is being ordered for none of the above or don't know.; This study is being ordered	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	or color Doppler echocardiography	for evaluation of possible or known pulmonary embolism.	1 2023 2023
		93307 Echocardiography, transthoracic,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	
		real-time with image documentation	The member is between 4 and 14 years old.; Congenital heart defect, congenital syndrome	
		(2D), includes M-mode recording, when	or acquired syndrome best describes my reason for ordering this study.; This is an initial	
4/1/2023 -	Hematologis	performed, complete, without spectral	evaluation of a patient not seen in this office before.; The ordering provider's specialty is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	or color Doppler echocardiography	NOT Cardiology or Nephrology	1 2023 2023
		93307 Echocardiography, transthoracic,		
		real-time with image documentation		
		(2D), includes M-mode recording, when	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	
4/1/2022	Homotologia			A mar Issa
4/1/2023 - 6/30/2023 4/1/2023	Hematologis	performed, complete, without spectral	This study is being ordered for another reason; The reason for ordering this study is unknown.	Apr-Jun 1 2023 2023
0/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	or color Doppler echocardiography	Ulikilowii.	1 2023 2023
		93307 Echocardiography, transthoracic,		
		real-time with image documentation		
		(2D), includes M-mode recording, when		
4/1/2023 -	Hematologis	performed, complete, without spectral	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	or color Doppler echocardiography	This study is being ordered for Evaluation of Cardiac Embolism.	1 2023 2023
. , , , , , , , , , , , , , , , , , , ,		.,	, ,	
		93307 Echocardiography, transthoracic,		
		real-time with image documentation		
		(2D), includes M-mode recording, when	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	
4/1/2023 -	Hematologis	performed, complete, without spectral	This study is being ordered for Evaluation of Cardiac Mass.; This is for the initial evaluation	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Approval	or color Doppler echocardiography	of a cardiac mass.	2 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, wher performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of artificial heart valves.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artificial heart valves.	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artificial heart valves.	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; There has been a change in clinical status since the last echocardiogram.; It has NOT been at least 24 months since the last echocardiogram was performed.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	Apr-Jun 14 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Hematologis 6/30/2023 t/Oncologist Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, wher performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patient's cardiac symptoms.; It has NOT been at least 24 months since the last echocardiogram was performed.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Hematologis 6/30/2023 t/Oncologist Disapproval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	Apr-Jun 4 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Hematologis 6/30/2023 t/Oncologist Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a history of cancer.; Headache best describes the reason that I have requested this test.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Hematologis 6/30/2023 t/Oncologist Disapproval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a known tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.	Apr-Jun 1 2023 2023

				This is a request for a brain/head CT.; The patient has a suspected brain tumor.; There are	
			Radiology Services	documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare	
4/1/2023 -	Hematologis	70450 Computed tomography, head or	Denied Not	member.; Known or suspected tumor best describes the reason that I have requested this	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Disapproval	brain; without contrast material	Medically Necessary	test.	1 2023 2023
			Radiology Services		
4/1/2023 -	Hematologis	70490 Computed tomography, soft	Denied Not	NSCLC; There are 4 exams are being ordered.; The ordering MDs specialty is	Apr-Jun
6/30/2023 4/1/2023		tissue neck; without contrast material		Hematologist/Oncologist; This case was created via RadMD.	1 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,		
			Radiology Services		
4/1/2023 -	Hematologis	70490 Computed tomography, soft	Denied Not	There are 3 exams are being ordered.; The ordering MDs specialty is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Disapproval	tissue neck; without contrast material	Medically Necessary	Hematologist/Oncologist This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a	3 2023 2023
			Radiology Services	palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was	
4/1/2023 -	Hematologis	70490 Computed tomography, soft	Denied Not	done.; The patient has NOT been diagnosed with cancer.; Yes this is a request for a	Apr-Jun
6/30/2023 4/1/2023	——————————————————————————————————————	tissue neck; without contrast material	Medically Necessary		1 2023 2023
				This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a	
			Radiology Services	palpable neck mass or lump.; The size of the neck mass is unknown.; It is not known if the	
4/1/2023 -	Hematologis	70490 Computed tomography, soft	Denied Not	neck mass has been examined twice at least 30 days apart.; Yes this is a request for a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Disapproval	tissue neck; without contrast material	Medically Necessary	Diagnostic CI	1 2023 2023
			Radiology Services		
4/1/2023 -	Hematologis	70490 Computed tomography, soft	Denied Not	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT	Apr-Jun
6/30/2023 4/1/2023		tissue neck; without contrast material		a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT	2 2023 2023
. /. /			Radiology Services	This is a request for neck soft tissue CT.; The study is being ordered for something other than	
4/1/2023 -	Hematologis	70490 Computed tomography, soft	Denied Not	Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Disapproval	tissue neck; without contrast material	Medically Necessary	infection/abcess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1 2023 2023
		70551 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -	Hematologis	imaging, brain (including brain stem);	Denied Not	; There are 4 exams are being ordered.; The ordering MDs specialty is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Disapproval	without contrast material	Medically Necessary	Hematologist/Oncologist; This case was created via RadMD.	1 2023 2023
		70554 Manualian and Analysis	Dadislass Candas	This are mark in from Davie NADL. The shock is before a constant for explosion of a bonderly	
4/1/2023 -	Hematologis	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	Radiology Services Denied Not	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a	Apr-Jun
6/30/2023 4/1/2023	_	without contrast material		sudden change in severity, associated with exertion, or a mental status change.	1 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		70551 Magnetic resonance (eg, proton)	Radiology Services	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/1/2023 -	Hematologis	imaging, brain (including brain stem);	Denied Not	headache.; Requested for evaluation of tumor; A biopsy has been completed to determine	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Disapproval	without contrast material	Medically Necessary	tumor tissue type.	1 2023 2023
			Radiology Services		
4/1/2023 -	Hematologis	71250 Computed tomography, thorax;	Denied Not	; There are 4 exams are being ordered.; The ordering MDs specialty is	Apr-Jun
6/30/2023 4/1/2023	_	without contrast material	Medically Necessary	Hematologist/Oncologist; This case was created via RadMD.	2 2023 2023
4/4/2022			Radiology Services		
4/1/2023 -	Hematologis	71250 Computed tomography, thorax;	Denied Not	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this	Apr-Jun 1 2023 2023
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Disapproval	without contrast material	iviedically necessary	is a request for a Diagnostic CT	1 2023 2023
			Radiology Services		
4/1/2023 -	Hematologis	71250 Computed tomography, thorax;	Denied Not	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 t/Oncologist Disapproval	without contrast material	Medically Necessary	for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1 2023 2023
4/1/2023 -	Homotologic	71250 Computed tomography, the	Radiology Services Denied Not	NSCLC: There are 4 evams are being ordered. The ordering MDs specialty is	Ane lun
4/1/2023 - 6/30/2023 4/1/2023	Hematologis 6/30/2023 t/Oncologist Disapproval	71250 Computed tomography, thorax; without contrast material		NSCLC; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	Apr-Jun 1 2023 2023
0,00,2020 4/1/2020	5/30/2023 Concologist Disappioval		curcury recessary	name to be a second street was created via nativity.	1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Hematologis 6/30/2023 t/Oncologist Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Follow up treatment of Cancer, Metastatic disease, Malignancy	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Hematologis 6/30/2023 t/Oncologist Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Hematologis 6/30/2023 t/Oncologist Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy	Apr-Jun 8 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Hematologis 6/30/2023 t/Oncologist Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested to Establish a diagnosis of Cancer, Metastatic disease, Malignancy	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Hematologis 6/30/2023 t/Oncologist Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	Apr-Jun 7 2023 2023
4/1/2023 - 6/30/2023		Hematologis 6/30/2023 t/Oncologist Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.; The health carrier is NOT Virginia Premier Health Plan	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		Hematologis 6/30/2023 t/Oncologist Disapproval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	Radiology Services Denied Not	Palpitations; This study is NOT being ordered for a Work-up for Suspicious Mass, Known Tumor, Known or Suspected Inflammatory Disease, etc; This is a request for a chest MRI.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		Hematologis 6/30/2023 t/Oncologist Disapproval	72125 Computed tomography, cervical spine; without contrast material	Radiology Services Denied Not Medically Necessary	The patient does not have any neurological deficits.; The patient has not failed a course of anti-inflammatory medication or steroids.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for chronic neck pain or suspected degenerative disease.; There has not been a supervised trial of conservative management for at least 6 weeks.; There is a reason why the patient cannot have a Cervical	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		Hematologis 6/30/2023 t/Oncologist Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not	This study is being ordered for staging.; This is a request for a thoracic spine CT.; "The patient is being seen by or is the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist."; The study is being ordered due to known tumor with or without metastasis.; There is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Hematologis 6/30/2023 t/Oncologist Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Denied Not	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury occur within the past 72 hours.; There is new onset radiculitis/radiculopathy.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Hematologis 6/30/2023 t/Oncologist Disapproval	72192 Computed tomography, pelvis; without contrast material		The patient is undergoing active treatment for cancer.; This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This study is not being ordered for initial staging.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Hematologis 6/30/2023 t/Oncologist Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Effusion with blood (Hemarthrosis) was noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023 4/2	/1/2023	Hematologis 6/30/2023 t/Oncologist Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/	/1/2023	Hematologis 6/30/2023 t/Oncologist Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or abdominal cancer.; Yes this is a request for a Diagnostic CT; This is NOT a Medicare member.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/	/1/2023	Hematologis 6/30/2023 t/Oncologist Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for trauma.; This request is for follow up to abdominal and/or pelvic trauma ordered by a specialist or PCP on behalf of a specialist who has seen the patient.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/2	/1/2023	Hematologis 6/30/2023 t/Oncologist Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	There are 2 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/	/1/2023	Hematologis 6/30/2023 t/Oncologist Disapproval	74175 Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This study is being ordered for Cancer/Tumor/ Metastatic Disease; This is a request for an Abdomen CTA and Chest CTAordered in combination; The ordering MDs specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/:	/1/2023	Hematologis 6/30/2023 t/Oncologist Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/	/1/2023	Hematologis 6/30/2023 t/Oncologist Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	NSCLC; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/	/1/2023	Hematologis 6/30/2023 t/Oncologist Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023 4/	/1/2023	Hematologis 6/30/2023 t/Oncologist Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy	Apr-Jun 7 2023 2023
4/1/2023 - 6/30/2023 4/2	/1/2023	Hematologis 6/30/2023 t/Oncologist Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is Hematologist/Oncologist; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested to Establish a diagnosis of Cancer, Metastatic disease, Malignancy	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/2	/1/2023	Hematologis 6/30/2023 t/Oncologist Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There are 3 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist	Apr-Jun 7 2023 2023
4/1/2023 - 6/30/2023 4/:	/1/2023	Hematologis 6/30/2023 t/Oncologist Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for ketones.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023

					This is a request for an Abdomen and Pelvis CT.; The patient is presenting new symptoms.;	
					This study is not being requested for abdominal and/or pelvic pain.; The patient had an	
					abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course	
					of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a	
. /. /			74176 Computed tomography,	Radiology Services	Diagnostic CT; There is NO documentation of a known tumor or a known diagnosis of	
4/1/2023 -		Hematologis	abdomen and pelvis; without contrast	Denied Not	cancer; This is study being ordered for a concern of cancer such as for diagnosis or	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 t/Oncologist Disapproval	material	Medically Necessary		1 2023 2023
					This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
			74176 Computed tomography,	Radiology Services	and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical	
4/1/2023 -		Hematologis	abdomen and pelvis; without contrast	Denied Not	exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 t/Oncologist Disapproval	material	Medically Necessary	- -	1 2023 2023
					This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
			74176 Computed tomography,	Radiology Services	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/1/2023 -		Hematologis	abdomen and pelvis; without contrast	Denied Not	this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 t/Oncologist Disapproval	material	Medically Necessary	NOT performed.; Yes this is a request for a Diagnostic CT	2 2023 2023
					This is a request for an Abdomen and Pelvis CT.; This study is not being requested for	
					abdominal and/or pelvic pain.; The patient did NOT have an abnormal abdominal	
			74176 Computed tomography,	Radiology Services	Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT; There is NO	
4/1/2023 -		Hematologis	abdomen and pelvis; without contrast	Denied Not	documentation of a known tumor or a known diagnosis of cancer; This is study being	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 t/Oncologist Disapproval	material	Medically Necessary	ordered for a concern of cancer such as for diagnosis or treatment.	2 2023 2023
					This is a request for an Abdomen and Pelvis CT.; This study is not being requested for	
			74176 Computed tomography,	Radiology Services	abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT; There is	
4/1/2023 -		Hematologis	abdomen and pelvis; without contrast	Denied Not	documentation of a known tumor or a known diagnosis of cancer; This is study being	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 t/Oncologist Disapproval	material	Medically Necessary	ordered for a concern of cancer such as for diagnosis or treatment.	3 2023 2023
.,,	, ,	.,,		,		
			74181 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -		Hematologis	imaging, abdomen; without contrast	Denied Not	; There are 4 exams are being ordered.; The ordering MDs specialty is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 t/Oncologist Disapproval	material(s)		Hematologist/Oncologist; This case was created via RadMD.	1 2023 2023
0,00,2025	., 1, 2020	o/ou/2023 t/ oncologist Bisapproval	material(s)	medically recessary	The material state of the state of the state of the materials.	1 2023 2023
			74181 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -		Hematologis	imaging, abdomen; without contrast	Denied Not	This request is for an Abdomen MRI.; This study is being ordered for pre-operative	Apr-Jun
6/30/2023	4/1/2022	6/30/2023 t/Oncologist Disapproval	material(s)		evaluation.; Surgery is not planned for within 30 days.	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 t/Olicologist Disapproval	material(s)	ivieuically ivecessary	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or	1 2023 2023
			74101 Magnetic reconnector (ex. master)	Dadialam, Camiasa	· · · · · · · · · · · · · · · · · · ·	
4/1/2022				Radiology Services	suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT,	A 1
4/1/2023 -	4/4/2022	Hematologis	imaging, abdomen; without contrast	Denied Not	MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; It	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 t/Oncologist Disapproval	material(s)	iviedically Necessary	is unknown if the patient has a renal cyst or tumor.	1 2023 2023
					This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or	
				Radiology Services	suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT,	_
4/1/2023 -		Hematologis	imaging, abdomen; without contrast	Denied Not	MRI or Ultrasound.; The abnormality found on a previous CT, MRI or Ultrasound was not in	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 t/Oncologist Disapproval	material(s)	Medically Necessary	the liver, kidney, pancreas or spleen.	1 2023 2023
					This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or	
				Radiology Services	suspected tumor/ metastasis.; The patient has NOT had previous abnormal imaging	
4/1/2023 -		Hematologis	imaging, abdomen; without contrast	Denied Not	including a CT, MRI or Ultrasound.; This study is NOT being ordered to evaluate an	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 t/Oncologist Disapproval	material(s)	Medically Necessary	undescended testicle in a male.	1 2023 2023
				Radiology Services		
4/1/2023 -		Hematologis	76380 Computed tomography, limited	Denied Not		Apr-Jun
6/30/2023	4/1/2023	6/30/2023 t/Oncologist Disapproval	or localized follow-up study	Medically Necessary	; Limited or Follow up other than Sinus CT; lung	1 2023 2023
					This is a request for Breast MRI.; This study is being ordered as a screening examination	
			77046 Magnetic resonance imaging,	Radiology Services	following genetic testing for breast cancer.; Yes, the patient have a known mutation such as	
4/1/2023 -		Hematologis	breast, without contrast material;	Denied Not	BRCA1, BRCA2, PTEN or TP53.; It is unknown if the patient has a lifetime risk score of greater	Apr-Jun
7 7	4/1/2023	6/30/2023 t/Oncologist Disapproval	unilateral	Medically Necessary	•	1 2023 2023
0/30/2023						

4/1/2023 -		Hematologis	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without	Radiology Services Denied Not	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has been initiated or completed.; "There is not a change in cardiac signs or symptoms (shortness of breath, etc.)."; The patient will be undergoing more chemotherapy.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 t/Oncologist Disapproval	additional quantitative processing	Medically Necessary	The patient has not had a previous MUGA scan.	1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Hematologis 6/30/2023 t/Oncologist Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Hematologis 6/30/2023 t/Oncologist Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Hematologis 6/30/2023 t/Oncologist Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	; There are 4 exams are being ordered.; The ordering MDs specialty is Hematologist/Oncologist; This case was created via RadMD.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Hematologis 6/30/2023 t/Oncologist Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	A biopsy has NOT substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Hematologis 6/30/2023 t/Oncologist Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being ordered for something other than listed above.; This study is being requested for an other solid tumor.; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This is for a PET Scan with Dotatate (Gallium GA 68-Dotatate)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Hematologis 6/30/2023 t/Oncologist Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being ordered for something other than listed above.; This study is being requested for an other solid tumor.; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Hematologis 6/30/2023 t/Oncologist Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being ordered for something other than listed above.; This study is being requested for an other solid tumor.; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Hematologis 6/30/2023 t/Oncologist Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being ordered for something other than listed above.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Hematologis 6/30/2023 t/Oncologist Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Breast Cancer.; This PET Scan is being requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Hematologis 6/30/2023 t/Oncologist Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Colo-rectal Cancer.; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Hematologis 6/30/2023 t/Oncologist Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Lung Cancer.; This PET Scan is being requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Hematologis 6/30/2023 t/Oncologist Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Lung Cancer.; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Hematologis 6/30/2023 t/Oncologist Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Melanoma.; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Hematologis 6/30/2023 t/Oncologist Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Ovarian or Esophageal Cancer.; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Hematologis 6/30/2023 t/Oncologist Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This is for a PET Scan with Dotatate (Gallium GA 68-Dotatate)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Hematologis 6/30/2023 t/Oncologist Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This is for a PET Scan with PSMA (Pylarify, Locametz, or Illuccix)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Hematologis 6/30/2023 t/Oncologist Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Hematologis 6/30/2023 t/Oncologist Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; More than 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; More than 4 PET Scans	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Hematologis 6/30/2023 t/Oncologist Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	have already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Hematologis 6/30/2023 t/Oncologist Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; More than 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Hematologis 6/30/2023 t/Oncologist Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This nodule is Existing (stable, being followed with any modality); This Pet Scan is being requested for a Pulmonary Nodule; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Hematologis 6/30/2023 t/Oncologist Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This nodule is New (recently diagnosed); It is unknown if the nodule is calcified (full or partial); This Pet Scan is being requested for a Pulmonary Nodule; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Hematologis 6/30/2023 t/Oncologist Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This Pet Scan is being requested for Other; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		6/30/2023 Hospital Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	measury recessory	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Hospital Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Hospital Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	Apr-Jun 2 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Hospital	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; New onset murmur best describes the reason for ordering this study.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Hospital	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; The last TTE (Transthoracic Echocardiogram) was more than 3 months ago	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Hospital	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	Apr-Jun 5 2023 2023
4/1/2023 - 6/30/2023		6/30/2023 Hospital	Disapproval	72128 Computed tomography, thoracic spine; without contrast material	Radiology Services Denied Not Medically Necessary	xrays show spondylosis; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		6/30/2023 Hospital	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	xrays show spondylosis; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		Infectious 6/30/2023 Diseases	Approval	70450 Computed tomography, head or brain; without contrast material	Wedically Necessary	This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or suspected infection best describes the reason that I have requested this test.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Infectious 6/30/2023 Diseases	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Surgery is NOT scheduled in the next 30 days.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Infectious 6/30/2023 Diseases	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache. "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is radiologic evidence of a lung abscess or empyema.; There is NO radiologic evidence of non-	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023 - 6/30/2023	4/1/2023 4/1/2023	Infectious 6/30/2023 Diseases Infectious 6/30/2023 Diseases	Approval	71250 Computed tomography, thorax; without contrast material 71250 Computed tomography, thorax; without contrast material		resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for known or suspected inflammatory disease or pneumonia. A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for Interstitial Lung disease; The Interstitial Lung Disease is known	Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		Infectious 6/30/2023 Diseases	Approval	71250 Computed tomography, thorax; without contrast material		A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for known tumor.	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	Infectious	A	71250 Computed tomography, thorax;	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is	Apr-Jun 1 2023 2023
6/30/2023 4/1/2023	6/30/2023 Diseases	Approval	without contrast material	being ordered for suspected pulmonary Embolus.	1 2023 2023
4/4/2022			74070 0		
4/1/2023 -	Infectious		71250 Computed tomography, thorax;	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Diseases	Approval	without contrast material	for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1 2023 2023
				Chest pain describes the reason for this request.; An abnormal imaging (xray) finding led to	
				the suspicion of infection; This is a request for a Chest CT.; This study is being requested for	
4/1/2023 -	Infectious		71250 Computed tomography, thorax;	known or suspected infection (pneumonia, abscess, empyema).; Yes this is a request for a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Diseases	Approval	without contrast material	Diagnostic CT	1 2023 2023
				There has not been any treatment or conservative therapy.; The ordering MDs specialty is	
				NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
				Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -	Infectious		712F0 Committed townsome the store	,	Apr-Jun
		A	71250 Computed tomography, thorax;	This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms	
6/30/2023 4/1/2023	6/30/2023 Diseases	Approval	without contrast material	began 6 months to 1 year	1 2023 2023
			72148 Magnetic resonance (eg, proton)		
4/1/2023 -	Infectious		imaging, spinal canal and contents,	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Diseases	Approval	lumbar; without contrast material	This study is being requested for None of the above	1 2023 2023
			72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree;	
4/1/2023 -	Infectious		imaging, spinal canal and contents,	Medications have been taken for the patient's back pain; The procedure is being ordered for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Diseases	Annroyal	lumbar; without contrast material	acute or chronic back pain	1 2023 2023
0/30/2023 4/1/2023	b/30/2023 Diseases	Approval			1 2023 2023
. /. /			72196 Magnetic resonance (eg, proton)	The patient is male.; Infection or inflammatory disease best describes the reason for this	
4/1/2023 -	Infectious		imaging, pelvis; with contrast	procedure; The known or suspected condition of the patient is infection based on	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Diseases	Approval	material(s)	symptoms.	1 2023 2023
			73720 Magnetic resonance (eg, proton)		
			imaging, lower extremity other than	This is a request for a foot MRI.; The study is being oordered for infection.; There are	
			joint; without contrast material(s),	physical exam findings, laboratory results, other imaging including bone scan or plain film	
4/1/2023 -	Infectious		followed by contrast material(s) and	confirming infection, inflammation and or aseptic necrosis.; It is not known if surgery is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Diseases	Approval	further sequences	planned for in the next 4 weeks.	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Discuses	Approvar	Turtifer sequences	This is a request for an Abdomen CT.; This study is being ordered for an infection such as	1 2023 2023
				pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known	
4/4/2022	la facilita de		74450 Commented to accomply		A 1
4/1/2023 -	Infectious		74150 Computed tomography,	or endoscopic findings of an Abscess of the upper abdominal area.; Yes this is a request for a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Diseases	Approval	abdomen; without contrast material	Diagnostic CT	1 2023 2023
				There has not been any treatment or conservative therapy.; The ordering MDs specialty is	
				NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
			74176 Computed tomography,	Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -	Infectious		abdomen and pelvis; without contrast	This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Diseases	Approval	material	began 6 months to 1 year	1 2023 2023
., _	.,, 5.50050			This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The	
			7417C Communication community	patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This	
. (. (74176 Computed tomography,	patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested	
4/1/2023 -	Infectious		abdomen and pelvis; without contrast	patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for	Apr-Jun
4/1/2023 - 6/30/2023 4/1/2023	Infectious 6/30/2023 Diseases	Approval		patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	Apr-Jun 1 2023 2023
1 ' '		Approval	abdomen and pelvis; without contrast	patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for	
1 ' '		Approval	abdomen and pelvis; without contrast	patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	
1 ' '		Approval	abdomen and pelvis; without contrast material	patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post	
6/30/2023 4/1/2023 4/1/2023 -	6/30/2023 Diseases Infectious		abdomen and pelvis; without contrast material 74176 Computed tomography,	patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study	1 2023 2023
6/30/2023 4/1/2023	6/30/2023 Diseases	Approval Approval	abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast	patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2023 2023 Apr-Jun
6/30/2023 4/1/2023 4/1/2023 -	6/30/2023 Diseases Infectious		abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material	patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	1 2023 2023 Apr-Jun
6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Diseases Infectious 6/30/2023 Diseases		abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography,	patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	1 2023 2023 Apr-Jun 1 2023 2023
6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 -	6/30/2023 Diseases Infectious 6/30/2023 Diseases Infectious	Approval	abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast	patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was	1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun
6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Diseases Infectious 6/30/2023 Diseases		abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography,	patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2023 2023 Apr-Jun 1 2023 2023
6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 -	6/30/2023 Diseases Infectious 6/30/2023 Diseases Infectious	Approval	abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast	patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was	1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun
6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 -	6/30/2023 Diseases Infectious 6/30/2023 Diseases Infectious	Approval	abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast	patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun
6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 -	6/30/2023 Diseases Infectious 6/30/2023 Diseases Infectious	Approval	abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material	patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun
6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023	Infectious 6/30/2023 Diseases Infectious 6/30/2023 Diseases Infectious 6/30/2023 Diseases	Approval	abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography,	patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this	1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Infectious 6/30/2023 Diseases	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 3 or younger.	Apr-Jun 1 2023 2023
						This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4.4				70551 Magnetic resonance (eg, proton)		headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.;	
4/1/2023 -	4/4/2022	Infectious	Discourse	imaging, brain (including brain stem);	Denied Not	This is a new/initial evaluation; The patient has NOT had a memory assessment for cognitive	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Diseases	Disapproval	without contrast material	Medically Necessary	impairment completed	1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Infectious 6/30/2023 Diseases	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Denied Not	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for seizures.; There has been a change in seizure pattern or a new seizure.	Apr-Jun 1 2023 2023
				7000444	5 11 6 1	NAME OF THE PROPERTY OF THE PR	
4/1/2023 -		Infectious		73221 Magnetic resonance (eg, proton)		WILL FAX IN CLINICALS; The pain is described as chronic; It is not known if the member has	A
6/30/2023	4/1/2023	6/30/2023 Diseases	Disapproval	imaging, any joint of upper extremity; without contrast material(s)	Denied Not	failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	Apr-Jun 1 2023 2023
0/30/2023	-/1/2023	0/30/2023 Discases	Disappiovai	without contrast material(s)	ivicultary ivecessery	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	1 2023 2023
				74176 Computed tomography,	Radiology Services	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/1/2023 -		Infectious		abdomen and pelvis; without contrast	Denied Not	this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Diseases	Disapproval	material	Medically Necessary	NOT performed.; Yes this is a request for a Diagnostic CT	1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Infectious 6/30/2023 Diseases	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or don't know.; This study is being ordered for symptoms of a heart problem	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2022	Internal	Approval	70450 Computed tomography, head or		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	Apr-Jun 2 2023 2023
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	brain; without contrast material		reason that I have requested this test.	2 2023 2023
4/1/2023 -		Internal		70450 Computed tomography, head or		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	brain; without contrast material		on anticoagulation or blood thinner treatments	1 2023 2023
						•	
4/1/2023 -		Internal		70450 Computed tomography, head or		This is a request for a brain/head CT.; The patient has a chronic headache, longer than one	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	brain; without contrast material		month; Headache best describes the reason that I have requested this test.	3 2023 2023
4/1/2023 -		Internal		70450 Computed tomography, head or		This is a request for a brain/head CT.; The patient has a new onset of a headhache within the	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	brain; without contrast material		past month; Headache best describes the reason that I have requested this test.	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Wiculaine	прргочаг	Stall, Without contrast material		pust month, reducite sest describes the reason that make requested this test.	1 2023 2023
4/1/2023 -		Internal		70450 Computed tomography, head or		This is a request for a brain/head CT.; The patient has a suspected tumor outside the brain.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	brain; without contrast material		Known or suspected tumor best describes the reason that I have requested this test.	1 2023 2023
						This is a request for a brain/head CT.; This is a Medicare member.; Known or suspected TIA	
4/1/2023 -		Internal		70450 Computed tomography, head or		(stroke) with documented new or changing neurologic signs and or symptoms best describes	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	brain; without contrast material		the reason that I have requested this test.	3 2023 2023
				70480 Computed tomography, orbit, sella, or posterior fossa or outer,			
4/1/2023 -		Internal		middle, or inner ear; without contrast		"This request is for orbit, sella, int. auditory canal, temporal bone, mastoid, CT.239.8"; "There	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	material		is suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"	1 2023 2023
., ,	, _, _0_0	.,,	-p-p	70486 Computed tomography,		"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial	
4/1/2023 -		Internal		maxillofacial area; without contrast		bone or skull, trauma or injury.fct"; "There is suspicion of neoplasm, tumor or	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	material		metastasis.fct"; Yes this is a request for a Diagnostic CT	1 2023 2023

. /. /			70486 Computed tomography,		
4/1/2023 -	Internal		maxillofacial area; without contrast	This is a request for a Sinus CT.; This study is being ordered for a known or suspected tumor.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	material	Yes this is a request for a Diagnostic CT	1 2023 2023
. /. /			70486 Computed tomography,		
4/1/2023 -	Internal		maxillofacial area; without contrast	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	material	immune-compromised.; Yes this is a request for a Diagnostic CT	1 2023 2023
				This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT	
			70486 Computed tomography,	immune-compromised.; The patient's current rhinosinusitis symptoms are described as	
4/1/2023 -	Internal		maxillofacial area; without contrast	Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	material	Diagnostic CT	1 2023 2023
				This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a	
4/1/2023 -	Internal		70490 Computed tomography, soft	palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	tissue neck; without contrast material	NOT done.; Yes this is a request for a Diagnostic CT	2 2023 2023
4/1/2023 -	Internal		70490 Computed tomography, soft	This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	tissue neck; without contrast material	Surgery is NOT scheduled in the next 30 days.; Yes this is a request for a Diagnostic CT	1 2023 2023
4/1/2023 -	Internal		70490 Computed tomography, soft	This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	tissue neck; without contrast material	Yes this is a request for a Diagnostic CT	1 2023 2023
				aneurysm clipped in 1990's, hx of brain aneurysm; This study is being ordered for something	
				other than: known trauma or injury, metastatic disease, a neurological disorder,	
			70496 Computed tomographic	inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been	
			angiography, head, with contrast	treatment or conservative therapy.; The ordering MDs specialty is NOT	
			material(s), including noncontrast	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -	Internal		images, if performed, and image	Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	postprocessing	ago; Other not listed was done for this diagnosis	1 2023 2023
				CEREBRAL INFARCTION UNSPECIFIED; HAD BLEED BEHIND LEFT EYE AND ONCOLOGIST	
			70496 Computed tomographic	WANTS IMAGING; This study is being ordered for Vascular Disease.; There has been	
			angiography, head, with contrast	treatment or conservative therapy.; The ordering MDs specialty is NOT	
			material(s), including noncontrast	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -	Internal		images, if performed, and image	Oncology; This case was created via RadMD.; The primary symptoms began less than 6	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	postprocessing	months ago; Medications were given for this diagnosis	1 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,		hard hard	aneurysm clipped in 1990's, hx of brain aneurysm; This study is being ordered for something	
				other than: known trauma or injury, metastatic disease, a neurological disorder,	
			70498 Computed tomographic	inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been	
			angiography, neck, with contrast	treatment or conservative therapy.; The ordering MDs specialty is NOT	
			material(s), including noncontrast	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -	Internal		images, if performed, and image	Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	postprocessing	ago; Other not listed was done for this diagnosis	1 2023 2023
0/00/2020 1/1/2020	0/00/2020 11100101110	7.pp.oru.	postprocessing	CEREBRAL INFARCTION UNSPECIFIED; HAD BLEED BEHIND LEFT EYE AND ONCOLOGIST	1 2023 2023
			70498 Computed tomographic	WANTS IMAGING; This study is being ordered for Vascular Disease.; There has been	
			angiography, neck, with contrast	treatment or conservative therapy.; The ordering MDs specialty is NOT	
			material(s), including noncontrast	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -	Internal			Oncology; This case was created via RadMD.; The primary symptoms began less than 6	Apr lun
		Annroyal	images, if performed, and image		Apr-Jun 1 2023 2023
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	postprocessing	months ago; Medications were given for this diagnosis	1 2023 2023
			70498 Computed tomographic		
			angiography, neck, with contrast	This case was created via BadMD - Agree. This procedure is being requested for evaluation	
4/4/2022			material(s), including noncontrast	This case was created via RadMD.; Agree; This procedure is being requested for evaluation	A 1:
4/1/2023 -	Internal	A	images, if performed, and image	for vascular disease; Recent stroke or TIA (transient ischemic attack) best describes the	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	postprocessing	clinical indication for requesting this procedure	1 2023 2023
				send clinical notes; This study is being ordered for Congenital Anomaly.; There has been	
			70554.4	treatment or conservative therapy.; The ordering MDs specialty is NOT	
. /. /2022			70551 Magnetic resonance (eg, proton)	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -	Internal		imaging, brain (including brain stem);	Oncology; This case was created via RadMD.; The primary symptoms began less than 6	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	without contrast material	months ago; Physical Therapy was completed for this diagnosis	1 2023 2023

4/1/2023 -		Internal		70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	This request is for a Brain MRI; Headache best describes the reason that I have requested	Apr-Jur
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	without contrast material	this test.; New onset within the past month describes the headache's character.	2 2023 2023
				70554.44	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I	
4 /4 /2022		lutamal.		70551 Magnetic resonance (eg, proton)	have requested this test.; Pituitary tumor with corroborating physical examination,	A I
4/1/2023 -	4/4/2022	Internal	A I	imaging, brain (including brain stem);	galactorrhea, neurologic findings and or lab abnormalities best describes the patient's	Apr-Jur
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	without contrast material	tumor.; This is NOT a Medicare member.	1 2023 2023
				70551 Magnetic resonance (eg, proton)	This request is for a Brain MRI; The study is being requested for evaluation of a headache.;	
4/1/2023 -		Internal		imaging, brain (including brain stem);	The patient had a thunderclap headache or worst headache of the patient's life (within the	Apr-Jur
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	without contrast material	last 3 months).	1 2023 2023
				7077444		
4/1/2023 -		Internal		70551 Magnetic resonance (eg, proton)	This year, act is fay a Duais MDI. The atualities being year, acted fay analystical of a boadcabe.	A 1
4/1/2023 - 6/30/2023	4/1/2022	Internal 6/30/2023 Medicine	Approval	imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	Apr-Jur 4 2023 2023
3/30/2023	4/1/2023	6/30/2023 Wedicine	Арргочаг	Without Contrast material	The patient has a chronic of recurring headache.	4 2023 2023
				70551 Magnetic resonance (eg, proton)		
4/1/2023 -		Internal		imaging, brain (including brain stem);	This request is for a Brain MRI; The study is being requested for evaluation of a headache.;	Apr-Jur
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	without contrast material	The patient has a sudden and severe headache.	3 2023 2023
					This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
				70551 Magnetic resonance (eg, proton)	headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic	
4/1/2023 -		Internal		imaging, brain (including brain stem);	symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).; The	Apr-Jur
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	without contrast material	patient has NOT had a Brain MRI in the last 12 months	1 2023 2023
				70551 Magnetic (2000)	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/1/2023 -		Internal		70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	headache.; The patient does not have dizziness, one sided arm or leg weakness, the inability to speak, or vision changes.; The patient had a recent onset (within the last 4 weeks) of	Apr-Jur
6/30/2023	4/1/2022	6/30/2023 Medicine	Approval	without contrast material	neurologic symptoms.; This study is being ordered for trauma or injury.	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Wedicine	Арргочаг	without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	1 2023 2023
				70551 Magnetic resonance (eg, proton)	headache.; The patient has dizziness.; The patient had a recent onset (within the last 4	
4/1/2023 -		Internal		imaging, brain (including brain stem);	weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient	Apr-Jur
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	without contrast material	ischemic attack).	1 2023 2023
					This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
				70551 Magnetic resonance (eg, proton)	headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset	
4/1/2023 -		Internal		imaging, brain (including brain stem);	(within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or	Apr-Jur
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	without contrast material	TIA (transient ischemic attack).	1 2023 2023
				7055444 11 /	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/4/2022		lutamal.		70551 Magnetic resonance (eg, proton)	headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset	A 1
4/1/2023 - 6/30/2023	4/1/2022	Internal 6/30/2023 Medicine	Approval	imaging, brain (including brain stem); without contrast material	(within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or injury.	Apr-Jur 1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Wedicine	Арргочаг	Without contrast material	ingury.	1 2023 2023
				70551 Magnetic resonance (eg, proton)	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/1/2023 -		Internal		imaging, brain (including brain stem);	headache.; This study is being ordered for a tumor.; The patient does NOT have a biopsy	Apr-Jur
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	without contrast material	proven cancer	2 2023 2023
4/4/2022				70551 Magnetic resonance (eg, proton)		
4/1/2023 -	4/4/2022	Internal	A I	imaging, brain (including brain stem);	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	Apr-Jur
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	without contrast material	headache.; This study is being ordered for and infection or inflammation.	1 2023 2023
				70551 Magnetic resonance (eg, proton)	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/1/2023 -		Internal		imaging, brain (including brain stem);	headache.; This study is being ordered for Parkinson's disease.; This study is being ordered	Apr-Jur
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	without contrast material	for new neurological symptoms.; The neurologic symptoms include acute vision changes.	1 2023 2023
					This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
					headache.; This study is being ordered for Parkinson's disease.; This study is being ordered	
				70551 Magnetic resonance (eg, proton)	for new neurological symptoms.; The neurologic symptoms include something other than	
4/1/2023 -		Internal		imaging, brain (including brain stem);	worsening Parkinson symptoms, dizziness, vision changes, one sided arm or leg weakness,	Apr-Jui
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	without contrast material	inability to speak or transient monocular blindness	1 2023 2023

				70551 Magnetic resonance (eg, proton)	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/1/2023 -		Internal		imaging, brain (including brain stem);	headache.; This study is being ordered for seizures.; There has been a change in seizure	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	without contrast material	pattern or a new seizure.	3 2023 2023
					'None of the above' describes the reason for this request.; This study is being requested for	
4/1/2023 -		Internal		71250 Computed tomography, thorax;	'none of the above'.; This is a request for a Chest CT.; This study is being requested for none	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	without contrast material	of the above.; Yes this is a request for a Diagnostic CT	1 2023 2023
					A Chest/Thorax CT is being ordered.; The patient had a Low Dose CT for Lung Cancer	
4/1/2023 -		Internal		71250 Computed tomography, thorax;	Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT; This	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	without contrast material	study is being ordered for screening of lung cancer.	1 2023 2023
					A Chest/Thorax CT is being ordered.; The patient is 49 years old or younger.; The patient has	
4/1/2023 -		Internal		71250 Computed tomography, thorax;	NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	without contrast material	this is a request for a Diagnostic CT; This study is being ordered for screening of lung cancer.	1 2023 2023
4/1/2023 -		Internal		71250 Computed tomography, thorax;	A Chest/Thorax CT is being ordered.; This study is being ordered for non of the above.; Yes	Apr-Jun
	4/1/2023	6/30/2023 Medicine	Approval	without contrast material	this is a request for a Diagnostic CT; The study is being ordered for none of the above.	1 2023 2023
4/1/2023 -		Internal		71250 Computed tomography, thorax;	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is	Apr-Jun
	4/1/2023	6/30/2023 Medicine	Approval	without contrast material	being ordered for Interstitial Lung disease; The Interstitial Lung Disease is known	1 2023 2023
4/1/2023 -		Internal		71250 Computed tomography, thorax;	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is	Apr-Jun
· ·	4/1/2023	6/30/2023 Medicine	Approval	without contrast material	being ordered for known tumor.	2 2023 2023
4/1/2023 -		Internal		71250 Computed tomography, thorax;	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	without contrast material	being ordered for suspected pulmonary Embolus.	1 2023 2023
					A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is	
4/1/2023 -		Internal		71250 Computed tomography, thorax;	being ordered for Unresolved cough; A chest x-ray has been completed; The patient has	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	without contrast material	been treated for the cough	3 2023 2023
. /. /						
4/1/2023 -	. /. /2022	Internal		71250 Computed tomography, thorax;	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason	Apr-Jun
	4/1/2023	6/30/2023 Medicine	Approval	without contrast material	for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	4 2023 2023
4/1/2023 -	. /. /2022	Internal		71250 Computed tomography, thorax;	Abnormal imaging test describes the reason for this request.; This is a request for a Chest	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	without contrast material	CT.; Yes this is a request for a Diagnostic CT	4 2023 2023
4/1/2023 -	4/4/2022	Internal	A	71250 Computed tomography, thorax;	Abnormal imaging test describes the reason for this request.; This is a request for a Chest	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	without contrast material	CT.; Yes this is a request for a Diagnostic CT	5 2023 2023
4/1/2023 - 6/30/2023	4/4/2022	Internal	Ammunual	71250 Computed tomography, thorax;	Pre-operative evaluation describes the reason for this request.; This is a request for a Chest	Apr-Jun 2 2023 2023
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	without contrast material	CT.; Yes this is a request for a Diagnostic CT	2 2023 2023
					There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	
					Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
					Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -		Internal		71250 Computed tomography, thorax;	This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	without contrast material	began less than 6 months ago; Chemotherapy was given for this diagnosis	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Wedicine	Арргочаг	without contrast material	began ress than o months ago, chemotherapy was given for this diagnosis	1 2023 2023
					There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	
					Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
					Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -		Internal		71250 Computed tomography, thorax;	This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	without contrast material	began more than 1 year ago; Chemotherapy was given for this diagnosis	3 2023 2023
0, 00, 2020	., 1, 2023	5/30/2023 WEGICITE	, ippiovai		There has not been any treatment or conservative therapy.; The ordering MDs specialty is	3 2023 2023
					NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
					Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -		Internal		71250 Computed tomography, thorax;	This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	without contrast material	began less than 6 months ago	2 2023 2023
3,30,2023	./ 1/2023	5/30/2023 Wicalcille	πρριοναί		•	2 2023 2023
					55.5 _{D1} ,5 is a request for er of the Abdoment error and enest ordered in combination.,	
4/1/2023 -		Internal		71250 Computed tomography thorax:	This study is being ordered for Cancer/Tumor/Metastatic Disease. The primary symptoms	∆nr-lun
					There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -		Internal		71250 Computed tomography, thorax;	This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms	Apr-Jun

				There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of	
				sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung	
				abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung	
				disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks	
4/1/2022	Internal		713F0 Committed to magazine his thousan	after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a	Ama I
4/1/2023 -	Internal		71250 Computed tomography, thorax;	request for a Diagnostic CT ; This study is being ordered for known or suspected	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	without contrast material	inflammatory disease or pneumonia.	1 2023 2023
				They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; Yes this is a request	
				for a Diagnostic CT; This study is being ordered for work-up for suspicious mass.; There is	
4/1/2023 -	Internal		71250 Computed tomography, thorax;	radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	without contrast material	noted in the last 90 days	3 2023 2023
				This study is being ordered for something other than: known trauma or injury, metastatic	
				disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
				vascular disease.; It is not known if there has been any treatment or conservative therapy.;	
				There are 2 exams are being ordered.; The ordering MDs specialty is NOT	
4/1/2023 -	Internal		71250 Computed tomography, thorax;	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	without contrast material	Oncology; This case was created via BBI.; It is unknown when the primary symptoms began	1 2023 2023
				This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low	
				Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient	
				is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The	
				patient has a 20 pack per year history of smoking.; It is unknown if the patient is presenting	
			71271 Computed tomography, thorax,	with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test	
4/1/2023 -	Internal		low dose for lung cancer screening,	suggestive of lung cancer.; The patient has not quit smoking.; The health carrier is NOT	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	without contrast material(s)	Virginia Premier Health Plan	1 2023 2023
				This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low	
				Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient	
				is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The	
				patient has a 20 pack per year history of smoking.; The patient is NOT presenting with	
			71271 Computed tomography, thorax,	pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive	
4/1/2023 -	Internal		low dose for lung cancer screening,	of lung cancer.; The patient has not quit smoking.; The health carrier is NOT Virginia Premier	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	without contrast material(s)	Health Plan	34 2023 2023
				This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low	
				Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient	
				is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The	
				patient has a 20 pack per year history of smoking.; The patient is NOT presenting with	
			71271 Computed tomography, thorax,	pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive	
4/1/2023 -	Internal		low dose for lung cancer screening,	of lung cancer.; The patient quit smoking less than 15 years ago.; The health carrier is NOT	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	without contrast material(s)	Virginia Premier Health Plan	9 2023 2023
			71275 Computed tomographic	; This study is not requested to evaluate suspected pulmonary embolus.; This study will not	
			angiography, chest (noncoronary), with	be performed in conjunction with a Chest CT.; This study is being ordered for Known	
			contrast material(s), including	Vascular Disease.; It is not known if this is a pre-operative evaluation, post operative	
4/1/2023 -	Internal		noncontrast images, if performed, and	evaluation or follow up to a previous angiogram or MR angiogram.; Yes, this is a request for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	image postprocessing	a Chest CT Angiography.	1 2023 2023
				aneurysmal dilatation of the ascending thoracic; aorta measuring 4.0 cm. on CTA CHEST on	
			71275 Computed tomographic	4/15/2022. follow up CTA needed at this time.; This study is not requested to evaluate	
			angiography, chest (noncoronary), with	suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest	
			contrast material(s), including	CT.; This study is being ordered for another reason besides Known or Suspected Congenital	
4/1/2023 -	Internal		noncontrast images, if performed, and	Abnormality, Known or suspected Vascular Disease.; Yes, this is a request for a Chest CT	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	image postprocessing	Angiography.	1 2023 2023
			71275 Computed tomographic		
			angiography, chest (noncoronary), with		
			contrast material(s), including	intrathoracic pathology .; This study is not requested to evaluate suspected pulmonary	
4/1/2023 -	Internal		noncontrast images, if performed, and	embolus.; This study will be performed in conjunction with a Chest CT.; Yes, this is a request	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	image postprocessing	for a Chest CT Angiography.	1 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	Internal 6/30/2023 Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is not requested to evaluate suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest CT.; This study is being ordered for Suspected Vascular Disease.; Yes, this is a request for a Chest CT Angiography.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Internal 6/30/2023 Medicine	Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	Apr-Jun 4 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Internal 6/30/2023 Medicine	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Known or Suspected Infection or abscess; There is no laboratory or x-ray evidence of osteomyelitis.; There is not laboratory or x-ray evidence of meningitis.; There is not laboratory or x-ray evidence of an infected disc, septic arthritis, or "discitis".; There is not laboratory or x-ray evidence of a paraspinal abscess.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Internal 6/30/2023 Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Internal 6/30/2023 Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Internal 6/30/2023 Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had a diagnostic test (such as EMG/nerve conduction) involving the Cervical Spine	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Internal 6/30/2023 Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Internal 6/30/2023 Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness This is a request for cervical spine MRI; This procedure is being requested for Chronic /	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Internal 6/30/2023 Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is a Medicare member.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Internal 6/30/2023 Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Known tumor with or without metastasis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Internal 6/30/2023 Medicine	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for None of the above; Follow-up to surgery or fracture within the last 6 months describes the reason for requesting this procedure. This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Internal 6/30/2023 Medicine	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	back pair; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 6 weeks.	Apr-Jun 1 2023 2023

			72146 Magnetic resonance (eg, proton)	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic	
4/1/2023 -	Internal		imaging, spinal canal and contents,	back pain; The patient does have new or changing neurologic signs or symptoms.; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	thoracic; without contrast material	patient does have a new foot drop.	1 2023 2023
				will send clinicals; This study is being ordered for a neurological disorder.; There has been	
				treatment or conservative therapy.; The ordering MDs specialty is NOT	
			72146 Magnetic resonance (eg, proton)	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -	Internal		imaging, spinal canal and contents,	Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	thoracic; without contrast material	ago; Medications were given for this diagnosis	1 2023 2023
				faxing clinicals; This study is being ordered for Congenital Anomaly.; There has been	
				treatment or conservative therapy.; The ordering MDs specialty is NOT	
			72148 Magnetic resonance (eg, proton)	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -	Internal		imaging, spinal canal and contents,	Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	lumbar; without contrast material	year; Medications were given for this diagnosis	1 2023 2023
. /. /			72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; Something other than listed has been	
4/1/2023 -	Internal		imaging, spinal canal and contents,	completed for the patient's back pain; The procedure is being ordered for acute or chronic	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	lumbar; without contrast material	back pain	1 2023 2023
			721.40 Magnetic reconnect (or muster)		
4/1/2022	Internal		72148 Magnetic resonance (eg, proton)	The study recrushed is a Lumber Coine MADL. The noticest does NOT have pouts as shown in	Amm Ivon
4/1/2023 - 6/30/2023 4/1/2023	Internal 6/30/2023 Medicine	Annroyal	imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Trauma or recent injury	Apr-Jun 1 2023 2023
0/30/2023 4/1/2023	6/30/2023 Medicine	Approval	iumbar, without contrast material	back paint, This study is being requested for Trauma of recent injury	1 2023 2023
			72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -	Internal		imaging, spinal canal and contents,	This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	lumbar; without contrast material	Internal Medicine	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Wicalcine	прргочи	iambar, without contrast material	mema wedene	1 2023 2023
			72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -	Internal		imaging, spinal canal and contents,	This study is being requested for 6 weeks of completed conservative care in the past 6	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	lumbar; without contrast material	months	3 2023 2023
			72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -	Internal		imaging, spinal canal and contents,	This study is being requested for an Abnormal x-ray indicating a complex fracture or severe	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	lumbar; without contrast material	anatomic derangement of the lumbar spine; This is NOT a Medicare member.	1 2023 2023
			72148 Magnetic resonance (eg, proton)		
4/1/2023 -	Internal		imaging, spinal canal and contents,	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	lumbar; without contrast material	This study is being requested for Neurological deficit(s); The patient has None of the above	1 2023 2023
. /. /			72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -	Internal	A	imaging, spinal canal and contents,	This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	lumbar; without contrast material	The patient has Abnormal Reflexes	1 2023 2023
			721.49 Magnetic reconance (og. proton)	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -	Internal		72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	lumbar; without contrast material	The patient has Focal extremity weakness	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 WEUICHIE	Approval	iumbai, without contrast material	The patient has Focal extremity weakness	1 2023 2025
			72148 Magnetic resonance (eg, proton)		
4/1/2023 -	Internal		imaging, spinal canal and contents,	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	lumbar; without contrast material	This study is being requested for None of the above	1 2023 2023
. , , , , , , , , , , , , , , , , , , ,	, ,		,	, , , , , , , , , , , , , , , , , , , ,	
			72148 Magnetic resonance (eg, proton)		
4/1/2023 -	Internal		imaging, spinal canal and contents,	The study requested is a Lumbar Spine MRI.; The patient has Other; This procedure is NOT	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	lumbar; without contrast material	being ordered for acute or chronic back pain	1 2023 2023
4/1/2023 -	Internal	·	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	The study requested is a Lumbar Spine MRI.; The patient has Other; This procedure is NOT	Apr

4/1/2023 - 6/30/2023 4/1/2023	Internal 6/30/2023 Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; Medications have been taken for the patient's back pain; The procedure is being ordered for acute or chronic back pain	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Internal 6/30/2023 Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRL; This case was created via BBL; Physical therapy has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Internal 6/30/2023 Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; The patient has Physical exam findings consistent with myelopathy; This procedure is NOT being ordered for acute or chronic back pain	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Internal 6/30/2023 Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Medications have been taken for the patient's back pain; The procedure is being ordered for acute or chronic back pain	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Internal 6/30/2023 Medicine	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Physical therapy has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Internal 6/30/2023 Medicine	Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s) 72196 Magnetic resonance (eg, proton)	large, septated ovarian cyst; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Internal 6/30/2023 Medicine	Approval	imaging, pelvis; with contrast material(s)	The patient is female.; Persistent pain best describes the reason for this procedure; The patient did activity modification.; The pain is musculoskeletal	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Internal 6/30/2023 Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	; The pain is described as chronic; It is not known if the member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	Apr-Jun 1 2023 2023
4/1/2023 -	Internal		73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity;	He does have some symptoms, possibly compatible with spinal canal stenosis. Imaging studies of the lumbar spine reveal fairly unremarkable findings. X-rays of the elbow reveal non displaced radial head fracture. He denies any specific trauma. Plain imagin; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	without contrast material(s)	via RadMD.; The primary symptoms began more than 1 year ago Inflammatory arthritis swelling from elbow down to the wrist; The pain is described as	1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Internal 6/30/2023 Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	chronic; The member has not failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Internal 6/30/2023 Medicine	Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	Apr-Jun 2 2023 2023

				The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	
				described as chronic; The physician has directed conservative treatment for the past 4	
				weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The	
				patient has been treated with medication.; The patient has not completed 4 weeks or more	
				of Chiropractic care.; The physician has directed a home exercise program for at least 4	
				weeks.; The home treatment did include exercise, prescription medication and follow-up	
				office visits.; Pain has gotten worse over past 3 months. Home exercise plan was started on	
			73221 Magnetic resonance (eg, proton)	12/1/2022 and follow up was 4/3/2023; The patient recevied medication other than joint	
4/4/2022	Internal			· · · · · · · · · · · · · · · · · · ·	A I
4/1/2023 -	Internal	A	imaging, any joint of upper extremity;	injections(s) or oral analgesics.; hydrocodone 10-325 mg;diclofenac 75 mg;tizanidine 4	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	without contrast material(s)	mg;meloxicam 7.5 mg	1 2023 2023
				The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	
			73221 Magnetic resonance (eg, proton)	described as chronic; The physician has directed conservative treatment for the past 4	
4/1/2023 -	Internal		imaging, any joint of upper extremity;	weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	without contrast material(s)	member.	1 2023 2023
			73221 Magnetic resonance (eg, proton)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	
4/1/2023 -	Internal		imaging, any joint of upper extremity;	described as chronic; The physician has not directed conservative treatment for the past 4	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	without contrast material(s)	weeks.	1 2023 2023
			73221 Magnetic resonance (eg, proton)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a	
4/1/2023 -	Internal		imaging, any joint of upper extremity;	recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	without contrast material(s)	Surgery or arthrscopy is not scheduled in the next 4 weeks.	1 2023 2023
0,00,2020 1,1,2020	0,00,2020 Medicine	7 (pp. 014)	Without bont ast material(s)	surgery of distinscopy is not somediment in the field.	1 2020 2020
			73221 Magnetic resonance (eg, proton)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from	
4/1/2023 -	Internal		imaging, any joint of upper extremity;	an old injury.; It is not known if the physician has directed conservative treatment for the	Apr-Jun
1 ' '		A		• • •	1 2023 2023
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	without contrast material(s)	past 4 weeks.	1 2023 2023
			72224 Managatia anno anno (no anno anno	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from	
4/4/2022			73221 Magnetic resonance (eg, proton)	an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The	
4/1/2023 -	Internal		imaging, any joint of upper extremity;	patient has not completed 4 weeks of physical therapy?; The patient has been treated with	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	without contrast material(s)	medication.; The patient recevied joint injection(s).	1 2023 2023
				She is c/o a enlarging painful growth left inner calf area over many months. She has already	
				had a US showing no DVT. Mid left inner calf soft tissue area, firm 4 cm smooth tender mass	
				;Remainder of calf musculature feels normal, no heat/redness/tendern; This is not a	
				preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity	
				neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint	
4/1/2023 -	Internal		73700 Computed tomography, lower	infection.; There is not a history of lower extremity joint or long bone trauma or injury.; This	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	extremity; without contrast material	is a request for a Leg CT.; Yes this is a request for a Diagnostic CT	1 2023 2023
				This is a request for an Ankle CT.; Yes this is a request for a Diagnostic CT; There a history of	
				significant trauma, dislocation, or injury to the ankle within the last 6 weeks; There is not a	
4/1/2023 -	Internal		73700 Computed tomography, lower	suspected tarsal coalition; There is a history of a new onset of severe pain in the ankle within	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	extremity; without contrast material	the last 2 weeks; The patient has documented limited range of motion	1 2023 2023
, , , _, _,	, ,	11	73720 Magnetic resonance (eg, proton)		
			imaging, lower extremity other than		
			joint; without contrast material(s),		
4/1/2023 -	Internal		followed by contrast material(s) and	There is a pulsaitile mass: "There is evidence of tumor or mass from a previous even plain	Apr-Jun
1 1		Annrewel	•	There is a pulsaitile mass.; "There is evidence of tumor or mass from a previous exam, plain	Apr-Jun 1 2023 2023
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	further sequences	film, ultrasound, or previous CT or MRI."; Non Joint is being requested.	1 2023 2023
			73720 Magnetic resonance (eg, proton)	This is a second few a feet MADL. The shody is held a second and feet to feet the second	
			imaging, lower extremity other than	This is a request for a foot MRI.; The study is being oordered for infection.; There are	
. /. /			joint; without contrast material(s),	physical exam findings, laboratory results, other imaging including bone scan or plain film	
4/1/2023 -	Internal		followed by contrast material(s) and	confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	further sequences	planned in the next 4 weeks.	1 2023 2023
			73720 Magnetic resonance (eg, proton)		
			imaging, lower extremity other than		
			joint; without contrast material(s),	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being	
4/1/2023 -	Internal		followed by contrast material(s) and	ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	further sequences	been treated with a protective boot for at least 6 weeks.	1 2023 2023
			·		

			73720 Magnetic resonance (eg, proton)		
			imaging, lower extremity other than		
			joint; without contrast material(s),		
4/1/2023 -	Internal		followed by contrast material(s) and	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	further sequences	imaging.; 'None of the above' were noted as an indication for knee imaging.	1 2023 2023
			73720 Magnetic resonance (eg, proton)		
			imaging, lower extremity other than		
			joint; without contrast material(s),	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an	
4/1/2023 -	Internal		followed by contrast material(s) and	indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	further sequences	NOT Orthopedics.	4 2023 2023
			73720 Magnetic resonance (eg, proton)	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
			imaging, lower extremity other than	an indication for knee imaging; Instability was noted on the physical examination; The	
			joint; without contrast material(s),	patient is not being treated with any of the listed items (crutches, knee immobilizer, wheel	
4/1/2023 -	Internal		followed by contrast material(s) and	chair, neoprene knee sleeve, ace bandage, knee brace); The ordering MDs specialty is NOT	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	further sequences	Orthopedics.	2 2023 2023
			73720 Magnetic resonance (eg, proton)		
			imaging, lower extremity other than		
			joint; without contrast material(s),		
4/1/2023 -	Internal		followed by contrast material(s) and	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	further sequences	physician supervised home exercise in the past 3 months	1 2023 2023
,,,,,	.,,	1.1.	73720 Magnetic resonance (eg, proton)	will send clinicals; This study is being ordered for a neurological disorder.; There has been	
			imaging, lower extremity other than	treatment or conservative therapy.; The ordering MDs specialty is NOT	
			joint; without contrast material(s),	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -	Internal		followed by contrast material(s) and	Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	further sequences	ago; Medications were given for this diagnosis	1 2023 2023
0,00,2020 1,2,2020	0/00/2020 Medicine	, ipp. ova.	randier sequences	faxing clinicals; This study is being ordered for Congenital Anomaly.; There has been	1 2020 2020
				treatment or conservative therapy.; The ordering MDs specialty is NOT	
			73721 Magnetic resonance (eg, proton)	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -	Internal		imaging, any joint of lower extremity;	Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	without contrast material	year; Medications were given for this diagnosis	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Wiedicine	Approvai	without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer,	1 2023 2023
				mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or	
				abdominal cancer.; This study is ordered for something other than staging of a known tumor	
				(not) prostate, known prostate CA with PSA> 10, abdominal mass, Retroperitoneal mass	
4/1/2023 -	Internal		74150 Computed tomography,	or new symptoms including hematuria with known CA or tumor.; Yes this is a request for a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	abdomen; without contrast material	Diagnostic CT	1 2023 2023
0/30/2023 4/1/2023	6/30/2023 Wedicine	Approvai	abdomen; without contrast material	Diagnostic Ci	1 2023 2023
				This is a second form about the CT. This should be be a second of form a second of the	
4/4/2022	to be so and		74450 Community discourage	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or	A I
4/1/2023 -	Internal	A	74150 Computed tomography,	tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	abdomen; without contrast material	Sigmoidoscopy.; Yes this is a request for a Diagnostic CT; This is NOT a Medicare member.	1 2023 2023
4/4/2022			74450 Community discuss	This is a request for an Abdomen CT.; This study is being ordered for an infection such as	
4/1/2023 -	Internal		74150 Computed tomography,	pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	abdomen; without contrast material	or endoscopic findings of Diverticulitis.; Yes this is a request for a Diagnostic CT	1 2023 2023
				This is a request for an Abdomen CT.; This study is being ordered for another reason besides	
				Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or	
				Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc; There	
4/1/2023 -	Internal		74150 Computed tomography,	are clinical findings or indications of Lymphadenopathy.; Yes this is a request for a Diagnostic	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	abdomen; without contrast material	СТ	1 2023 2023
				This is a request for an Abdomen CT.; This study is being ordered for another reason besides	
				Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or	
				Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc; There	
4/1/2023 -	Internal		74150 Computed tomography,	are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	abdomen; without contrast material	with gastroparesis; Yes this is a request for a Diagnostic CT	1 2023 2023

4/1/2023 - 6/30/2023 4/1/20	Internal 23 6/30/2023 Medicine	Approval	74150 Computed tomography, abdomen; without contrast material	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; It is unknown when the primary symptoms began	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/20	Internal 23 6/30/2023 Medicine	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This is a request for CT Angiography of the Abdomen and Pelvis.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/20	Internal 23 6/30/2023 Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago; Chemotherapy was given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/20	Internal 23 6/30/2023 Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Chemotherapy was given for this diagnosis	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023 4/1/20	Internal	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/20	Internal 23 6/30/2023 Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There has not been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/20	Internal 6/30/2023 Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has not been a physical exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/20	Internal 23 6/30/2023 Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/20	Internal 23 6/30/2023 Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023 4/1/20	Internal 23 6/30/2023 Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/20	Internal 23 6/30/2023 Medicine	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023

				This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
			74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical	
4/1/2023 -	Internal		abdomen and pelvis; without contrast	exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	material	Diagnostic CT	4 2023 2023
				This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
			74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical	
4/1/2023 -	Internal		abdomen and pelvis; without contrast	exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	material	abnormal.; Yes this is a request for a Diagnostic CT	1 2023 2023
				This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
			74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical	
4/1/2023 -	Internal		abdomen and pelvis; without contrast	exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	material	Diagnostic CT	1 2023 2023
				This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
			74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/1/2023 -	Internal		abdomen and pelvis; without contrast	this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	material	NOT performed.; Yes this is a request for a Diagnostic CT	3 2023 2023
				This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
			74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/1/2023 -	Internal		abdomen and pelvis; without contrast	this complaint.; There has been a physical exam.; The patient is female.; It is not known if a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	material	pelvic exam was performed.; Yes this is a request for a Diagnostic CT	4 2023 2023
	, ,			This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
			74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/1/2023 -	Internal		abdomen and pelvis; without contrast	this complaint.; There has been a physical exam.; The patient is male.; It is not known if a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	material	rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2023 2023
1,10,2120 1,2,2120	0,00,000			This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
			74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this	
4/1/2023 -	Internal		abdomen and pelvis; without contrast	complaint.; The patient had an lipase lab test.; The results of the lab test were abnormal.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	material	Yes this is a request for a Diagnostic CT	4 2023 2023
0/30/2023 4/1/2023	0/30/2023 Wicalcine	прргочи	74176 Computed tomography,	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for	4 2023 2023
4/1/2023 -	Internal		abdomen and pelvis; without contrast	abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	material	for a Diagnostic CT	7 2023 2023
0/30/2023 4/1/2023	0/30/2023 Wicalcine	Арргочаг	material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for	7 2023 2023
			74176 Computed tomography,	abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request	
4/1/2023 -	Internal		abdomen and pelvis; without contrast	for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	material	diagnosis or treatment.	4 2023 2023
0/30/2023 4/1/2023	0/30/2023 Wicalcine	Арргочаг	74181 Magnetic resonance (eg, proton)	diagnosis of deatheric.	4 2023 2023
4/1/2023 -	Internal		imaging, abdomen; without contrast		Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	material(s)	Other not listed best describes the reason for this procedure.	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Wedicine	Approvai	74181 Magnetic resonance (eg, proton)	This request is for an Abdomen MRI.; This study is being ordered for known or suspected	1 2023 2023
4/1/2023 -	Internal		imaging, abdomen; without contrast	infection.; There are physical findings or abnormal blood work consistent with pancreatitis.;	Apr-Jun
		Amazaral		· · · · · · · · · · · · · · · · · · ·	
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	material(s)	A lipase abnormality was noted.	1 2023 2023
4/1/2022	Indonesi		74181 Magnetic resonance (eg, proton)	This request is far an Abdaman MRI . This study is being and and far Vacuus Trusses. This	Amar lare
4/1/2023 -	Internal	•	imaging, abdomen; without contrast	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	material(s)	study is being ordered for staging.	1 2023 2023
4/4/2022			74181 Magnetic resonance (eg, proton)	This was the form Abdama AADI This should be a first of the state of t	
4/1/2023 -	Internal		imaging, abdomen; without contrast	This request is for an Abdomen MRI.; This study is being ordered for pre-operative	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	material(s)	evaluation.; Surgery is not planned for within 30 days.	1 2023 2023
				This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or	
. /. /			74181 Magnetic resonance (eg, proton)	suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT,	
4/1/2023 -	Internal		imaging, abdomen; without contrast	MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	material(s)	The patient has a renal cyst.	1 2023 2023
				This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or	
			74181 Magnetic resonance (eg, proton)	suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT,	
4/1/2023 -	Internal		imaging, abdomen; without contrast	MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	material(s)	The patient has a tumor.	2 2023 2023

4/1/2023 - 6/30/2023 4/1/2023 - 6/30/2023		Internal 6/30/2023 Medicine Internal 6/30/2023 Medicine	Approval Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.; There is suspicion of metastasis. This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	Apr-Jun 3 2023 2023 Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	This is a request for CTA Coronary Arteries.; The patient has not had other testing done.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing 77046 Magnetic resonance imaging,	This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the stomach or legs; The patient had an Ankle Brachial Index (ABI); The study was abnormal; This is a request for Breast MRI.; This study is being ordered for something other than	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Approval	breast, without contrast material; unilateral	known breast cancer, known breast lesions, screening for known family history, screening following genetric testing or a suspected implant rupture.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral 77046 Magnetic resonance imaging,	Patient has a lifetime risk of breast cancer at 20%. Mother diagnosed at age 40 with breast cancer.; This is a request for Breast MRI.; This study is being ordered as a screening examination for known family history of breast cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, brother, or children). This is a request for Breast MRI.; This study is being ordered as a screening examination for	Apr-Jun 1 2023 2023
4/1/2023 -		Internal		breast, without contrast material;	known family history of breast cancer.; There is a pattern of breast cancer history in at least	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	unilateral	two first-degree relatives (parent, sister, brother, or children).	1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; Yes, the results of this MRI (size and shape of tumor) affect the patient's further management.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Palpitations; Precordial pain; Essential hypertension; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Changing symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed More than 6 months ago	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The ordering MDs specialty is not Cardiology or Cardiac Surgery; Ambulates using assistive device such as crutches, cane, walker, or wheelchair	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has a permanent pacemaker or Automatic Implantable Cardioverter/Defibrillator (AICD); The last Myocardial Perfusion Imaging procedure was performed greater than 12 months; The ordering MDs specialty is not Cardiology or Cardiac Surgery	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via BBI.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; Changing symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; The health carrier is NOT CareSource	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; The health carrier is NOT CareSource	Apr-Jun 1 2023 2023

				This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm	
				or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient	
4/1/2023 -	Internal		78813 Positron emission tomography	for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	(PET) imaging; whole body	member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2023 2023
			78816 Positron emission tomography		
			(PET) with concurrently acquired	A11	
4/1/2023 -	Internal		computed tomography (CT) for	A biopsy has NOT substantiated the cancer type; This Pet Scan is being requested for	Amm Iron
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	attenuation correction and anatomical	Suspected or Known Cancer; This is for a Routine/Standard PET Scan using FDG	Apr-Jun 1 2023 2023
0/30/2023 4/1/2023	6/30/2023 Wieulcine	Approval	localization imaging; whole body	(fluorodeoxyglucose)	1 2023 2023
			78816 Positron emission tomography		
			(PET) with concurrently acquired	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or	
			computed tomography (CT) for	Known Cancer; This study is being requested for Breast Cancer.; This PET Scan is being	
4/1/2023 -	Internal		attenuation correction and anatomical	requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	localization imaging; whole body	(fluorodeoxyglucose)	1 2023 2023
			78816 Positron emission tomography		
			(PET) with concurrently acquired	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or	
. /. /			computed tomography (CT) for	Known Cancer; This study is being requested for Lymphoma or Myeloma.; This PET Scan is	
4/1/2023 -	Internal	A	attenuation correction and anatomical	being requested for Restaging following therapy or treatment for new signs or symptoms;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	localization imaging; whole body	This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2023 2023
			78816 Positron emission tomography		
			(PET) with concurrently acquired	This nodule is New (recently diagnosed); The nodule is NOT calcified (full or partial); This Pet	
			computed tomography (CT) for	Scan is being requested for a Pulmonary Nodule; The nodule is Between 8 mm AND 4cm;	
4/1/2023 -	Internal		attenuation correction and anatomical	The patient has NOT had a prior PET Scan for this nodule; This is for a Routine/Standard PET	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	localization imaging; whole body	Scan using FDG (fluorodeoxyglucose)	1 2023 2023
				Chief Complaint:chest pain, sob and palpitations. She was also having right shoulder blade	
				pain.SOB has been happening frequently. Will have vertigo over the past few weeks when	
				she stands up. Had an event monitor in 2021 that showed 1 run of wenckebach; This study	
			02207 Feb accordis avantu, transthavasia	is being ordered for something other than: known trauma or injury, metastatic disease, a	
			93307 Echocardiography, transthoracic,	neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular	
			real-time with image documentation (2D), includes M-mode recording, when	disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
4/1/2023 -	Internal		performed, complete, without spectral	Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	or color Doppler echocardiography	RadMD.; The primary symptoms began less than 6 months ago	1 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,	1.1.		, ., ., , , , ,	
				This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	
				The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery,	
				Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being	
			93307 Echocardiography, transthoracic,	ordered for Chest pain of suspected cardiac etiology; Other testing such as Exercise	
			real-time with image documentation	Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been	
4/1/2023 -	Internal		(2D), includes M-mode recording, when	completed in the past 6 weeks; This procedure is NOT being ordered along with other	A man day-
6/30/2023 4/1/2023	Internal 6/30/2023 Medicine	Approval	performed, complete, without spectral or color Doppler echocardiography	cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram; The health carrier is NOT HealthNet of California	Apr-Jun 3 2023 2023
0/30/2023 4/1/2023	o/30/2023 Wedicine	Approval	or coror poppier echocardiography	Echocardiogram, the health cather is NOT nealthivet of California	5 2023 2023
				This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	
			93307 Echocardiography, transthoracic,	The member is 15 or older.; This study is being ordered for a history of heart valve disease.;	
			real-time with image documentation	Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is	
			(2D), includes M-mode recording, when	NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3	
4/1/2023 -	Internal		performed, complete, without spectral	years since the last Transthoracic Echocardiogram (TTE) was completed; It is unknown if	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	or color Doppler echocardiography	there are there new symptoms suggesting worsening of heart valve disease	1 2023 2023

4/1/2023 - 6/30/2023 4	4/1/2023	Internal 6/30/2023 Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of congestive heart failure (CHF)	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4	4/1/2023	Internal 6/30/2023 Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of congestive heart failure (CHF); The health carrier is NOT HealthNet of California	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4	4/1/2023	Internal 6/30/2023 Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; It is unknown if there are there new symptoms suggesting worsening of heart valve disease	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4	4/1/2023	Internal 6/30/2023 Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4	4/1/2023	Internal 6/30/2023 Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for Follow-up to a prior test; EKG has been completed; The EKG was considered abnormal; The abnormality was Rhythm abnormalities; The health carrier is NOT HealthNet of California	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4	4/1/2023	Internal 6/30/2023 Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for Follow-up to a prior test; Stress Echocardiography has been completed	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4		Internal 6/30/2023 Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 14 years old.; Congenital heart defect, congenital syndrome or acquired syndrome best describes my reason for ordering this study.; A previous Transthoracic Echocardiogram was done 3 or more months ago; This is NOT an initial evaluation of a patient not seen in this office before.; The ordering provider's specialty is NOT Cardiology or Nephrology	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4		Internal 6/30/2023 Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 14 years old.; New abnormal physical exam findings, signs or symptoms that suggest cardiac pathology or structural heart disease best describes my reason for ordering this study.; This is NOT an initial evaluation of a patient not seen in this office before.; The ordering provider's specialty is NOT Cardiology or Nephrology	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	Apr-Jun 4 2023 2023
4/1/2023 - 6/30/2023		Internal 6/30/2023 Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	Apr-Jun 4 2023 2023
4/1/2023 - 6/30/2023		Internal 6/30/2023 Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of heart failure.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Known or suspected Congestive Heart Failure.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		Internal 6/30/2023 Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of heart failure.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected Congestive Heart Failure.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of heart failure.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	Apr-Jun 5 2023 2023

4/1/2023 - 6/30/2023 4/1	1/2023	Internal 6/30/2023 Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1	1/2023	Internal 6/30/2023 Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms is unknown; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1	1/2023	Internal 6/30/2023 Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Atrial fibrillation and/or atrial flutter best describes the reason for ordering this study.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1	1/2023	Internal 6/30/2023 Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Follow up for known pulmonary hypertension best describes the reason for ordering this study.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1	1/2023	Internal 6/30/2023 Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; New onset murmur best describes the reason for ordering this study.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1	1/2023	Internal 6/30/2023 Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; Congestive heart failure best describes the reason for ordering this study	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1	1/2023	Internal 6/30/2023 Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; A previous TTE (Transthoracic Echocardiogram) has not been completed	Apr-Jun 4 2023 2023
4/1/2023 - 6/30/2023 4/1	1/2023	Internal 6/30/2023 Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; The last TTE (Transthoracic Echocardiogram) was more than 3 months ago	Apr-Jun 5 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBL; It is unknown when the primary symptoms began	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The patient has None of the above physical limitations	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has a history of Coronary Artery Bypass Surgery (CABG); The ordering MDs specialty is not Cardiology or Cardiac Surgery; The last Stress Echocardiogram or Myocardial Perfusion Imaging procedure was performed greater than 12 months; The health carrier is NOT HealthNet of California	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has None of the above; The health carrier is NOT HealthNet of California	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; Routine follow up of patient with previous history of ischemic/ coronary artery disease without new or changing symptoms best describes the patients clinical presentation.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; It is unknown when the primary symptoms began	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	Apr-Jun 7 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	Apr-Jun 8 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a new onset of a headhache within the past month; Headache best describes the reason that I have requested this test.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Disapproval	70498 Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months are	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		Internal 6/30/2023 Medicine	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; Known or suspected blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or symptoms best describes the reason that I have requested this test.; This is NOT a Medicare member.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Denied Not	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Dizziness or Vertigo	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	•	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began more than 1 year ago	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Denied Not	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		Internal 6/30/2023 Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not	'None of the above' describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	· ·	Internal 6/30/2023 Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not	A Chest/Thorax CT is being ordered.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT; The study is being ordered for none of the above.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023

						There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of	
						sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung	
						abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung	
						disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks	
					Radiology Services	after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a	
4/1/2023 -		Internal		71250 Computed tomography, thorax;	0,	request for a Diagnostic CT; This study is being ordered for known or suspected	Apr-Jun
6/30/2023	4/1/2022	6/30/2023 Medicine	Disapproval	without contrast material		inflammatory disease or pneumonia.	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Wedicine	Disappiovai	without contrast material	ivieuically ivecessary		1 2023 2023
				74074.0		This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a	
				71271 Computed tomography, thorax,	Radiology Services	Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with	
4/1/2023 -		Internal		low dose for lung cancer screening,	Denied Not	pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	without contrast material(s)	Medically Necessary	lung cancer.; The health carrier is NOT Virginia Premier Health Plan	1 2023 2023
						This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low	
						Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient	
						is 81 years old or older.; It is unknown if the patient is presenting with pulmonary signs or	
				71271 Computed tomography, thorax,	Radiology Services	symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.;	
4/1/2023 -		Internal		low dose for lung cancer screening,	Denied Not	Patients who are NOT between the ages of 50 and 80 years of age do not meet the criteria	Apr-Jun
6/30/2023	4/1/2022		Disapproval	without contrast material(s)		for lung cancer screening.; The health carrier is NOT Virginia Premier Health Plan	1 2023 2023
0/30/2023	4/1/2023	6/30/2023 Medicine	Disappiovai	without contrast material(s)	ivieuically ivecessary		1 2025 2025
						This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low	
						Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient	
						is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The	
						patient has a 20 pack per year history of smoking.; The patient is NOT presenting with	
				71271 Computed tomography, thorax,	Radiology Services	pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive	
4/1/2023 -		Internal		low dose for lung cancer screening,	Denied Not	of lung cancer.; The patient has not quit smoking.; The health carrier is NOT Virginia Premier	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	without contrast material(s)	Medically Necessary		3 2023 2023
0,00,000	., _,	0,00,000			, , , , , , , , , , , , , , , , , , , ,	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low	
						Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient	
						is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The	
						patient has a 20 pack per year history of smoking.; The patient is NOT presenting with	
				71271 Computed tomography, thorax,	Radiology Services	pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive	
4/1/2023 -		Internal		low dose for lung cancer screening,	Denied Not	of lung cancer.; The patient quit smoking less than 15 years ago.; The health carrier is NOT	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	without contrast material(s)	Medically Necessary	Virginia Premier Health Plan	1 2023 2023
					Radiology Services		
4/1/2023 -		Internal		72125 Computed tomography, cervical		This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; It is	Apr-Jun
6/30/2023	4/1/2022	6/30/2023 Medicine	Disapproval	spine; without contrast material		unknown if there is a reason why the patient cannot have a Cervical Spine MRI.	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Wedicine	Disappiovai	spine, without contrast material	ivieuically ivecessary	unknown in there is a reason why the patient cannot have a cervical spine with.	1 2023 2023
					Radiology Services		
4/1/2023 -		Internal		72125 Computed tomography, cervical	Denied Not	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	spine; without contrast material	Medically Necessary	no reason why the patient cannot have a Cervical Spine MRI.	1 2023 2023
						; This study is being ordered for something other than: known trauma or injury, metastatic	
						disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
						vascular disease.; There has been treatment or conservative therapy.; The ordering MDs	
					Radiology Services	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
4/1/2023 -		Internal		72131 Computed tomography, lumbar		Radiation Oncology; This case was created via RadMD.; The primary symptoms began more	Apr-Jun
1 ' '	4/1/2022		Dicapproval				1 2023 2023
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	spine; without contrast material	iviedically necessary	than 1 year ago; Home Exercise was done for this diagnosis	1 2023 2023
						This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have	
						new or changing neurologic signs or symptoms.; It is not known if the patient has a new foot	
					Radiology Services	drop.; It is not known if the patient has new signs or symptoms of bladder or bowel	
4/1/2023 -		Internal		72131 Computed tomography, lumbar	Denied Not	dysfunction.; There is weakness.; ; There is not x-ray evidence of a recent lumbar fracture.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	spine; without contrast material	Medically Necessary	Yes this is a request for a Diagnostic CT	1 2023 2023

4/1/2023	Internal 6/30/2023 Medicine	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	- · · · · · · · · · · · · · · · · · · ·	Apr-Jun 1 2023 2023
4/1/2023	Internal 6/30/2023 Medicine	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Radiology Services Denied Not Medically Necessary	have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; other medications as listed.; HYDROcodone-acetaminophen; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has not directed a home exercise	Apr-Jun 1 2023 2023
4/1/2023	Internal 6/30/2023 Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Denied Not	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023	Internal 6/30/2023 Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Denied Not	He does have some symptoms, possibly compatible with spinal canal stenosis. Imaging studies of the lumbar spine reveal fairly unremarkable findings. X-rays of the elbow reveal non displaced radial head fracture. He denies any specific trauma. Plain imagin; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago	Apr-Jun 1 2023 2023
4/1/2023	Internal 6/30/2023 Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Denied Not	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	Apr-Jun 2 2023 2023
4/1/2023	Internal 6/30/2023 Medicine	Disapproval	imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton)	Denied Not Medically Necessary Radiology Services	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within	Apr-Jun 1 2023 2023
4/1/2023	Internal 6/30/2023 Medicine	Disapproval	imaging, spinal canal and contents, cervical; without contrast material			Apr-Jun 1 2023 2023
4/1/2023	Internal 6/30/2023 Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Denied Not	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient does not have a neurological deficit, PT or home exercise, diagnostic test, or abnormal xray.	Apr-Jun 1 2023 2023
4/1/2023	Internal 6/30/2023 Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Denied Not	· · · · · · · · · · · · · · · · · · ·	Apr-Jun 1 2023 2023
4/1/2023	Internal 6/30/2023 Medicine	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Denied Not	neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home	Apr-Jun 1 2023 2023
	4/1/2023 4/1/2023 4/1/2023 4/1/2023 4/1/2023 4/1/2023 4/1/2023	4/1/2023 6/30/2023 Medicine 1/1/2023 6/30/2023 Medicine 4/1/2023 6/30/2023 Medicine 1/1/2023 6/30/2023 Medicine	A/1/2023 G/30/2023 Medicine Disapproval	4/1/2023 6/30/2023 Medicine Disapproval spine; without contrast material 4/1/2023 6/30/2023 Medicine Disapproval spine; without contrast material 72131 Computed tomography, lumbar spine; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Internal 4/1/2023 6/30/2023 Medicine Disapproval Planternal 4/1/2023 6/30/2023 Medicine Disapproval Plantern	## Part of the par

				72141 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -		Internal		imaging, spinal canal and contents,	Denied Not	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	cervical; without contrast material	Medically Necessary	longstanding neck pain; It is unknown if any of these apply to the patient	1 2023 2023
4/4/2022		Internal			Radiology Services	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	A I
4/1/2023 -	4/4/2022	Internal	Disamment	imaging, spinal canal and contents,	Denied Not	longstanding neck pain; The patient had a diagnostic test (such as EMG/nerve conduction)	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	cervical; without contrast material	Medically Necessary	involving the Cervical Spine	2 2023 2023
				72141 Magnetic resonance (eg, proton)	Radiology Services	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	
4/1/2023 -		Internal		imaging, spinal canal and contents,	Denied Not	longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	cervical; without contrast material	Medically Necessary	other significant abnormality involving the cervical spine; This is NOT a Medicare member.	1 2023 2023
				72141 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -		Internal		imaging, spinal canal and contents,	Denied Not	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	cervical; without contrast material	Medically Necessary	longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	5 2023 2023
				724.44 14	David alama Camatana	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	
4 /4 /2022		lata and			Radiology Services	longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or	A I
4/1/2023 - 6/30/2023	4/1/2022	Internal 6/30/2023 Medicine	Disapproval	imaging, spinal canal and contents, cervical; without contrast material	Denied Not	failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	Apr-Jun 2 2023 2023
0/30/2023	4/1/2023	6/30/2023 Medicine	Disapprovai	cervical, without contrast material	Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic	2 2023 2023
						disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
						vascular disease.; It is not known if there has been any treatment or conservative therapy.;	
						There are 3 exams are being ordered.; The ordering MDs specialty is NOT	
				72141 Magnetic resonance (eg, proton)	Radiology Services	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -		Internal		imaging, spinal canal and contents,	Denied Not	Oncology; This case was created via BBI.; The primary symptoms began more than 1 year	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	cervical; without contrast material	Medically Necessary	ago	1 2023 2023
						This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic	
						back pain; The patient does not have new or changing neurologic signs or symptoms.; The	
. /. /				72146 Magnetic resonance (eg, proton)		patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once	
4/1/2023 -	. /. /2.22	Internal	D: 1	imaging, spinal canal and contents,	Denied Not	for these symptoms.; The physician has directed conservative treatment for the past 6	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	thoracic; without contrast material	Medically Necessary	weeks.; The patient has completed 6 weeks of physical therapy?	1 2023 2023
				72146 Magnetic resonance (eg, proton)	Radiology Services	This is a request for a thoracic spine MRI.; This study is being ordered for Trauma or recent	
4/1/2023 -		Internal		imaging, spinal canal and contents,	Denied Not	injury; The patient does not have new or changing neurologic signs or symptoms.; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	thoracic; without contrast material		patient has NOT had back pain for over 4 weeks.	1 2023 2023
	. ,	,			, , ,	This study is being ordered for something other than: known trauma or injury, metastatic	
						disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
						vascular disease.; It is not known if there has been any treatment or conservative therapy.;	
						There are 3 exams are being ordered.; The ordering MDs specialty is NOT	
				72146 Magnetic resonance (eg, proton)		Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -	. /. /2022	Internal		imaging, spinal canal and contents,	Denied Not	Oncology; This case was created via BBI.; The primary symptoms began more than 1 year	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	thoracic; without contrast material	Medically Necessary	ago	1 2023 2023
				72146 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -		Internal		imaging, spinal canal and contents,	Denied Not	unknown; This case was created via RadMD.; This study is being ordered for Trauma / Injury;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	thoracic; without contrast material		There are NO neurological deficits on physical exam	1 2023 2023
						· · ·	
				72148 Magnetic resonance (eg, proton)	Radiology Services	; There has been treatment or conservative therapy.; This case was created via RadMD.; This	
4/1/2023 -		Internal		imaging, spinal canal and contents,	Denied Not	study is being ordered for Other; The primary symptoms began more than 1 year ago;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	lumbar; without contrast material	Medically Necessary	Medications were given for this diagnosis	1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	He does have some symptoms, possibly compatible with spinal canal stenosis. Imaging studies of the lumbar spine reveal fairly unremarkable findings. X-rays of the elbow reveal non displaced radial head fracture. He denies any specific trauma. Plain imagin; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Denied Not	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Neurologic deficits; This is NOT a Medicare member.; The patient has Focal extremity weakness	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023 -	4/1/2023	Internal 6/30/2023 Medicine Internal	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Trauma or recent injury The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is	Apr-Jun 1 2023 2023 Apr-Jun
6/30/2023 4/1/2023 - 6/30/2023	4/1/2023 4/1/2023	6/30/2023 Medicine Internal 6/30/2023 Medicine	Disapproval Disapproval	12148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6	4 2023 2023 Apr-Jun 8 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Denied Not	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Denied Not	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); The patient has None of the above	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Denied Not	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Denied Not	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	Apr-Jun 13 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has None of the above; This procedure is NOT being ordered for acute or chronic back pain	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Denied Not	unknown; This case was created via RadMD.; This study is being ordered for Trauma / Injury; There are NO neurological deficits on physical exam	Apr-Jun 1 2023 2023

						right hip, groin, pelvis 2 weeks; This study is being ordered for something other than: known	
						trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious	
						disease, congenital anomaly, or vascular disease.; It is not known if there has been any	
					Radiology Services	treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
4/1/2023 -		Internal		72192 Computed tomography, pelvis;	Denied Not		Apr lup
	4/1/2022		Disapproval			Radiation Oncology; This case was created via RadMD.; The primary symptoms began less	Apr-Jun 1 2023 2023
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	without contrast material	Medically Necessary	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.;	1 2023 2023
						There is not a history of upper extremity joint or long bone trauma or injury.; This is not a	
						preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity	
					Radiology Services	neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint	
4/1/2023 -		Internal		73200 Computed tomography, upper	Denied Not	infection.; The ordering physician is not an orthopedist or rheumatologist.; Yes this is a	Apr-Jun
1	4/1/2023	6/30/2023 Medicine	Disapproval	extremity; without contrast material		request for a Diagnostic CT	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Wicalcine	ызарргочаг	extremity, without contrast material	Wiedically Weeessaly	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	1 2023 2023
						described as chronic; The physician has directed conservative treatment for the past 4	
						weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The	
				73221 Magnetic resonance (eg, proton)	Radiology Services	patient has been treated with medication.; It is not known if the patient has completed 4	
4/1/2023 -		Internal		imaging, any joint of upper extremity;	Denied Not	weeks or more of Chiropractic care.; The physician has not directed a home exercise	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	without contrast material(s)		program for at least 4 weeks.; The patient received oral analgesics.	1 2023 2023
0,00,2020	., 1, 2023	of sof Eses in careful	2 isappi orai	without contrast material(s)	medically mecessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	1 2023 2023
				73221 Magnetic resonance (eg, proton)	Radiology Services	described as chronic; The physician has directed conservative treatment for the past 4	
4/1/2023 -		Internal		imaging, any joint of upper extremity;	Denied Not	weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	without contrast material(s)	Medically Necessary		2 2023 2023
.,,	, ,	.,,		(,,	,		
				73221 Magnetic resonance (eg, proton)	Radiology Services	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	
4/1/2023 -		Internal		imaging, any joint of upper extremity;	Denied Not	described as chronic; The physician has not directed conservative treatment for the past 4	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	without contrast material(s)	Medically Necessary	weeks.	2 2023 2023
				73221 Magnetic resonance (eg, proton)	Radiology Services	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a	
4/1/2023 -		Internal		imaging, any joint of upper extremity;	Denied Not	recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	without contrast material(s)	Medically Necessary	not know if surgery or arthrscopy is scheduled in the next 4 weeks.	1 2023 2023
				73221 Magnetic resonance (eg, proton)	Radiology Services	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a	
4/1/2023 -		Internal		imaging, any joint of upper extremity;	Denied Not	recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	without contrast material(s)	Medically Necessary	Surgery or arthrscopy is not scheduled in the next 4 weeks.	2 2023 2023
				73221 Magnetic resonance (eg, proton)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a	
4/1/2023 -		Internal		imaging, any joint of upper extremity;	Denied Not	recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	without contrast material(s)	Medically Necessary	Surgery or arthrscopy is scheduled in the next 4 weeks.; This is NOT a Medicare member.	1 2023 2023
				73221 Magnetic resonance (eg, proton)			
4/1/2023 -		Internal		imaging, any joint of upper extremity;	Denied Not	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	without contrast material(s)	Medically Necessary	an old injury.; The physician has not directed conservative treatment for the past 4 weeks.	1 2023 2023
				72224 14	Dedicter C		
4 /4 /2222				73221 Magnetic resonance (eg, proton)		The appropriate developes Character APD The same of Co. 1. 1. 1. 1. 1. 1. 1. The same of Co. 1. 1. 1. 1. 1. The same of Co. 1. 1. 1. 1. 1. The same of Co. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
4/1/2023 -	4/1/2023	Internal	Dicangraval	imaging, any joint of upper extremity;	Denied Not	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not	Apr-Jun 1 2023 2023
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	without contrast material(s)	ivieuically Necessary	from a recent injury, old injury, chronic pain or a mass. This study is being ordered for comothing other than known trauma or injury, metastatic	1 2023 2023
						; This study is being ordered for something other than: known trauma or injury, metastatic	
						disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
					Padiology Conject	vascular disease.; There has been treatment or conservative therapy.; The ordering MDs	
4/1/2023 -		Internal		73700 Computed tomography, lower	Radiology Services Denied Not	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more	Ann lum
6/30/2023	1/1/2022	6/30/2023 Medicine	Disapproval	extremity; without contrast material		than 1 year ago; Home Exercise was done for this diagnosis	Apr-Jun 2 2023 2023
0/30/2023	4/1/2023	U/SU/ZUZS IVIEUICINE	Disapproval	extremity, without contrast material	ivieuically Necessary	than 1 year ago, notife exercise was dolle for this diagnosis	2 2023 2023

					Radiology Services	right hip, groin, pelvis 2 weeks; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
4/1/2023 -		Internal		73700 Computed tomography, lower	Denied Not	Radiation Oncology; This case was created via RadMD.; The primary symptoms began less	Apr-Jun
6/30/2023	4/1/2022	6/30/2023 Medicine	Disapproval	extremity; without contrast material	Medically Necessary		1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Wedicine	Disappiovai	extremity, without contrast material	ivieuically ivecessary	patient has history of trauma/injury. Bilateral knee pain with clicking on physical	1 2023 2023
				73720 Magnetic resonance (eg, proton)		examination.; This study is being ordered for trauma or injury.; It is not known if there has	
				imaging, lower extremity other than		been any treatment or conservative therapy.; There are 2 exams are being ordered.; The	
				joint; without contrast material(s),	Radiology Services	ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,	
4/1/2023 -		Internal		followed by contrast material(s) and	Denied Not	Surgical Oncology or Radiation Oncology; This case was created via RadMD.; It is unknown	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	further sequences		when the primary symptoms began	2 2023 2023
2, 22, 222	., _,	-,,	- 100	73720 Magnetic resonance (eg, proton)			
				imaging, lower extremity other than			
				joint; without contrast material(s),	Radiology Services	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee	
4/1/2023 -		Internal		followed by contrast material(s) and	Denied Not	imaging.; Prior surgery was noted as an indication for knee imaging; The surgery was NOT	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	further sequences	Medically Necessary	done in the past 90 days.	1 2023 2023
				73720 Magnetic resonance (eg, proton)		· · ·	
				imaging, lower extremity other than			
				joint; without contrast material(s),	Radiology Services	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an	
4/1/2023 -		Internal		followed by contrast material(s) and	Denied Not	indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	further sequences	Medically Necessary		2 2023 2023
				73720 Magnetic resonance (eg, proton)	,		
				imaging, lower extremity other than			
				joint; without contrast material(s),	Radiology Services	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
4/1/2023 -		Internal		followed by contrast material(s) and	Denied Not	an indication for knee imaging; 'None of the above' were noted on the physical examination;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	further sequences	Medically Necessary	The ordering MDs specialty is NOT Orthopedics.	1 2023 2023
				73720 Magnetic resonance (eg, proton)			
				imaging, lower extremity other than		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
				joint; without contrast material(s),	Radiology Services	an indication for knee imaging; Instability was noted on the physical examination; The	
4/1/2023 -		Internal		followed by contrast material(s) and	Denied Not	patient is being treated with an Ace bandage; The ordering MDs specialty is NOT	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	further sequences	Medically Necessary	Orthopedics.	1 2023 2023
				73720 Magnetic resonance (eg, proton)		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
				imaging, lower extremity other than		an indication for knee imaging; Instability was noted on the physical examination; The	
				joint; without contrast material(s),	Radiology Services	patient is not being treated with any of the listed items (crutches, knee immobilizer, wheel	
4/1/2023 -		Internal		followed by contrast material(s) and	Denied Not	chair, neoprene knee sleeve, ace bandage, knee brace); The ordering MDs specialty is NOT	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	further sequences	Medically Necessary	Orthopedics.	1 2023 2023
				73720 Magnetic resonance (eg, proton)			
				imaging, lower extremity other than			
. 1. 1				joint; without contrast material(s),	Radiology Services	This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing	
4/1/2023 -		Internal		followed by contrast material(s) and	Denied Not	status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	further sequences		treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics.	1 2023 2023
				73720 Magnetic resonance (eg, proton)			
				imaging, lower extremity other than	De diele en Comi	This is a second for an Andre MDI. The shock is accounted for and be unit.	
4/4/2022		1		joint; without contrast material(s),	Radiology Services	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a	A 1.
4/1/2023 -	4/1/2022	Internal	Dicaperated	followed by contrast material(s) and	Denied Not	suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	further sequences	Medically Necessary	4 WEEKS.	1 2023 2023
					Radiology Services	This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op	
4/1/2023 -		Internal		74150 Computed tomography,	Denied Not	evaluation.; The requested study is for pre-operative evaluation.; Yes this is a request for a	Apr-Jun
6/30/2023	4/1/2022	6/30/2023 Medicine	Disapproval	abdomen; without contrast material		Diagnostic CT; This is NOT a Medicare member.	1 2023 2023
0,30,2023	7/1/2023	0/30/2023 Wiculdile	Disapproval	abaomen, without contrast material	wicalcally wecessary	Diagnostic Cr., This is NOT a Medicare member.	1 2023 2023

						This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or	
						tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy,	
						or Sigmoidoscopy.; The patient does not have new symptoms including hematuria, new lab	
					Radiology Services	results or other imaging studies including ultrasound, doppler or x-ray (plain film) findings,	
4/1/2023 -		Internal		74150 Computed tomography,	Denied Not	suspicion of an adrenal mass or suspicion of a renal mass.; Yes this is a request for a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	abdomen; without contrast material	Medically Necessary	Diagnostic CT	1 2023 2023
					Radiology Services	This is a request for an Abdomen CT.; This study is being ordered for an infection such as	
4/1/2023 -		Internal		74150 Computed tomography,	Denied Not	pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	abdomen; without contrast material	Medically Necessary	or endoscopic findings of Diverticulitis.; Yes this is a request for a Diagnostic CT	1 2023 2023
						This is a request for an Abdomen CT.; This study is being ordered for another reason besides	
						Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or	
					Radiology Services	Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc; There	
4/1/2023 -		Internal		74150 Computed tomography,	Denied Not	are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	abdomen; without contrast material	Medically Necessary	with gastroparesis; Yes this is a request for a Diagnostic CT	2 2023 2023
						send clinical notes; This study is being ordered for Congenital Anomaly.; There has been	
						treatment or conservative therapy.; The ordering MDs specialty is NOT	
				74176 Computed tomography,	Radiology Services	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -		Internal		abdomen and pelvis; without contrast		Oncology; This case was created via RadMD.; The primary symptoms began less than 6	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	material	Medically Necessary	months ago; Physical Therapy was completed for this diagnosis	1 2023 2023
						There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	
						Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
				74176 Computed tomography,	Radiology Services	Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -		Internal		abdomen and pelvis; without contrast	Denied Not	This study is being ordered for Other not listed; The primary symptoms began less than 6	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	material	Medically Necessary	months ago; Medications were given for this diagnosis	1 2023 2023
						This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study	
						is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were	
						abnormal.; The urinalysis was positive for something other than billirubin, ketones, nitrites,	
				74176 Computed tomography,	Radiology Services	hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is	
4/1/2023 -		Internal		abdomen and pelvis; without contrast	Denied Not	the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	material	Medically Necessary	this is a request for a Diagnostic CT	1 2023 2023
						This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study	
				74176 Computed tomography,	Radiology Services	is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were	
4/1/2023 -		Internal		abdomen and pelvis; without contrast	Denied Not	normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	material	Medically Necessary	The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	2 2023 2023
						This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This	
				74176 Computed tomography,	Radiology Services	study is being requested for abdominal and/or pelvic pain.; The study is being ordered for	
4/1/2023 -		Internal		abdomen and pelvis; without contrast	Denied Not	chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	material	Medically Necessary	lipase lab test.; Yes this is a request for a Diagnostic CT	1 2023 2023
						This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been	
						completed.; This study is being requested for abdominal and/or pelvic pain.; The study is	
				74176 Computed tomography,	Radiology Services	being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an	
4/1/2023 -		Internal		abdomen and pelvis; without contrast	Denied Not	lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	material	Medically Necessary	СТ	1 2023 2023
						This is a request for an Abdomen and Pelvis CT.; The patient is not presenting new	
						symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The last	
						Abdomen/Pelvis CT was performed within the past 10 months.; The patient had an abnormal	
						abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of	
						chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a	
				74176 Computed tomography,	Radiology Services	Diagnostic CT; There is NO documentation of a known tumor or a known diagnosis of	
4/1/2023 -		Internal		abdomen and pelvis; without contrast	Denied Not	cancer; This is study being ordered for a concern of cancer such as for diagnosis or	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	material	Medically Necessary	treatment.	1 2023 2023

						This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the	
				74700		listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The	
. /. /2022				74176 Computed tomography,	Radiology Services	study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; Reason: ELSE	
4/1/2023 -	4/4/2022	Internal	Disammerial	abdomen and pelvis; without contrast	Denied Not	(system matched response); abnormal US; This is study NOT being ordered for a concern of	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	material	Medically Necessary	cancer such as for diagnosis or treatment. This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the	1 2023 2023
						listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The	
				74176 Computed tomography,	Radiology Services	study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; Reason: ELSE	
4/1/2023 -		Internal		abdomen and pelvis; without contrast	Denied Not	(system matched response); complicated hernia; This is study NOT being ordered for a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	material		concern of cancer such as for diagnosis or treatment.	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Wedicine	Disapprovai	material	Wicalcally Weeessally	This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass	1 2023 2023
						or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is	
						not being requested for abdominal and/or pelvic pain.; The study is not requested for	
				74176 Computed tomography,	Radiology Services	hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The	
4/1/2023 -		Internal		abdomen and pelvis; without contrast	Denied Not	patient has NOT completed a course of chemotherapy or radiation therapy within the past	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	material		90 days.; Yes this is a request for a Diagnostic CT	1 2023 2023
						This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass	
						or suspected tumor or metastasis.; This study is not being requested for abdominal and/or	
				74176 Computed tomography,	Radiology Services	pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an	
4/1/2023 -		Internal		abdomen and pelvis; without contrast	Denied Not	abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	material	Medically Necessary	This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2023 2023
						This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
				74176 Computed tomography,	Radiology Services	and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical	
4/1/2023 -		Internal		abdomen and pelvis; without contrast	Denied Not	exam.; The patient is female.; A pelvic exam was performed.; The results of the exam are	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	material	Medically Necessary	unknown.; Yes this is a request for a Diagnostic CT	1 2023 2023
						This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
				74176 Computed tomography,	Radiology Services	and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical	
4/1/2023 -		Internal		abdomen and pelvis; without contrast	Denied Not	exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	material	Medically Necessary	Diagnostic CT	1 2023 2023
						This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
				74176 Computed tomography,	Radiology Services	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/1/2023 -		Internal		abdomen and pelvis; without contrast	Denied Not	this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	material	Medically Necessary	NOT performed.; Yes this is a request for a Diagnostic CT	2 2023 2023
						This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
				74176 Computed tomography,	Radiology Services	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/1/2023 -		Internal		abdomen and pelvis; without contrast	Denied Not	this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	material	Medically Necessary	, , ,	1 2023 2023
						This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
				7447C Committeed /	Desireles Cont	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/4/2022		Internal Control		74176 Computed tomography,	Radiology Services	this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was	A
4/1/2023 -	4/4/2022	Internal	Disamonaria	abdomen and pelvis; without contrast	Denied Not	performed.; The results of the exam were normal.; The patient did not have an Ultrasound.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	material	Medically Necessary	Yes this is a request for a Diagnostic CT	2 2023 2023
						This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
						and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
						this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was	
				74176 Computed tomography,	Radiology Services	performed.; The results of the exam were normal.; The patient is remaie., A performed.; The	
4/1/2023 -		Internal		abdomen and pelvis; without contrast	Denied Not	Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	material		contrast/barium x-ray were abnormal.; Yes this is a request for a Diagnostic CT	1 2023 2023
0/30/2023	7/1/2023	o/30/2023 ivieuicine	oisappiuvai	material	ivicultarily Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	1 2023 2023
				74176 Computed tomography,	Radiology Services	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/1/2023 -		Internal		abdomen and pelvis; without contrast	Denied Not	this complaint.; There has been a physical exam.; The patient is female.; It is not known if a	Apr-Jun
6/30/2023	4/1/2022	6/30/2023 Medicine	Disapproval	material		pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1 2023 2023
0/30/2023	7/1/2023	0/30/2023 MEGICITE	Pisappioval	material	ivicultally ivecessary	pervice exam was performed, tes this is a request for a Diagnostic Ci	1 2023 2023

4/1/2023 - 6/30/2023 4/1	1/2023	Internal 6/30/2023 Medicine	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1	1/2023	Internal 6/30/2023 Medicine	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Denied Not	large, septated ovarian cyst; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1	1/2023	Internal 6/30/2023 Medicine	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) 75571 Computed tomography, heart,	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1	1/2023	Internal 6/30/2023 Medicine	Disapproval	without contrast material, with quantitative evaluation of coronary calcium	Radiology Services Denied Not Medically Necessary	; This is a request for a CT scan for evalutation of coronary calcification.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1	1/2023	Internal 6/30/2023 Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Chief Complaint:chest pain, sob and palpitations. She was also having right shoulder blade pain.SOB has been happening frequently. Will have vertigo over the past few weeks when she stands up. Had an event monitor in 2021 that showed 1 run of wenckebach; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1	1/2023	Internal 6/30/2023 Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	CURRENT SMOKER, HYPERTENSION, CHEST PAIN;;STRESS TEST IS SCHEDULED FOR 5-18-2023; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1	1/2023	Internal 6/30/2023 Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	No info given; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1	1/2023	Internal 6/30/2023 Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Assessment of risk for a patient without symptoms or history of ischemic/coronary artery disease best describes the patients clinical presentation.	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The ordering MDs specialty is not Cardiology or Cardiac Surgery; The patient is On continuous oxygen therapy	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are NOT new or changing with new EKG changes NOR does the patient have a left bundle branch block	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other than listed above best describes the patients clinical presentation.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The member does not have known or suspected coronary artery disease	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected cardiac septal defect.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	Patient has breast cancer, is to have a mediport placed, presented to ER with SOB, worsening, unable to lay down, being treated with Nebulizer meds and respiratory therapy. Chest X-ray revealed congestive heart failure and pulmonary edema. Needs the Echo; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for an infection of the heart. This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for Chest pain of suspected cardiac etiology; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for Chest pain of suspected cardiac etiology; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram; The health carrier is NOT HealthNet of California	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of an abnormal heart rhythm.	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.; This study is being ordered for pre-operative evaluation.	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of congestive heart failure (CHF); The health carrier is NOT HealthNet of California	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease; The health carrier is NOT HealthNet of California	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for Follow-up to a prior test; EKG has been completed; The EKG was considered abnormal; The abnormality was Non Specific EKG Changes; The health carrier is NOT HealthNet of California	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; It is unknown if there been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of heart failure.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; It is unknown if there been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has NOT been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	This is a request for a Transthoracic Echocardiogram.; Unknown or other than listed above best describes the reason for ordering this study	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Disapproval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M mode recording); including probe placement, image acquisition, interpretation and report	Radiology Services Denied Not	Patient has breast cancer, is to have a mediport placed, presented to ER with SOB, worsening, unable to lay down, being treated with Nebulizer meds and respiratory therapy. Chest X-ray revealed congestive heart failure and pulmonary edema. Needs the Echo; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not	This is a request for a Stress Echocardiogram.; Assessment of risk for a patient without symptoms or history of ischemic/coronary artery disease best describes the patients clinical presentation.; The health carrier is NOT HealthNet of California	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Internal 6/30/2023 Medicine	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not	This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The ordering MDs specialty is not Cardiology or Cardiac Surgery; Ambulates using assistive device such as crutches, cane, walker, or wheelchair; The health carrier is NOT HealthNet of California	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Intervention al 6/30/2023 Radiologists		70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; The procedure is planned in 6 months or less; This procedure is being requested for pre-procedural evaluation; The ordering provider's specialty is NOT Neurological Surgery	Apr-Jun 1 2023 2023

			70498 Computed tomographic angiography, neck, with contrast		This case was created via RadMD.; Agree; The procedure was 6 months ago or less; This	
		Intervention	material(s), including noncontrast		procedure is being requested for post-procedural evaluation; The ordering provider's	
4/1/2023 - 6/30/2023	4/1/2022	al	images, if performed, and image		specialty is NOT Vascular Surgery, Neurological Surgery or Surgery; Carotid stent was	Apr-Jun 1 2023 2023
6/30/2023	4/1/2023	6/30/2023 Radiologists Approval	postprocessing		performed	1 2023 2023
			73706 Computed tomographic angiography, lower extremity, with			
		Intervention	contrast material(s), including			
4/1/2023 -		al	noncontrast images, if performed, and			Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Radiologists Approval	image postprocessing		Yes, this is a request for CT Angiography of the lower extremity.	1 2023 2023
					This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer, mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or	
					abdominal cancer.; This study is ordered for something other than staging of a known tumor	
		Intervention			(not) prostate, known prostate CA with PSA> 10, abdominal mass, Retroperitoneal mass	
4/1/2023 -	4/4/2022	al	74150 Computed tomography,		or new symptoms including hematuria with known CA or tumor.; Yes this is a request for a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Radiologists Approval	abdomen; without contrast material		Diagnostic CT	1 2023 2023
			74174 Computed tomographic			
			angiography, abdomen and pelvis, with			
4/4/2022		Intervention	contrast material(s), including			A Iv
4/1/2023 - 6/30/2023	4/1/2023	al 6/30/2023 Radiologists Approval	noncontrast images, if performed, and image postprocessing		This is a request for CT Angiography of the Abdomen and Pelvis.	Apr-Jun 1 2023 2023
0,00,000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	о, ос, теле постоловите портина				
		Intervention	74181 Magnetic resonance (eg, proton)			
4/1/2023 - 6/30/2023	4/1/2022	al 6/30/2023 Radiologists Approval	imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.	Apr-Jun 1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Radiologists Approval	material(s)		This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This	1 2023 2023
		Intervention	74181 Magnetic resonance (eg, proton)		study is being ordered for follow-up.; The patient did NOT have chemotherapy, radiation	
4/1/2023 -	4/4/2022	al	imaging, abdomen; without contrast		therapy or surgery in the last 3 months.; They had an Abdomen MRI in the last 10 months.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Radiologists Approval	material(s)		The patient is NOT presenting new signs or symptoms.	1 2023 2023
			74174 Computed tomographic			
			angiography, abdomen and pelvis, with			
4/1/2023 -		Intervention al	contrast material(s), including	Radiology Services Denied Not		Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Radiologists Disapproval	noncontrast images, if performed, and image postprocessing		This is a request for CT Angiography of the Abdomen and Pelvis.	1 2023 2023
.,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,	- Carparage	, , , , , , , , , , , , , , , , , , , ,		
			93307 Echocardiography, transthoracic, real-time with image documentation			
			(2D), includes M-mode recording, when			
4/1/2023 -		Medical	performed, complete, without spectral		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Genetics Approval	or color Doppler echocardiography		The member is 3 or younger.	1 2023 2023
					This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	
			93307 Echocardiography, transthoracic,		The member is 15 or older.; This study is being ordered for a history of heart valve disease.;	
			real-time with image documentation		Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is	
4/4/2022		Madical	(2D), includes M-mode recording, when		NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3	A mar form
4/1/2023 - 6/30/2023	4/1/2023	Medical 6/30/2023 Genetics Disapproval	performed, complete, without spectral or color Doppler echocardiography	Denied Not Medically Necessary	years since the last Transthoracic Echocardiogram (TTE) was completed; There are new symptoms suggesting worsening of heart valve disease	Apr-Jun 1 2023 2023
0,00,2023	., _, _ 525	-,, 2020 Cenedio Disappi Oval	2. 22.0. Doppie. Conocaralography	saroan, recessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	1 2023 2023
		Multi-	74176 Computed tomography,		and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this	
4/1/2023 -	4/4/2022	Specialty (2	abdomen and pelvis; without contrast		complaint.; The patient had an amylase lab test.; The results of the lab test were abnormal.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 or more) Approval	material		Yes this is a request for a Diagnostic CT	1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Multi- Specialty (2 6/30/2023 or more)	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Multi- Specialty (2 6/30/2023 or more)	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; The liver is enlarged.; Yes this is a request for a Diagnostic CT; This is NOT a Medicare member.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		6/30/2023 Nephrology	··	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Aneurysm screening with first degree family member having aneurysm best describes the clinical indication for requesting this procedure	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Nephrology		70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Dizziness or Vertigo	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Nephrology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has Focal upper extremity weakness	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Nephrology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Nephrology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material		This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Nephrology	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)		This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; The patient has a renal cyst.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Nephrology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for a routine follow up of congenital heart disease.; It has been at least 24 months since the last echocardiogram was performed.	Apr-Jun 1 2023 2023
4/1/2023 -	, , ===				Radiology Services Denied Not	This is a request for an Ankle CT.; Yes this is a request for a Diagnostic CT; There NOT a history of significant trauma, dislocation, or injury to the ankle within the last 6 weeks; The ordering MDs specialty is NOT Surgery; There is not a suspected tarsal coalition; There is NO history of a new onset of severe pain in the ankle within the last 2 weeks; It is unknown if the patient has documented limited range of motion; The patient does not have an abnormal plain film study of the ankle other than arthritis; It is unknown if he patient has used a cane or crutches for greater than 4 weeks; The patient has not failed a course of supervised physical therapy; It is unknown if the patient has been treated with anti-inflammatory	Apr-Jun
4/1/2023 - 6/30/2023 4/1/2023 -	4/1/2023	6/30/2023 Nephrology Neurological		73700 Computed tomography, lower extremity; without contrast material 70450 Computed tomography, head or		medications in conjunction with this complaint; This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6	1 2023 2023 Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Approval	brain; without contrast material		months ago	1 2023 2023

/1/2023 - /30/2023 4/1/2023	Neurological 6/30/2023 Surgery Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	Apr-Jur 1 2023 2023
/30/2023 4/1/2023	0/30/2023 Surgery Approval	brain, without contrast material	This is a request for a brain/head CT.; Evaluation of known or suspected brain bleeding	1 2023 2023
/1/2023 -	Neurological	70450 Computed tomography, head or	(hemorrhage, hematoma, subdural) best describes the reason that I have requested this	Apr-Jui
30/2023 4/1/2023	6/30/2023 Surgery Approval	brain; without contrast material	test.; None of the above best describes the reason that I have requested this test.	4 2023 2023
30/2023 4/1/2023	6/30/2023 Surgery Approval	brain, without contrast material	This is a request for a brain/head CT.; Post-operative evaluation best describes the reason	4 2023 2023
/1/2023 -	Neurological	70450 Computed tomography, head or	that I have requested this test.; None of the above best describes the reason that I have	Apr-Jui
/30/2023 - 4/1/2023	6/30/2023 Surgery Approval	brain; without contrast material	requested this test.	2 2023 2023
30/2023 4/1/2023	6/30/2023 Surgery Approval	brain, without contrast material	This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is	2 2023 2023
			NOT on anticoagulation or blood thinner treatments; There are NO recent neurological	
1/2023 -	Manualastad	70450 Committed to manage to book and an	symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision	A 1
	Neurological	70450 Computed tomography, head or	defects, speech impairments or sudden onset of severe dizziness; This is a follow up request	Apr-Ju
30/2023 4/1/2023	6/30/2023 Surgery Approval	brain; without contrast material	for a known hemorrhage/hematoma or vascular abnormality	4 2023 2023
			This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is	
			NOT on anticoagulation or blood thinner treatments; There are recent neurological	
/1/2023 -	Neurological	70450 Computed tomography, head or	symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision	Apr-Jur
/30/2023 4/1/2023	6/30/2023 Surgery Approval	brain; without contrast material	defects, speech impairments or sudden onset of severe dizziness	4 2023 2023
/1/2023 -	Neurological	70450 Computed tomography, head or	This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is	Apr-Jui
30/2023 4/1/2023	6/30/2023 Surgery Approval	brain; without contrast material	on anticoagulation or blood thinner treatments	1 2023 2023
			This is a request for a brain/head CT.; The patient has a headache involving the back of the	
1/2023 -	Neurological	70450 Computed tomography, head or	head and the patient is over 55 years old; Headache best describes the reason that I have	Apr-Ju
30/2023 4/1/2023	6/30/2023 Surgery Approval	brain; without contrast material	requested this test.	2 2023 2023
			This is a request for a brain/head CT.; The patient has a known brain tumor.; There are	
			documented neurologic findings suggesting a primary brain tumor.; This is a Medicare	
/1/2023 -	Neurological	70450 Computed tomography, head or	member.; Known or suspected tumor best describes the reason that I have requested this	Apr-Ju
30/2023 4/1/2023	6/30/2023 Surgery Approval	brain; without contrast material	test.	1 2023 2023
	<u> </u>		This is a request for a brain/head CT.; The patient has a known brain tumor.; There are	
			documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare	
/1/2023 -	Neurological	70450 Computed tomography, head or	member.; Known or suspected tumor best describes the reason that I have requested this	Apr-Ju
30/2023 4/1/2023	6/30/2023 Surgery Approval	brain; without contrast material	test.	1 2023 2023
, ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,	This is a request for a brain/head CT.; The patient has Fluid on the brain (hydrocephalus).;	
/1/2023 -	Neurological	70450 Computed tomography, head or	Known or suspected congenital anomaly best describes the reason that I have requested this	Apr-Ju
/30/2023 4/1/2023	6/30/2023 Surgery Approval	brain; without contrast material	test.; None of the above best describes the reason that I have requested this test.	1 2023 2023
., , ,	., ,	,	This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or suspected	
/1/2023 -	Neurological	70450 Computed tomography, head or	blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or	Apr-Jur
/30/2023 4/1/2023	6/30/2023 Surgery Approval	brain; without contrast material	symptoms best describes the reason that I have requested this test.	1 2023 2023
30/2023 4/1/2023	7,50,2023 Surgery Approval	brain, without contrast material	This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or suspected	1 2023 2023
/1/2023 -	Neurological	70450 Computed tomography, head or	TIA (stroke) with documented new or changing neurologic signs and or symptoms best	Apr-Ju
30/2023 4/1/2023	6/30/2023 Surgery Approval	brain; without contrast material	describes the reason that I have requested this test.	1 2023 2023
30/2023 4/1/2023	6/30/2023 Surgery Approval			1 2023 2023
/1/2023 -	Nouvelegical	70486 Computed tomography,	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial	Ame I
	Neurological	maxillofacial area; without contrast	bone or skull, trauma or injury.fct"; "There is suspicion of neoplasm, tumor or	Apr-Ju
30/2023 4/1/2023	6/30/2023 Surgery Approval	material	metastasis.fct"; Yes this is a request for a Diagnostic CT	1 2023 2023
1. 1		70486 Computed tomography,	This is a request for a Sinus CT.; This study is not being ordered for trauma, tumor, sinusitis,	
/1/2023 -	Neurological	maxillofacial area; without contrast	osteomyelitis, pre operative or a post operative evaluation.; Yes this is a request for a	Apr-Ju
30/2023 4/1/2023	6/30/2023 Surgery Approval	material	Diagnostic CT	1 2023 2023
		70496 Computed tomographic	; This study is being ordered for a neurological disorder.; There has not been any treatment	
		angiography, head, with contrast	or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty	
		material(s), including noncontrast	is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
/1/2023 -	Neurological	images, if performed, and image	Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1	Apr-Ju
30/2023 4/1/2023	6/30/2023 Surgery Approval	postprocessing	year	1 2023 2023
		70496 Computed tomographic	aggressive risk factor modifications and imaging follow-up; This study is being ordered for	
		angiography, head, with contrast	Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs	
		material(s), including noncontrast	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
/1/2023 -	Neurological	images, if performed, and image	speciality is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more	Apr-Ju

		701000	Continued left LMN facial palsy / aggressive medical management with dAPT, statin and	
		70496 Computed tomographic	aggressive risk factor modifications with possible procedure.; This study is being ordered for	
		angiography, head, with contrast	Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs	
		material(s), including noncontrast	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
4/1/2023 -	Neurological	images, if performed, and image	Radiation Oncology; This case was created via RadMD.; The primary symptoms began less	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	postprocessing	than 6 months ago; Medications were given for this diagnosis	1 2023 2023
		70496 Computed tomographic	Had a procedure - mechanical thrombectomy; This study is being ordered for Vascular	
		angiography, head, with contrast	Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is	
		material(s), including noncontrast	NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -	Neurological	images, if performed, and image	Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	postprocessing	year; Other not listed was done for this diagnosis	1 2023 2023
			Internal carotid artery dissection / stroke - TIA; Patient had an endovascular thrombectomy.	
		70496 Computed tomographic	Need to have a CTA head neck for interval assessment.; This study is being ordered for	
		angiography, head, with contrast	trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs	
		material(s), including noncontrast	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
4/1/2023 -	Neurological	images, if performed, and image	Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	postprocessing	months to 1 year; Other not listed was done for this diagnosis	1 2023 2023
		70496 Computed tomographic	please attached medical documentation; This study is being ordered for trauma or injury.;	
		angiography, head, with contrast	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	
		material(s), including noncontrast	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -	Neurological	images, if performed, and image	Oncology; This case was created via RadMD.; The primary symptoms began less than 6	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	postprocessing	months ago; Medications were given for this diagnosis	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Surgery Approvu	70496 Computed tomographic	months ago, medications were given for this diagnosis	1 2023 2023
		angiography, head, with contrast		
		material(s), including noncontrast		
4/1/2023 -	Neurological	images, if performed, and image	This case was created via RadMD.; Agree; This procedure is being requested for post-	Apr-Jun
6/30/2023 4/1/2023	_			3 2023 2023
0/30/2023 4/1/2023	6/30/2023 Surgery Approval	postprocessing 70496 Computed tomographic	procedural evaluation; The ordering provider's specialty is Neurological Surgery	3 2023 2023
		. 5 .		
		angiography, head, with contrast		
4/4/2022		material(s), including noncontrast		
4/1/2023 -	Neurological	images, if performed, and image	This case was created via RadMD.; Agree; This procedure is being requested for pre-	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	postprocessing	procedural evaluation; The ordering provider's specialty is Neurological Surgery	1 2023 2023
		70496 Computed tomographic		
		angiography, head, with contrast		
		material(s), including noncontrast		
4/1/2023 -	Neurological	images, if performed, and image		Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	postprocessing	This procedure is being requested for something other than listed	1 2023 2023
			This study is being ordered for something other than: known trauma or injury, metastatic	
		70496 Computed tomographic	disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
		angiography, head, with contrast	vascular disease.; There has been treatment or conservative therapy.; The ordering MDs	
		material(s), including noncontrast	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
4/1/2023 -	Neurological	images, if performed, and image	Radiation Oncology; This case was created via BBI.; The primary symptoms began less than 6	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	postprocessing	months ago; Medications were given for this diagnosis	1 2023 2023
	, , , , , , , , , , , , , , , , , , ,	70496 Computed tomographic	This study is being ordered for Vascular Disease.; There has been treatment or conservative	
		angiography, head, with contrast	therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery,	
		material(s), including noncontrast	Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The	
4/1/2023 -	Neurological	images, if performed, and image	primary symptoms began less than 6 months ago; Physical Therapy was completed for this	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	postprocessing	diagnosis	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Suigery Approval	70498 Computed tomographic	aggressive risk factor modifications and imaging follow-up; This study is being ordered for	1 2023 2023
		· · · · · · · · · · · · · · · · · · ·		
		angiography, neck, with contrast	Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs	
4/4/2022	Manuelestel	material(s), including noncontrast	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	A 1
4/1/2023 -	Neurological	images, if performed, and image	Radiation Oncology; This case was created via RadMD.; The primary symptoms began more	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	postprocessing	than 1 year ago; Other not listed was done for this diagnosis	1 2023 2023

Continued left LMN facial palsy / aggressive medical management with 70498 Computed tomographic aggressive risk factor modifications with possible procedure.; This stude angiography, neck, with contrast Vascular Disease.; There has been treatment or conservative therapy.;	dy is being ordered for
angiography, neck, with contrast Vascular Disease.; There has been treatment or conservative therapy.;	
	-
material(s), including noncontrast specialty is NOT Hematologist, Choracic Surgery, Oncology,	<u> </u>
4/1/2023 - Neurological images, if performed, and image Radiation Oncology; This case was created via RadMD.; The primary sy	
6/30/2023 4/1/2023 6/30/2023 Surgery Approval postprocessing than 6 months ago; Medications were given for this diagnosis	1 2023 2023
70498 Computed tomographic Had a procedure - mechanical thrombectomy; This study is being order	
angiography, neck, with contrast Disease.; There has been treatment or conservative therapy.; The orde	. ,
material(s), including noncontrast NOT Hematologist, Oncologist, Thoracic Surgery, Oncology, Surgical Or	
4/1/2023 - Neurological images, if performed, and image Oncology; This case was created via RadMD.; The primary symptoms b	
6/30/2023 4/1/2023 6/30/2023 Surgery Approval postprocessing year; Other not listed was done for this diagnosis	1 2023 2023
Internal carotid artery dissection / stroke - TIA;Patient had an endovaso	•
70498 Computed tomographic Need to have a CTA head neck for interval assessment.; This study is be	eing ordered for
angiography, neck, with contrast trauma or injury.; There has been treatment or conservative therapy.;	The ordering MDs
material(s), including noncontrast specialty is NOT Hematologist, Oncologist, Thoracic Surgery, Oncology,	, Surgical Oncology or
4/1/2023 - Neurological images, if performed, and image Radiation Oncology; This case was created via RadMD.; The primary sy	mptoms began 6 Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Surgery Approval postprocessing months to 1 year; Other not listed was done for this diagnosis	1 2023 2023
70498 Computed tomographic please attached medical documentation; This study is being ordered for	or trauma or injury.;
angiography, neck, with contrast There has been treatment or conservative therapy.; The ordering MDs	specialty is NOT
material(s), including noncontrast Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncolog	gy or Radiation
4/1/2023 - Neurological images, if performed, and image Oncology; This case was created via RadMD.; The primary symptoms b	egan less than 6 Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Surgery Approval postprocessing months ago; Medications were given for this diagnosis	1 2023 2023
70498 Computed tomographic	
angiography, neck, with contrast	
material(s), including noncontrast This case was created via RadMD.; Agree; This procedure is being requ	ested for evaluation
4/1/2023 - Neurological images, if performed, and image for vascular disease; Asymptomatic with abnormal ultrasound showing	
6/30/2023 4/1/2023 6/30/2023 Surgery Approval postprocessing or more) best describes the clinical indication for requesting this proce	
70498 Computed tomographic	1 2023 2023
angiography, neck, with contrast	
material(s), including noncontrast This case was created via RadMD.; Agree; This procedure is being requ	ested for evaluation
4/1/2023 - Neurological images, if performed, and image for vascular disease; Other best describes the clinical indication for req	
6/30/2023 4/1/2023 6/30/2023 Surgery Approval postprocessing procedure	1 2023 2023
70498 Computed tomographic	1 2023 2023
angiography, neck, with contrast	
material(s), including noncontrast	
4/1/2023 - Neurological images, if performed, and image This case was created via RadMD.; Agree; This procedure is being requ	ested for post- Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Surgery Approval postprocessing procedural evaluation; The ordering provider's specialty is Neurologica 70498 Computed tomographic	1 301gery 1 2023 2023
· · · · ·	
angiography, neck, with contrast	
material(s), including noncontrast	and of forman
4/1/2023 - Neurological images, if performed, and image This case was created via RadMD.; Agree; This procedure is being requ	·
6/30/2023 4/1/2023 6/30/2023 Surgery Approval postprocessing procedural evaluation; The ordering provider's specialty is Neurological This study is being and and for a constitution and the study of the constitution of the study o	
This study is being ordered for something other than: known trauma o	• •
70498 Computed tomographic disease, a neurological disorder, inflammatory or infectious disease, co	
angiography, neck, with contrast vascular disease.; There has been treatment or conservative therapy.;	-
material(s), including noncontrast specialty is NOT Hematologist, Concologist, Thoracic Surgery, Oncology,	<u> </u>
4/1/2023 - Neurological images, if performed, and image Radiation Oncology; This case was created via BBI.; The primary sympt	
6/30/2023 4/1/2023 6/30/2023 Surgery Approval postprocessing months ago; Medications were given for this diagnosis	1 2023 2023
70498 Computed tomographic This study is being ordered for Vascular Disease.; There has been treat	
angiography, neck, with contrast therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist,	~
material(s), including noncontrast Oncology, Surgical Oncology or Radiation Oncology; This case was crea	ited via BBI.; The
4/1/2023 - Neurological images, if performed, and image primary symptoms began less than 6 months ago; Physical Therapy wa	as completed for this Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Surgery Approval postprocessing diagnosis	1 2023 2023
	oes not have a known
70544 Magnetic resonance ; There is not an immediate family history of aneurysm.; The patient do	
70544 Magnetic resonance ; There is not an immediate family history of aneurysm.; The patient do aneurysm.; The patient has had a recent MRI or CT for these symptoms.	

			HA's in the occipital region, dizziness, nausea that occur 3 x per week; she also has a hx of	
		70544 Magnakia rasanana	BUE/BLE numbness and tingling; There is not an immediate family history of aneurysm.; The	
4/1/2023 -	Neurological	70544 Magnetic resonance angiography, head; without contrast	patient does not have a known aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	material(s)	for a Brain MRA.	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Surgery Approval	70544 Magnetic resonance	ioi a biani wika.	1 2023 2023
4/1/2023 -	Neurological	angiography, head; without contrast	There is a family history of a brain aneurysm in the parent, brother, sister or child of the	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	material(s)	patient.; This is a request for a Brain and Neck MRA combination.	1 2023 2023
1,11,111		70544 Magnetic resonance	F-1-1 ,	
4/1/2023 -	Neurological	angiography, head; without contrast		Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	material(s)	There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	2 2023 2023
		70544 Magnetic resonance		
4/1/2023 -	Neurological	angiography, head; without contrast	There is not an immediate family history of aneurysm.; The patient has a known aneurysm.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	material(s)	This is a request for a Brain MRA.	2 2023 2023
		70547 Magnetic resonance		
4/1/2023 -	Neurological	angiography, neck; without contrast	There is a family history of a brain aneurysm in the parent, brother, sister or child of the	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	material(s)	patient.; This is a request for a Brain and Neck MRA combination.	1 2023 2023
			5/4/23 Here to follow up. CLinically persistent headaches especially on right treated some by	
			Diamox but also having increased pain in lower neck to scapula region with clicking on right.	
			Needs new MRI HNC, T spine and possible LP to evaluate IIH thereaft; This study is being	
		70551 Magnetic resonance (eg, proton)	ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,	
4/1/2023 -	Neurological	imaging, brain (including brain stem);	Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	without contrast material	symptoms began more than 1 year ago; Medications were given for this diagnosis	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Surgery Approvar	without contrast material	decompression surgery for Arnolds chair's and small shunt for syringomyelia, laminectomy;	1 2023 2023
			This study is being ordered for Congenital Anomaly.; There has been treatment or	
			conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
		70551 Magnetic resonance (eg, proton)	Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via	
4/1/2023 -	Neurological	imaging, brain (including brain stem);	RadMD.; The primary symptoms began more than 1 year ago; Medications were given for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	without contrast material	this diagnosis	1 2023 2023
		70551 Magnetic resonance (eg, proton)		
4/1/2023 -	Neurological	imaging, brain (including brain stem);	It is not known if there has been any treatment or conservative therapy.; This study is being	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	without contrast material	ordered for Neurological Disorder; The primary symptoms began more than 1 year ago	1 2023 2023
			Physical Therapy ongong; c/o dizziness, clumsiness in hands; seeing "spots"; This study is	
		70554 Manuschia secondo de secondo de	being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.;	
4/1/2023 -	Neuralagiaal	70551 Magnetic resonance (eg, proton)	The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,	A I
1 1	Neurological	imaging, brain (including brain stem); without contrast material	Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary	Apr-Jun 1 2023 2023
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	without contrast material	symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	1 2023 2023
		70551 Magnetic resonance (eg, proton)	There has been treatment or conservative therapy.; This study is being ordered for	
4/1/2023 -	Neurological	imaging, brain (including brain stem);	Congenital Anomaly; The primary symptoms began more than 1 year ago; Medications were	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	without contrast material	given for this diagnosis	1 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , ,			
		70551 Magnetic resonance (eg, proton)	There has been treatment or conservative therapy.; This study is being ordered for	
4/1/2023 -	Neurological	imaging, brain (including brain stem);	Neurological Disorder; The primary symptoms began less than 6 months ago; Medications	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	without contrast material	were given for this diagnosis	1 2023 2023
		70551 Magnetic resonance (eg, proton)		
4/1/2023 -	Neurological	imaging, brain (including brain stem);	There has not been any treatment or conservative therapy.; This study is being ordered for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	without contrast material	Neurological Disorder; The primary symptoms began less than 6 months ago	1 2023 2023
		70774.4		
. /. /2022		70551 Magnetic resonance (eg, proton)		
4/1/2023 -	Neurological	imaging, brain (including brain stem);	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	without contrast material	that I have requested this test.	2 2023 2023

		70551 Magnetic resonance (eg, proton)	This request is for a Brain MRI; None of the above best describes the reason that I have	
4/1/2023 -	Neurological	imaging, brain (including brain stem);	requested this test.; Post-operative evaluation best describes the reason that I have	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	without contrast material	requested this test.	1 2023 2023
,,,,,	, ,			
		70551 Magnetic resonance (eg, proton)	This request is for a Brain MRI; Recent (in the past month) head trauma with neurologic	
4/1/2023 -	Neurological	imaging, brain (including brain stem);	symptoms/findings best describes the reason that I have requested this test.; This is NOT a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	without contrast material	Medicare member.	1 2023 2023
		70551 Magnetic resonance (eg, proton)	This request is for a Brain MRI; The study is being requested for evaluation of a headache.;	
4/1/2023 -	Neurological	imaging, brain (including brain stem);	The patient had a thunderclap headache or worst headache of the patient's life (within the	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	without contrast material	last 3 months).	1 2023 2023
		7055444 *** ()		
4/1/2023 -	Neuralegical	70551 Magnetic resonance (eg, proton)	This was used in face a Dunius MADI. The shoots in baing was used of an application of a bandcaba.	Ame I
	Neurological	imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	Apr-Jun 4 2023 2023
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	Without Contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	4 2023 2023
		70551 Magnetic resonance (eg, proton)	headache.; It is unknown why this study is being ordered.; The patient does not have	
4/1/2023 -	Neurological	imaging, brain (including brain stem);	dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	without contrast material	abnormality, loss of smell, hearing loss or vertigo.	9 2023 2023
0,00,2020 4,1,2020	5,55,2525 Surgery Approval	The solid ast material	autoritiancy) 1000 of officing 1000 of vertigo.	3 2023 2023
		70551 Magnetic resonance (eg, proton)	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/1/2023 -	Neurological	imaging, brain (including brain stem);	headache.; It is unknown why this study is being ordered.; The patient has a congenital	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	without contrast material	abnormality.; 'None of the above' describes the congenital anomaly	1 2023 2023
	<u> </u>			
		70551 Magnetic resonance (eg, proton)	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/1/2023 -	Neurological	imaging, brain (including brain stem);	headache.; It is unknown why this study is being ordered.; The patient has a congenital	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	without contrast material	abnormality.; Arnold-Chiari Malformation describes the congenital anomaly	2 2023 2023
		70551 Magnetic resonance (eg, proton)	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/1/2023 -	Neurological	imaging, brain (including brain stem);	headache.; It is unknown why this study is being ordered.; The patient has a congenital	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	without contrast material	abnormality.; The patient has Fluid on the brain (hydrocephalus).	14 2023 2023
		70554 Managatia anno 100 anno 1	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/1/2023 -	Navvalacian	70551 Magnetic resonance (eg, proton)	headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic	Ame I.un
6/30/2023 4/1/2023	Neurological	imaging, brain (including brain stem); without contrast material	symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).; The patient had a Brain MRI in the last 12 months	Apr-Jun 1 2023 2023
0/30/2023 4/1/2023	6/30/2023 Surgery Approval	Without Contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	1 2023 2023
		70551 Magnetic resonance (eg, proton)	headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset	
4/1/2023 -	Neurological	imaging, brain (including brain stem);	(within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	without contrast material	TIA (transient ischemic attack).	2 2023 2023
-,, 2020 ., 2, 2020	-,,,,, -, -, -, -, -, -, -,		This request is for a Brain MRI; The study is NOT being requested for evaluation of a	2 2020 2020
		70551 Magnetic resonance (eg, proton)	headache.; The patient has the inability to speak.; The patient had a recent onset (within the	
4/1/2023 -	Neurological	imaging, brain (including brain stem);	last 4 weeks) of neurologic symptoms.; This study is being ordered for an aneurysm.; This	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	without contrast material	study is being ordered for neurological deficits.	1 2023 2023
	2 /			
		70551 Magnetic resonance (eg, proton)	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/1/2023 -	Neurological	imaging, brain (including brain stem);	headache.; This study is being ordered for a tumor.; The patient does NOT have a biopsy	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	without contrast material	proven cancer	12 2023 2023
		70551 Magnetic resonance (eg, proton)		
4/1/2023 -	Neurological	imaging, brain (including brain stem);	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	without contrast material	headache.; This study is being ordered for and infection or inflammation.	2 2023 2023
		7077444 11 /	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/4/2022	Name 1	70551 Magnetic resonance (eg, proton)	headache.; This study is being ordered for follow-up.; The patient completed a course of	
4/1/2023 -	Neurological	imaging, brain (including brain stem);	chemotherapy or radiation therapy within the past 90 days.; This study is being ordered for a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	without contrast material	tumor.; The patient has a biopsy proven cancer	2 2023 2023

			This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
			headache.; This study is being ordered for follow-up.; The patient has NOT completed a	
		70551 Magnetic resonance (eg, proton)	course of chemotherapy or radiation therapy within the past 90 days.; This study is being	
4/1/2023 -	Neurological	imaging, brain (including brain stem);	ordered for a tumor.; The last Brain MRI was performed more than 12 months ago; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	without contrast material	patient has a biopsy proven cancer	4 2023 2023
			This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
			headache.; This study is being ordered for follow-up.; The patient has NOT completed a	
		70551 Magnetic resonance (eg, proton)	course of chemotherapy or radiation therapy within the past 90 days.; This study is being	
4/1/2023 -	Neurological	imaging, brain (including brain stem);	ordered for a tumor.; The last Brain MRI was performed within the last 12 months; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	without contrast material	patient has a biopsy proven cancer	2 2023 2023
	, , , , , , , , , , , , , , , , , , , ,			
		70551 Magnetic resonance (eg, proton)	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/1/2023 -	Neurological	imaging, brain (including brain stem);	headache.; This study is being ordered for seizures.; It is unknown if there has there been a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	without contrast material	change in seizure pattern or a new seizure.	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Surgery Approval	without contrast material	change in seizure pattern of a new seizure.	1 2023 2023
		70551 Magnetic resonance (eg, proton)	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/1/2023 -	Neurological	imaging, brain (including brain stem);	headache.; This study is being ordered for seizures.; There has been a change in seizure	Ann lun
				Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	without contrast material	pattern or a new seizure.	5 2023 2023
		70554 Manualla annual de annual de	This are worth for a Busin MDI. The study is NOT being a constant for any 1. 11.	
		70551 Magnetic resonance (eg, proton)	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/1/2023 -	Neurological	imaging, brain (including brain stem);	headache.; This study is being ordered for staging.; This study is being ordered for a tumor.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	without contrast material	The patient has a biopsy proven cancer	3 2023 2023
			We discussed the option for repeating a MRI of the brain and entire spine without contrast	
			for further evaluation post-lumbar puncture; This study is being ordered for a neurological	
			disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is	
		70551 Magnetic resonance (eg, proton)	NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -	Neurological	imaging, brain (including brain stem);	Oncology; This case was created via RadMD.; The primary symptoms began less than 6	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	without contrast material	months ago; Other not listed was done for this diagnosis	1 2023 2023
			worsening spasticity since april 2023, history of epilepsy, quadriplegic; This study is being	
			ordered for a neurological disorder.; There has been treatment or conservative therapy.; The	
		70551 Magnetic resonance (eg, proton)	ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,	
4/1/2023 -	Neurological	imaging, brain (including brain stem);	Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	without contrast material	symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Surgery Approval	without contrast material	symptoms began more than I year ago, i mysicar merapy was completed for this diagnosis	1 2023 2023
			Spoke with CT department. They recommend orders to include CT Angio Chest, Abdomen,	
		71275 Committed townsome his		
		71275 Computed tomographic	Pelvis in order to capture a true CT angiogram of thoracic and lumbar spine as Dr. Workman	
		angiography, chest (noncoronary), with	is requesting above; The patient is over 17 years old.; This study is not requested to evaluate	
. /. /		contrast material(s), including	suspected pulmonary embolus.; This study will not be performed in conjunction with a Chest	
4/1/2023 -	Neurological	noncontrast images, if performed, and	CT.; This study is being ordered for Known or Suspected Congenital Abnormality.; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	image postprocessing	abnormality is of a non-cardiac nature.; Yes, this is a request for a Chest CT Angiography.	1 2023 2023
		71550 Magnetic resonance (eg, proton)		
		imaging, chest (eg, for evaluation of		
		hilar and mediastinal		
4/1/2023 -	Neurological	lymphadenopathy); without contrast	; This study is NOT being ordered for a Work-up for Suspicious Mass, Known Tumor, Known	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	material(s)	or Suspected Inflammatory Disease, etc; This is a request for a chest MRI.	1 2023 2023
			; This study is being ordered for trauma or injury.; There has not been any treatment or	
			conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is	
			NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -	Neurological	72125 Computed tomography, cervical	Oncology; This case was created via RadMD.; The primary symptoms began less than 6	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	spine; without contrast material	months ago	1 2023 2023
2, 30, 2023	-, -0, -0-0 0a. Bery /ipproval	Tp Michode contract material		1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Neurological 6/30/2023 Surgery Approval	72125 Computed tomography, cervical spine; without contrast material	Patient has history of Chiari decompression with historical postop CSF leak. Describes low pressure type headaches after lifting furniture. LP with opening pressure in normal range 10cmH20. CT myelogram performed to assess for spontaneous CSF leak. MD rev; This study is being ordered for a neurological disorder; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Neurological 6/30/2023 Surgery Approval	72125 Computed tomography, cervical spine; without contrast material	The patient does have neurological deficits.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for chronic neck pain or suspected degenerative disease.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient is experiencing or presenting symptoms of Asymmetric reflexes.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Neurological 6/30/2023 Surgery Approval	72125 Computed tomography, cervical spine; without contrast material	This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Neurological 6/30/2023 Surgery Approval	72125 Computed tomography, cervical spine; without contrast material	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; It is unknown if there is a reason why the patient cannot have a Cervical Spine MRI.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Neurological 6/30/2023 Surgery Approval	72125 Computed tomography, cervical spine; without contrast material	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI. This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Neurological 6/30/2023 Surgery Approval	72125 Computed tomography, cervical spine; without contrast material	study is being ordered for follow-up surgery or fracture within the last 6 months.; There is a reason why the patient cannot have a Cervical Spine MRI.; The ordering MDs specialty is Neurological Surgery	Apr-Jun 4 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Neurological 6/30/2023 Surgery Approval	72125 Computed tomography, cervical spine; without contrast material	This study is to be part of a Myelogram.; This is a request for a Cervical Spine CT	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Neurological 6/30/2023 Surgery Approval	72128 Computed tomography, thoracic spine; without contrast material	Patient has history of Chiari decompression with historical postop CSF leak. Describes low pressure type headaches after lifting furniture. LP with opening pressure in normal range 10cmH20. CT myelogram performed to assess for spontaneous CSF leak. MD rev; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 -		Neurological	72128 Computed tomography, thoracic	Post operative pain, aftercare following surgery of the nervous system; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD; The primary symptoms began less than 6	Apr-Ju n
6/30/2023	4/1/2023	6/30/2023 Surgery Approval	spine; without contrast material	months ago; Other not listed was done for this diagnosis The patient is presenting new symptoms.; This study is being ordered for follow-up.; It is not known if the patient is undergoing active treatment for cancer.; This is a request for a thoracic spine CT.; "The patient is being seen by or is the ordering physician an oncologist,	1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Neurological 6/30/2023 Surgery Approval	72128 Computed tomography, thoracic spine; without contrast material	neurologist, neurosurgeon, or orthopedist."; The study is being ordered due to known tumor with or without metastasis.; There is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT This is a request for a thoracic spine CT.; The patient has been seen by, or the ordering	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Neurological 6/30/2023 Surgery Approval	72128 Computed tomography, thoracic spine; without contrast material	physician is, a neuro-specialist, orthopedist, or oncologist.; The study is being ordered due to follow-up to surgery or fracture within the last 6 months.; There is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023

			This is a request for a thoracic spine CT.; The study is being ordered due to pre-operative	
. /. /			evaluation.; There is a reason why the patient cannot undergo a thoracic spine MRI.; There is	
4/1/2023 -	Neurological	72128 Computed tomography, thoracic	laboratory or x-ray evidence of osteomyelitis.; There is a known condition of infection.; Yes	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	spine; without contrast material	this is a request for a Diagnostic CT	1 2023 2023
			This study is being ordered for a neurological disorder.; There has been treatment or	
			conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
. /. /2.22		70400 C	Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.;	
4/1/2023 -	Neurological	72128 Computed tomography, thoracic	The primary symptoms began less than 6 months ago; Medications were given for this	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	spine; without contrast material	diagnosis	1 2023 2023
			This study is being ordered for trauma or injury.; There has been treatment or conservative	
			therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery,	
4/4/2022	Neuralested	72420 Community of the second section of the second	Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The	A man days
4/1/2023 -	Neurological	72128 Computed tomography, thoracic	primary symptoms began less than 6 months ago; Physical Therapy was completed for this	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	spine; without contrast material	diagnosis	1 2023 2023
			Patient has history of Chiari decompression with historical postop CSF leak. Describes low	
			, , , , , , , , , , , , , , , , , , , ,	
			pressure type headaches after lifting furniture. LP with opening pressure in normal range	
			10cmH20. CT myelogram performed to assess for spontaneous CSF leak. MD rev; This study	
			is being ordered for a neurological disorder.; There has been treatment or conservative	
4/4/2022	Neuralested	72424 Community discounts the learning	therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery,	A I
4/1/2023 -	Neurological	72131 Computed tomography, lumbar	Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	spine; without contrast material	primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1 2023 2023
			Post operative pain, aftercare following surgery of the nervous system; This study is being	
			ordered for something other than: known trauma or injury, metastatic disease, a	
			neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular	
			disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is	
4/4/2022	Neuralested	72424 Community discounts also be a learning to the contract of	NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	A man days
4/1/2023 -	Neurological	72131 Computed tomography, lumbar	Oncology; This case was created via RadMD.; The primary symptoms began less than 6	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	spine; without contrast material	months ago; Other not listed was done for this diagnosis	1 2023 2023
			This is a 81 year old female that had previously underwent an L3 - S1 fusion. Patient	
			presented to clinic in a wheelchair stating that she has had worsening lower back pain after a	
			fall. She states that she was tending to her garden, that is on a sloped i; This study is being	
			ordered for a neurological disorder.; There has not been any treatment or conservative	
			therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT	
4/4/2022	Neuralested	72424 Community discounts the learning	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	A I
4/1/2023 -	Neurological	72131 Computed tomography, lumbar	Oncology; This case was created via RadMD.; The primary symptoms began less than 6	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	spine; without contrast material	months ago	1 2023 2023
			This is a year ast fau a lumbar saine CT. A subs or Chronic book pain, It is not luman if the	
			This is a request for a lumbar spine CT.; Acute or Chronic back pain; It is not known if the	
			patient does have new or changing neurologic signs or symptoms.; The patient has had back	
4/1/2022	Novelesias	72121 Committed towns are about 1 controls	pain for over 4 weeks.; The patient has seen the doctor more then once for these	Ama Itus
4/1/2023 -	Neurological	72131 Computed tomography, lumbar	symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	spine; without contrast material	patient has completed 6 weeks of physical therapy?; Yes this is a request for a Diagnostic CT	1 2023 2023
4/1/2022	Novelesias	72121 Committed towns are about 1 conferen	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have	Ama I
4/1/2023 -	Neurological	72131 Computed tomography, lumbar	new or changing neurologic signs or symptoms.; The patient does have a new foot drop.; Yes	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	spine; without contrast material	this is a request for a Diagnostic CT	2 2023 2023
			This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have	
			new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.;	
4/1/2022	Novelesias	72121 Committed towns are about 1 controls	The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is	Ama Itus
4/1/2023 - 6/30/2023 4/1/2023	Neurological 6/30/2023 Surgery Approval	72131 Computed tomography, lumbar	no weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.;	Apr-Jun 1 2023 2023
0/30/2023 4/1/2023	6/30/2023 Surgery Approval	spine; without contrast material	Yes this is a request for a Diagnostic CT	1 2023 2023

			This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have	
			new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.;	
			The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is	
			reflex abnormality.; Order CT myelogram lumbar spine to further assess lumbar spine pain,	
			radicular symptoms, bony anatomy and instability;;Lumbosacral spine flexion was abnormal:	
			Moderately diminished. Lumbosacral spine extension was abnormal: Moderately	
4/1/2023 -	Neurological	72131 Computed tomography, lumbar	diminished. Lumbos; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	spine; without contrast material	request for a Diagnostic CT	1 2023 2023
	. ,	, ,		
			This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have	
			new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.;	
			The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is	
			weakness.; 58 y/o man c/o chronic lower back pain radiating to left hip/left leg, worse in the	
			last 2-3 years; has been falling due to pain/left leg weakness x one year; describes the pain	
4/1/2023 -	Neurological	72131 Computed tomography, lumbar	as stabbing/shooting; MRI DONE ON 2-13-23 SHOWED Multilevel degenerative chan; There	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	spine; without contrast material	is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2023 2023
0/30/2023 4/1/2023	6/30/2023 Surgery Approval	spine, without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not	1 2023 2023
			have new or changing neurologic signs or symptoms.; The patient has had back pain for over	
4/1/2022	No. me l = -!!	72121 Committed towns but burns	4 weeks.; The patient has seen the doctor more then once for these symptoms.; The	A 1
4/1/2023 -	Neurological	72131 Computed tomography, lumbar	physician has directed conservative treatment for the past 6 weeks.; The patient has	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	spine; without contrast material	completed 6 weeks of physical therapy?; Yes this is a request for a Diagnostic CT	1 2023 2023
			This is a request for a lumbar spine CT.; Follow-up to Surgery or Fracture within the last 6	
4/1/2023 -	Neurological	72131 Computed tomography, lumbar	months; The patient has been seen by or is the ordering physician an oncologist, neurologist,	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	spine; without contrast material	neurosurgeon, or orthopedist.; Yes this is a request for a Diagnostic CT	3 2023 2023
4/1/2023 -	Neurological	72131 Computed tomography, lumbar	This is a request for a lumbar spine CT.; Known Tumor with or without metastasis; Yes this is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	spine; without contrast material	a request for a Diagnostic CT	1 2023 2023
			This is a request for a lumbar spine CT.; Neurological deficits; The patient does have new or	
			changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The	
4/1/2023 -	Neurological	72131 Computed tomography, lumbar	patient does have new signs or symptoms of bladder or bowel dysfunction.; Yes this is a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	spine; without contrast material	request for a Diagnostic CT	1 2023 2023
			This is a request for a lumbar spine CT.; None of the above; The patient does have new or	
			changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The	
4/1/2023 -	Neurological	72131 Computed tomography, lumbar	patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is x-	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	spine; without contrast material	ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2023 2023
4/1/2023 -	Neurological	72131 Computed tomography, lumbar	This is a request for a lumbar spine CT.; Pre-Operative Evaluation; It is not known when	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	spine; without contrast material	surgery is scheduled.; Yes this is a request for a Diagnostic CT	1 2023 2023
	, , , , , , , , , , , , , , , , , , , ,	· '	, , , , , , , , , , , , , , , , , , ,	
4/1/2023 -	Neurological	72131 Computed tomography, lumbar	This is a request for a lumbar spine CT.; Pre-Operative Evaluation; Surgery is not scheduled	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	spine; without contrast material	within the next 4 weeks.; Yes this is a request for a Diagnostic CT	2 2023 2023
0/30/2023 4/1/2023	0/30/2023 Surgery Approvu	spine, without contrast material	This is a request for a lumbar spine CT.; Pre-Operative Evaluation; Surgery is scheduled	2 2023 2023
4/1/2023 -	Neurological	72131 Computed tomography, lumbar	within the next 4 weeks.; No, the last Lumbar spine MRI was not performed within the past	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	spine; without contrast material	two weeks.; Yes this is a request for a Diagnostic CT	10 2023 2023
0/30/2023 4/1/2023	0/30/2023 Suigery Approvai	spine, without contrast material	This is a request for a lumbar spine CT.; Pre-Operative Evaluation; Surgery is scheduled	10 2023 2023
4/1/2023 -	Neurological	72131 Computed tomography, lumbar	within the next 4 weeks.; No, the last Lumbar spine MRI was not performed within the past	Apr lup
	_			Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	spine; without contrast material	two weeks.; Yes this is a request for a Diagnostic CT	11 2023 2023
			This study is being ordered for a neurological disorder.; There has been treatment or	
			conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
4/4/2022		70404 0	Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.;	
4/1/2023 -	Neurological	72131 Computed tomography, lumbar	The primary symptoms began less than 6 months ago; Medications were given for this	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	spine; without contrast material	diagnosis	1 2023 2023
			This study is being ordered for trauma or injury.; There has been treatment or conservative	
			therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery,	
			Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The	
4/1/2023 -	Neurological	72131 Computed tomography, lumbar	primary symptoms began less than 6 months ago; Physical Therapy was completed for this	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	spine; without contrast material	diagnosis	1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Neurological 6/30/2023 Surgery Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Neurological 6/30/2023 Surgery Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Neurological 6/30/2023 Surgery Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Neurological 6/30/2023 Surgery Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Neurological 6/30/2023 Surgery Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	5/4/23 Here to follow up. CLinically persistent headaches especially on right treated some by Diamox but also having increased pain in lower neck to scapula region with clicking on right. Needs new MRI HNC, T spine and possible LP to evaluate IIH thereaft; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		Neurological 6/30/2023 Surgery Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Cervical spine: normal cervical lordosis, cervical ROM abnormal lateral flexion to the right decreased, lateral flexion to the left decreased and extension decreased, pain with cervical ROM, loss of normal cervical lordosis, cervical spine tenderness, par; There has been treatment or conservative therapy; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		Neurological 6/30/2023 Surgery Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	decompression surgery for Arnolds chair's and small shunt for syringomyelia, laminectomy; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		Neurological 6/30/2023 Surgery Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	further imaging to investigate causes for hyperreflexia; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	·	Neurological 6/30/2023 Surgery Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	HE HAS DONE PHYSICAL THERAPY BEFORE COVID AND IT DID NOT HELP AND NOW IS NEEDING TO GET SURGERY DONE AND GOING THRU PHYSICAL THERAPY WOULD NOT HELP SINCE IT DID NOT HELP BEFORE. THIS IS AFFECTING IS ACTIVITY OF DAILY LIVING SINCE HE ONLY GETS RELIEF BY LY; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Neurological 6/30/2023 Surgery Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	It is not known if there has been any treatment or conservative therapy.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago reports history of cervical spine physical therapy treatment for approximately 12 weeks;; CESI x1 reports full body reaction with tremors and increased pain did not want to proceed	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Neurological 6/30/2023 Surgery Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	with further injections;;Attempted therapy; physical therapy, ice, he; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023

		72141 Magnetic resonance (eg, proton)	There has been treatment or conservative therapy.; This study is being ordered for	
4/1/2023 -	Neurological	imaging, spinal canal and contents,	Congenital Anomaly; The primary symptoms began more than 1 year ago; Medications were	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	cervical; without contrast material	given for this diagnosis	1 2023 2023
0,00,2020	6/50/2025 5d.gc.y / //pp.ord.	certical, without contrast material	given or and diagnosis	1 2023 2023
		72141 Magnetic resonance (eg, proton)	There has been treatment or conservative therapy.; This study is being ordered for	
4/1/2023 -	Neurological	imaging, spinal canal and contents,	Neurological Disorder; The primary symptoms began less than 6 months ago; Medications	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	cervical; without contrast material	were given for this diagnosis	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Surgery Approval	cervical, without contrast material	were given for this diagnosis	1 2023 2023
		72141 Magnetic resonance (eg, proton)		
4/1/2023 -	Neurological	imaging, spinal canal and contents,	There has not been any treatment or conservative therapy.; This study is being ordered for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	cervical; without contrast material	Neurological Disorder; The primary symptoms began less than 6 months ago	1 2023 2023
0,00,000	2,00,000			
		72141 Magnetic resonance (eg, proton)	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic	
4/1/2023 -	Neurological	imaging, spinal canal and contents,	deficits; This is a Medicare member.; The patient has Physical exam findings consistent with	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	cervical; without contrast material	myelopathy	1 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2, 23, 22, 23, 24, 24, 24, 24, 24, 24, 24, 24, 24, 24		Leaster 1	
		72141 Magnetic resonance (eg, proton)		
4/1/2023 -	Neurological	imaging, spinal canal and contents,	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	cervical; without contrast material	deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	6 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, , , , , , , , , , , , , , , , , , ,	
		72141 Magnetic resonance (eg, proton)	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic	
4/1/2023 -	Neurological	imaging, spinal canal and contents,	deficits; This is NOT a Medicare member.; The patient has New symptoms of bowel or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	cervical; without contrast material	bladder dysfunction	1 2023 2023
1,00,000	2,00,2020 28.80.7	,		
		72141 Magnetic resonance (eg, proton)	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic	
4/1/2023 -	Neurological	imaging, spinal canal and contents,	deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent	Apr-Jun
., 1, 2025	_		denotes, this is the training and the members, the patient has tryoteal exam manigo consistent	·
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	cervical: without contrast material	with myelonathy	1 2023 2023
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	cervical; without contrast material	with myelopathy	1 2023 2023
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	·	with myelopathy	1 2023 2023
	• • • • • • • • • • • • • • • • • • • •	72141 Magnetic resonance (eg, proton)		
4/1/2023 -	Neurological	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic	Apr-Jun
	• • • • • • • • • • • • • • • • • • • •	72141 Magnetic resonance (eg, proton)		
4/1/2023 -	Neurological	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Unilateral focal muscle wasting	Apr-Jun
4/1/2023 -	Neurological	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Unilateral focal muscle wasting This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent	Apr-Jun
4/1/2023 - 6/30/2023 4/1/2023	Neurological 6/30/2023 Surgery Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton)	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Unilateral focal muscle wasting This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 -	Neurological 6/30/2023 Surgery Approval Neurological	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Unilateral focal muscle wasting This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other	Apr-Jun 1 2023 2023 Apr-Jun
4/1/2023 - 6/30/2023 4/1/2023	Neurological 6/30/2023 Surgery Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton)	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Unilateral focal muscle wasting This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 -	Neurological 6/30/2023 Surgery Approval Neurological	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Unilateral focal muscle wasting This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	Apr-Jun 1 2023 2023 Apr-Jun
4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 -	Neurological 6/30/2023 Surgery Approval Neurological	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Unilateral focal muscle wasting This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member. This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent	Apr-Jun 1 2023 2023 Apr-Jun
4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023	Neurological 6/30/2023 Surgery Approval Neurological 6/30/2023 Surgery Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Unilateral focal muscle wasting This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member. This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within	Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 -	Neurological 6/30/2023 Surgery Approval Neurological 6/30/2023 Surgery Approval Neurological	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Unilateral focal muscle wasting This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member. This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The	Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun
4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023	Neurological 6/30/2023 Surgery Approval Neurological 6/30/2023 Surgery Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Unilateral focal muscle wasting This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member. This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 -	Neurological 6/30/2023 Surgery Approval Neurological 6/30/2023 Surgery Approval Neurological	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Unilateral focal muscle wasting This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member. This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist This is a request for cervical spine MRI; This procedure is being requested for Acute / new	Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun
4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023	Neurological 6/30/2023 Surgery Approval Neurological 6/30/2023 Surgery Approval Neurological 6/30/2023 Surgery Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton)	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Unilateral focal muscle wasting This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member. This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient	Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 4/1/2023 4/1/2023 4/1/2023 - 6/30/2023 - 6/30/2023 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/202 - 6/30/202 - 6/30/202 - 6/30/202 - 6/30/202 - 6/30/202 - 6/30/202 - 6/30/202 - 6/30/202 - 6/30/202 - 6/30/202 - 6/30/202 - 6/30/202 -	Neurological 6/30/2023 Surgery Approval Neurological 6/30/2023 Surgery Approval Neurological 6/30/2023 Surgery Approval Neurological Neurological	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, imaging, spinal canal and contents,	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Unilateral focal muscle wasting This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member. This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home	Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun
4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023	Neurological 6/30/2023 Surgery Approval Neurological 6/30/2023 Surgery Approval Neurological 6/30/2023 Surgery Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton)	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Unilateral focal muscle wasting This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member. This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise	Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 4/1/2023 4/1/2023 4/1/2023 - 6/30/2023 - 6/30/2023 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/202 - 6/30/202 - 6/30/202 - 6/30/202 - 6/30/202 - 6/30/202 - 6/30/202 - 6/30/202 - 6/30/202 - 6/30/202 - 6/30/202 - 6/30/202 - 6/30/202 -	Neurological 6/30/2023 Surgery Approval Neurological 6/30/2023 Surgery Approval Neurological 6/30/2023 Surgery Approval Neurological Neurological	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Unilateral focal muscle wasting This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member. This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise This is a request for cervical spine MRI; This procedure is being requested for Acute / new	Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun
4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 4/1/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023	Neurological 6/30/2023 Surgery Approval Neurological 6/30/2023 Surgery Approval Neurological 6/30/2023 Surgery Approval Neurological 6/30/2023 Surgery Approval Neurological Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Unilateral focal muscle wasting This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member. This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of	Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	Neurological 6/30/2023 Surgery Approval Neurological 6/30/2023 Surgery Approval Neurological 6/30/2023 Surgery Approval Neurological 6/30/2023 Surgery Approval Neurological 6/30/2023 Surgery Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Unilateral focal muscle wasting This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member. This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; The pain did NOT	Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 4/1/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023	Neurological 6/30/2023 Surgery Approval Neurological 6/30/2023 Surgery Approval Neurological 6/30/2023 Surgery Approval Neurological 6/30/2023 Surgery Approval Neurological Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Unilateral focal muscle wasting This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member. This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; The pain did NOT begin within the past 6 weeks.; This is a Medicare member.	Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	Neurological 6/30/2023 Surgery Approval Neurological 6/30/2023 Surgery Approval Neurological 6/30/2023 Surgery Approval Neurological 6/30/2023 Surgery Approval Neurological 6/30/2023 Surgery Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Unilateral focal muscle wasting This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member. This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; The pain did NOT begin within the past 6 weeks.; This is a Medicare member. This is a request for cervical spine MRI; This procedure is being requested for Acute / new	Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023	Neurological 6/30/2023 Surgery Approval Neurological 6/30/2023 Surgery Approval Neurological 6/30/2023 Surgery Approval Neurological 6/30/2023 Surgery Approval Neurological 6/30/2023 Surgery Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Unilateral focal muscle wasting This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member. This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; The pain did NOT begin within the past 6 weeks.; This is a Medicare member. This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; The pain did NOT begin within the past 6 months the patient had 6 weeks of therapy or failed a trial of	Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	Neurological 6/30/2023 Surgery Approval Neurological 6/30/2023 Surgery Approval Neurological 6/30/2023 Surgery Approval Neurological 6/30/2023 Surgery Approval Neurological 6/30/2023 Surgery Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Unilateral focal muscle wasting This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member. This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient completed or failed a trial of physical therapy, chiropractic or physician supervised home exercise This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; The pain did NOT begin within the past 6 weeks.; This is a Medicare member. This is a request for cervical spine MRI; This procedure is being requested for Acute / new	Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023

		72141 Magnetic resonance (eg, proton)		
4/1/2023 -	Neurological	imaging, spinal canal and contents,	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	Apr-Jun
6/30/2023 4/1/2023 6/3	/30/2023 Surgery Approval	cervical; without contrast material	longstanding neck pain; The patient does not have any of the above listed items	2 2023 2023
		72141 Magnetic resonance (eg, proton)	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	
4/1/2023 -	Neurological	imaging, spinal canal and contents,	longstanding neck pain; The patient had a diagnostic test (such as EMG/nerve conduction)	Apr-Jun
6/30/2023 4/1/2023 6/3	/30/2023 Surgery Approval	cervical; without contrast material	involving the Cervical Spine	1 2023 2023
		724.44 NA	This is a second for any individual NRI This area does in his area and for Charles	
4/4/2022	Manusclastical	72141 Magnetic resonance (eg, proton)	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	A 1
4/1/2023 -	Neurological	imaging, spinal canal and contents,	longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or	Apr-Jun
6/30/2023 4/1/2023 6/3	/30/2023 Surgery Approval	cervical; without contrast material	other significant abnormality involving the cervical spine; This is NOT a Medicare member.	1 2023 2023
		72141 Magnetic resonance (eg, proton)	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	
4/1/2023 -	Neurological	imaging, spinal canal and contents,	longstanding neck pain; The patient has a neurological deficit; This is a Medicare member.;	Apr-Jun
	/30/2023 Surgery Approval	cervical; without contrast material	The patient has Focal upper extremity weakness	2 2023 2023
0,30,2023 4,1,2023 0,5	7. Approval	cervical, without contrast material	The patient has rocal apper extremity weakiness	2 2023 2023
		72141 Magnetic resonance (eg, proton)	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	
4/1/2023 -	Neurological	imaging, spinal canal and contents,	longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare	Apr-Jun
6/30/2023 4/1/2023 6/3	/30/2023 Surgery Approval	cervical; without contrast material	member.; The patient has Abnormal Reflexes	1 2023 2023
		·	· ·	
		72141 Magnetic resonance (eg, proton)	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	
4/1/2023 -	Neurological	imaging, spinal canal and contents,	longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare	Apr-Jun
6/30/2023 4/1/2023 6/3	/30/2023 Surgery Approval	cervical; without contrast material	member.; The patient has Focal upper extremity weakness	1 2023 2023
		72141 Magnetic resonance (eg, proton)		
4/1/2023 -	Neurological	imaging, spinal canal and contents,	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	Apr-Jun
6/30/2023 4/1/2023 6/3	/30/2023 Surgery Approval	cervical; without contrast material	longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	2 2023 2023
			This is a request for cervical spine MRI; This procedure is being requested for Chronic /	
		72141 Magnetic resonance (eg, proton)	longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or	
4/1/2023 -	Neurological	imaging, spinal canal and contents,	failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is	Apr-Jun
6/30/2023 4/1/2023 6/3	/30/2023 Surgery Approval	cervical; without contrast material	NOT a Medicare member.	3 2023 2023
		724.44 NA		
4/4/2022	Manuschartest	72141 Magnetic resonance (eg, proton)	This is a second for a second selection AADI This was allowed by the instance of the Manual Annual A	A 1
4/1/2023 -	Neurological	imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Known tumor with or without metastasis	Apr-Jun 1 2023 2023
6/30/2023 4/1/2023 6/3	/30/2023 Surgery Approval	cervical; without contrast material	With or without metastasis	1 2023 2023
		72141 Magnetic resonance (eg, proton)		
4/1/2023 -	Neurological	imaging, spinal canal and contents,	This is a request for cervical spine MRI; This procedure is being requested for None of the	Apr-Jun
' '	/30/2023 Surgery Approval	cervical; without contrast material	above; Arnold-Chiari Malformation describes the reason for requesting this procedure.	1 2023 2023
0,00,2023 .,1,2023 0,0	30, 2023 Suigely , pp. 31a.	cervical, menous contract material	above) / initial citar manormation describes are reason for requesting and procedure.	1 2023 2023
		72141 Magnetic resonance (eg, proton)	This is a request for cervical spine MRI; This procedure is being requested for None of the	
4/1/2023 -	Neurological	imaging, spinal canal and contents,	above; Follow-up to surgery or fracture within the last 6 months describes the reason for	Apr-Jun
	/30/2023 Surgery Approval	cervical; without contrast material	requesting this procedure.	2 2023 2023
,	•			
		72141 Magnetic resonance (eg, proton)	This is a request for cervical spine MRI; This procedure is being requested for None of the	
4/1/2023 -	Neurological	imaging, spinal canal and contents,	above; For evaluation of a syrinx or syringomyelia (a fluid filled hole within the spinal	Apr-Jun
6/30/2023 4/1/2023 6/3	/30/2023 Surgery Approval	cervical; without contrast material	column) describes the reason for requesting this procedure.	1 2023 2023
		72141 Magnetic resonance (eg, proton)		
4/1/2023 -	Neurological	imaging, spinal canal and contents,	This is a request for cervical spine MRI; This procedure is being requested for None of the	Apr-Jun
6/30/2023 4/1/2023 6/3	/30/2023 Surgery Approval	cervical; without contrast material	above; Pre-operative evaluation describes the reason for requesting this procedure.	1 2023 2023
		72444 Manualla managara (a	This should be be a sed and for Par Occasion and Paris Co. 1977.	
4/4/2022	Name I and I	72141 Magnetic resonance (eg, proton)	This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs	
4/1/2023 -	Neurological	imaging, spinal canal and contents,	specialty is Neurological Surgery; This request is NOT for pre-operative planning; There is a	Apr-Jun
6/30/2023 4/1/2023 6/3	/30/2023 Surgery Approval	cervical; without contrast material	post operative complication	1 2023 2023

		73141 Magnatic recognition (e.g. restor)	This should is being audoused for Course Coalisate. The audouse MDs appoints is Neuralanical	
4/1/2023 -	Neurological	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	This study is being ordered for Severe Scoliosis; The ordering MDs specialty is Neurological Surgery; There are neurological deficits on physical exam; The patient is demonstrating	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	cervical; without contrast material	unilateral muscle wasting/weakness	1 2023 2023
0,00,2020 1,2,2020	0,00,2020 balgely //ppioval	cerrical, mandat contract material	difficulty master from 50 medianess	1 2020 2020
		72141 Magnetic resonance (eg, proton)	This study is being ordered for Trauma / Injury; The ordering MDs specialty is Neurological	
4/1/2023 -	Neurological	imaging, spinal canal and contents,	Surgery; There are neurological deficits on physical exam; The patient is demonstrating	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	cervical; without contrast material	unilateral muscle wasting/weakness	1 2023 2023
			This study is being ordered for Trauma / Injury; The ordering MDs specialty is Neurological	
		72141 Magnetic resonance (eg, proton)	Surgery; There are neurological deficits on physical exam; The patient is NOT demonstrating	
4/1/2023 -	Neurological	imaging, spinal canal and contents,	unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	cervical; without contrast material	bowel or bladder dysfunction; There are abnormal reflexes on exam	1 2023 2023
			We discussed the option for repeating a MRI of the brain and entire spine without contrast	
			for further evaluation post-lumbar puncture; This study is being ordered for a neurological	
			disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is	
		72141 Magnetic resonance (eg, proton)	NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -	Neurological	imaging, spinal canal and contents,	Oncology; This case was created via RadMD.; The primary symptoms began less than 6	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	cervical; without contrast material	months ago; Other not listed was done for this diagnosis	1 2023 2023
			worsening spasticity since april 2023, history of epilepsy, quadriplegic; This study is being	
			ordered for a neurological disorder.; There has been treatment or conservative therapy.; The	
. /. /		72141 Magnetic resonance (eg, proton)	ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,	
4/1/2023 -	Neurological	imaging, spinal canal and contents,	Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	cervical; without contrast material	symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1 2023 2023
		721.4C Magnatic recognition (e.g. protect)	. These has been treatment as accompating the const. This case was asseted the DodMD. This	
4/4/2022	Novelesies	72146 Magnetic resonance (eg, proton)	; There has been treatment or conservative therapy.; This case was created via RadMD.; This	A 1
4/1/2023 -	Neurological	imaging, spinal canal and contents,	study is being ordered for Neurological Disorder; The primary symptoms began less than 6	Apr-Jun 1 2023 2023
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	thoracic; without contrast material	months ago; Medications were given for this diagnosis Cervical spine: normal cervical lordosis, cervical ROM abnormal lateral flexion to the right	1 2023 2023
			decreased, lateral flexion to the left decreased and extension decreased, pain with cervical	
			ROM, loss of normal cervical lordosis, cervical spine tenderness, par; There has been	
		72146 Magnetic resonance (eg, proton)	treatment or conservative therapy.; This case was created via RadMD.; This study is being	
4/1/2023 -	Neurological	imaging, spinal canal and contents,	ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	thoracic; without contrast material	was completed for this diagnosis	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Surgery /Approvur	thoracie, without contrast material	was completed for this diagnosis	1 2023 2023
		72146 Magnetic resonance (eg, proton)		
4/1/2023 -	Neurological	imaging, spinal canal and contents,	compression fx T spine and L spine; This case was created via RadMD.; This study is being	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	thoracic; without contrast material	ordered for Trauma / Injury; There are NO neurological deficits on physical exam	1 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		decompression surgery for Arnolds chair's and small shunt for syringomyelia, laminectomy;	
			This study is being ordered for Congenital Anomaly.; There has been treatment or	
			conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
		72146 Magnetic resonance (eg, proton)	Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via	
4/1/2023 -	Neurological	imaging, spinal canal and contents,	RadMD.; The primary symptoms began more than 1 year ago; Medications were given for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	thoracic; without contrast material	this diagnosis	1 2023 2023
			further imaging to investigate causes for hyperreflexia; There has been treatment or	
		72146 Magnetic resonance (eg, proton)	conservative therapy.; This case was created via RadMD.; This study is being ordered for	
4/1/2023 -	Neurological	imaging, spinal canal and contents,	Other; The primary symptoms began 6 months to 1 year; Medications were given for this	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	thoracic; without contrast material	diagnosis	1 2023 2023
			Myelopathy, worsening LLE weakness; There has been treatment or conservative therapy.;	
		72146 Magnetic resonance (eg, proton)	This case was created via RadMD.; This study is being ordered for Neurological Disorder; The	
4/1/2023 -	Neurological	imaging, spinal canal and contents,	primary symptoms began more than 1 year ago; Physical Therapy was completed for this	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	thoracic; without contrast material	diagnosis	1 2023 2023
			Physical Therapy ongong; c/o dizziness, clumsiness in hands; seeing "spots"; This study is	
			being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.;	
		72146 Magnetic resonance (eg, proton)	The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,	
4/1/2023 -	Neurological	imaging, spinal canal and contents,	Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	thoracic; without contrast material	symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	1 2023 2023

			This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic	
			back pain; The patient does have new or changing neurologic signs or symptoms.; The	
. /. /		72146 Magnetic resonance (eg, proton)	patient does not have a new foot drop.; The patient does not have new signs or symptoms of	
4/1/2023 -	Neurological	imaging, spinal canal and contents,	bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	thoracic; without contrast material	no weakness or reflex abnormality.	2 2023 2023
			This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic	
			back pain; The patient does not have new or changing neurologic signs or symptoms.; The	
		72146 Magnetic resonance (eg, proton)	patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once	
4/1/2023 -	Neurological	imaging, spinal canal and contents,	for these symptoms.; The physician has directed conservative treatment for the past 6	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	thoracic; without contrast material	weeks.; The patient has completed 6 weeks of physical therapy?	1 2023 2023
		72146 Magnetic resonance (eg, proton)	This is a request for a thoracic spine MRI.; This study is being ordered for Follow-up to	
4/1/2023 -	Neurological	imaging, spinal canal and contents,	Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	thoracic; without contrast material	physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1 2023 2023
		72146 Magnetic resonance (eg, proton)		
4/1/2023 -	Neurological	imaging, spinal canal and contents,	This is a request for a thoracic spine MRI.; This study is being ordered for Known Tumor with	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	thoracic; without contrast material	or without metastasis	2 2023 2023
			This is a request for a thoracic spine MRI.; This study is being ordered for Neurological	
			deficits; The patient does have new or changing neurologic signs or symptoms.; The patient	
		72146 Magnetic resonance (eg, proton)	does not have a new foot drop.; The patient does not have new signs or symptoms of	
4/1/2023 -	Neurological	imaging, spinal canal and contents,	bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	thoracic; without contrast material	reflex abnormality.; right Hoffman's	1 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		
		72146 Magnetic resonance (eg, proton)		
4/1/2023 -	Neurological	imaging, spinal canal and contents,	This is a request for a thoracic spine MRI.; This study is being ordered for Pre-Operative	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	thoracic; without contrast material	Evaluation; Surgery is not scheduled within the next 4 weeks.	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Surgery Approvu	thoracie, without contrast material	Evaluation, surgery is not selectated within the next + weeks.	1 2023 2023
		72146 Magnetic resonance (eg, proton)	This is a request for a thoracic spine MRI.; This study is being ordered for Pre-Operative	
4/1/2023 -	Neurological	imaging, spinal canal and contents,	Evaluation; Surgery is scheduled within the next 4 weeks.; No, the last Lumbar spine MRI	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	thoracic; without contrast material	was not performed within the past two weeks.	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Surgery Approval	thoracic, without contrast material	was not performed within the past two weeks.	1 2023 2023
		72146 Magnetic resonance (eg, proton)	This is a request for a thoracic spine MRI.; This study is being ordered for Suspected Tumor	
4/1/2023 -	Neurological	imaging, spinal canal and contents,	with or without Metastasis; There is no evidence of tumor or metastasis on a bone scan or x-	Apr-Jun
6/30/2023 4/1/2023		thoracic; without contrast material	,	1 2023 2023
0/30/2023 4/1/2023	6/30/2023 Surgery Approval	thoracic, without contrast material	ray.	1 2023 2023
		721.46 Magnetic reconance (eg. proten)	This study is being ordered for Dro Operative or Bost Operative evaluation. The ordering MDs	
4/1/2022	Nouralogical	72146 Magnetic resonance (eg, proton)	This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs	Apr. lun
4/1/2023 -	Neurological	imaging, spinal canal and contents,	specialty is Neurological Surgery; It is unknown if this request for pre-operative planning;	Apr-Jun 1 2023 2023
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	thoracic; without contrast material	There is a post operative complication	1 2023 2023
		724.46.14	This should be be a send and for Course Coefficies. The conduction NAD course (1, 1, 2)	
4/4/2022	Name 1	72146 Magnetic resonance (eg, proton)	This study is being ordered for Severe Scoliosis; The ordering MDs specialty is Neurological	
4/1/2023 -	Neurological	imaging, spinal canal and contents,	Surgery; There are neurological deficits on physical exam; The patient is demonstrating	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	thoracic; without contrast material	unilateral muscle wasting/weakness	1 2023 2023
			We discussed the option for repeating a MRI of the brain and entire spine without contrast	
			for further evaluation post-lumbar puncture; This study is being ordered for a neurological	
			disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is	
		72146 Magnetic resonance (eg, proton)	NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -	Neurological	imaging, spinal canal and contents,	Oncology; This case was created via RadMD.; The primary symptoms began less than 6	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	thoracic; without contrast material	months ago; Other not listed was done for this diagnosis	1 2023 2023
			worsening spasticity since april 2023, history of epilepsy, quadriplegic; This study is being	
			ordered for a neurological disorder.; There has been treatment or conservative therapy.; The	
		72146 Magnetic resonance (eg, proton)	ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,	
4/1/2023 -	Neurological	imaging, spinal canal and contents,	Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	thoracic; without contrast material	symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1 2023 2023

		72148 Magnetic resonance (eg, proton)	; There has been treatment or conservative therapy.; This case was created via RadMD.; This	
4/1/2023 -	Neurological	imaging, spinal canal and contents,	study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began 6	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	lumbar; without contrast material	months to 1 year; Physical Therapy was completed for this diagnosis	1 2023 2023
		72149 Magnetic reconance (eg. proten)		
4/1/2023 -	Neurological	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	compression fx T spine and L spine; This case was created via RadMD.; This study is being	Apr-Jun
6/30/2023 4/1/2023	S S	lumbar; without contrast material	ordered for Trauma / Injury; There are NO neurological deficits on physical exam	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Surgery Approval	iumbai, without contrast material	Gait (neuro): antalgic and other (heel walking abnormal, bilateral; toe walking abnormal,	1 2023 2023
			bilateral);;Sensory exam: sensory level loss detected (LLE);;inpatient consult is a 49-year-old	
			male that was admitted to Unity Health on 03/21/2023 from the eme; This case was created	
			via RadMD.; This study is being ordered for Trauma / Injury; There are neurological deficits	
		72148 Magnetic resonance (eg, proton)	on physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness;	
4/1/2023 -	Neurological	imaging, spinal canal and contents,	The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	lumbar; without contrast material	are NO abnormal reflexes on exam	1 2023 2023
			HE HAS DONE PHYSICAL THERAPY BEFORE COVID AND IT DID NOT HELP AND NOW IS	
			NEEDING TO GET SURGERY DONE AND GOING THRU PHYSICAL THERAPY WOULD NOT HELP	
			SINCE IT DID NOT HELP BEFORE. THIS IS AFFECTING IS ACTIVITY OF DAILY LIVING SINCE HE	
. /. /		72148 Magnetic resonance (eg, proton)	ONLY GETS RELIEF BY LY; There has been treatment or conservative therapy.; This case was	
4/1/2023 -	Neurological	imaging, spinal canal and contents,	created via RadMD.; This study is being ordered for Other; The primary symptoms began	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	lumbar; without contrast material	more than 1 year ago; Physical Therapy was completed for this diagnosis	1 2023 2023
		72148 Magnetic resonance (eg, proton)	Myelopathy, worsening LLE weakness; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The	
4/1/2023 -	Neurological	imaging, spinal canal and contents,	primary symptoms began more than 1 year ago; Physical Therapy was completed for this	Apr-Jun
6/30/2023 4/1/2023		lumbar; without contrast material	diagnosis	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Surgery Approval	idilibar, without contrast material	uiagnosis	1 2023 2023
			Physical Therapy ongong; c/o dizziness, clumsiness in hands; seeing "spots"; This study is	
			being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.;	
		72148 Magnetic resonance (eg, proton)	The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,	
4/1/2023 -	Neurological	imaging, spinal canal and contents,	Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	lumbar; without contrast material	symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	1 2023 2023
			reports history of cervical spine physical therapy treatment for approximately 12 weeks;;	
			CESI x1 reports full body reaction with tremors and increased pain did not want to proceed	
			with further injections ;;Attempted therapy: physical therapy, ice, he; There has been	
		72148 Magnetic resonance (eg, proton)	treatment or conservative therapy.; This case was created via RadMD.; This study is being	
4/1/2023 -	Neurological	imaging, spinal canal and contents,	ordered for Neurological Disorder; The primary symptoms began more than 1 year ago;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	lumbar; without contrast material	Medications were given for this diagnosis	1 2023 2023
			right femoral nerve neuropraxia following spinal fusion extension about 3 months ago who	
			developed knee pain and swelling after a fall about a month ago. Due to his inability to	
		72148 Magnetic resonance (eg, proton)	extend and decreased tone, it is difficult to assess whether he possibly inju; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT	
4/1/2023 -	Neurological	imaging, spinal canal and contents,	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	Apr-Jun
6/30/2023 4/1/2023	_	lumbar; without contrast material	Oncology; This case was created via RadMD.	1 2023 2023
0,00,2020	7,5072023 Suige. 7	iambar, marour contract material	Silvering (1) This case was discased the flading.	1 2020 2020
		72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; Something other than listed has been	
4/1/2023 -	Neurological	imaging, spinal canal and contents,	completed for the patient's back pain; The procedure is being ordered for acute or chronic	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	lumbar; without contrast material	back pain	1 2023 2023
		72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic	
4/1/2023 -	Neurological	imaging, spinal canal and contents,	back pain.; This study is being requested for Follow-up to surgery or fracture within the last 6	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	lumbar; without contrast material	months	1 2023 2023
4/4/2022	Neverlanted	72148 Magnetic resonance (eg, proton)	The shade are controlled by the Color MDI. The stable that NOT have	A 1
4/1/2023 -	Neurological	imaging, spinal canal and contents,	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	lumbar; without contrast material	back pain.; This study is being requested for Known or suspected infection or abscess	1 2023 2023

			The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic	
. /. /		72148 Magnetic resonance (eg, proton)	back pain.; This study is being requested for Pre-operative evaluation; The ordering MDs	
4/1/2023 -	Neurological	imaging, spinal canal and contents,	specialty is NOT General/Family Practice, Internal Medicine, Unknown, Other, Advanced	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	lumbar; without contrast material	Practice Registered Nurse or Preventative Medicine	1 2023 2023
			The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
. /. /		72148 Magnetic resonance (eg, proton)	This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is	
4/1/2023 -	Neurological	imaging, spinal canal and contents,	NOT General/Family Practice, Internal Medicine, Unknown, Other, Advanced Practice	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	lumbar; without contrast material	Registered Nurse or Preventative Medicine	21 2023 2023
			The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
		72148 Magnetic resonance (eg, proton)	This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is	
4/1/2023 -	Neurological	imaging, spinal canal and contents,	NOT General/Family Practice, Internal Medicine, Unknown, Other, Advanced Practice	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	lumbar; without contrast material	Registered Nurse or Preventative Medicine	22 2023 2023
		72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -	Neurological	imaging, spinal canal and contents,	This study is being requested for 6 weeks of completed conservative care in the past 6	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	lumbar; without contrast material	months	10 2023 2023
		72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -	Neurological	imaging, spinal canal and contents,	This study is being requested for an Abnormal nerve study (EMG) involving the lumbar	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	lumbar; without contrast material	spine; This is NOT a Medicare member.	1 2023 2023
		72148 Magnetic resonance (eg, proton)		
4/1/2023 -	Neurological	imaging, spinal canal and contents,	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	lumbar; without contrast material	This study is being requested for Follow-up to spine injection in the past 6 months	1 2023 2023
		72148 Magnetic resonance (eg, proton)		
4/1/2023 -	Neurological	imaging, spinal canal and contents,	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	lumbar; without contrast material	This study is being requested for Neurological deficit(s); The patient has None of the above	1 2023 2023
		72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -	Neurological	imaging, spinal canal and contents,	This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	lumbar; without contrast material	The patient has Abnormal Reflexes	1 2023 2023
		72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -	Neurological	imaging, spinal canal and contents,	This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	lumbar; without contrast material	The patient has Dermatomal sensory changes on physical examination	2 2023 2023
		72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -	Neurological	imaging, spinal canal and contents,	This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	lumbar; without contrast material	The patient has Focal extremity weakness	1 2023 2023
		72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -	Neurological	imaging, spinal canal and contents,	This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	lumbar; without contrast material	The patient has New symptoms of paresthesia evaluated by a neurologist	1 2023 2023
		72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -	Neurological	imaging, spinal canal and contents,	This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	lumbar; without contrast material	The patient has Physical exam findings consistent with myelopathy	2 2023 2023
		72148 Magnetic resonance (eg, proton)		
4/1/2023 -	Neurological	imaging, spinal canal and contents,	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	lumbar; without contrast material	This study is being requested for None of the above	2 2023 2023
		72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; A	
4/1/2023 -	Neurological	imaging, spinal canal and contents,	Physician supervised home exercise program has been completed for the patient's back	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Approval	lumbar; without contrast material	pain; The procedure is being ordered for acute or chronic back pain	2 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	Neurological 6/30/2023 Surgery Approval	imaging, spinal canal and contents, Chiropa	udy requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; ractic care has been completed for the patient's back pain; The procedure is being d for acute or chronic back pain	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Neurological 6/30/2023 Surgery Approval	imaging, spinal canal and contents, and/or	udy requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Ice heat has been used for the patient's back pain; The procedure is being ordered for or chronic back pain	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Neurological 6/30/2023 Surgery Approval	imaging, spinal canal and contents, Medica	udy requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; ations have been taken for the patient's back pain; The procedure is being ordered for or chronic back pain	Apr-Jun 6 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Neurological 6/30/2023 Surgery Approval	imaging, spinal canal and contents, Physica	udy requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; al therapy has been completed for the patient's back pain; The procedure is being d for acute or chronic back pain	Apr-Jun 5 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Neurological 6/30/2023 Surgery Approval	imaging, spinal canal and contents, patient	udy requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; The thas New symptoms of bowel or bladder dysfunction; This procedure is NOT being d for acute or chronic back pain	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Neurological 6/30/2023 Surgery Approval	imaging, spinal canal and contents, special	udy is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs Ity is Neurological Surgery; It is unknown if this request for pre-operative planning; is a post operative complication	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Neurological 6/30/2023 Surgery Approval	imaging, spinal canal and contents, special	udy is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs ty is Neurological Surgery; This request is NOT for pre-operative planning; There is a perative complication	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Neurological 6/30/2023 Surgery Approval	imaging, spinal canal and contents, Surgery	udy is being ordered for Severe Scoliosis ; The ordering MDs specialty is Neurological y ; There are neurological deficits on physical exam; The patient is demonstrating eral muscle wasting/weakness	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Neurological 6/30/2023 Surgery Approval	imaging, spinal canal and contents, Surgery lumbar; without contrast material unilate	udy is being ordered for Trauma / Injury; The ordering MDs specialty is Neurological y ; There are neurological deficits on physical exam; The patient is demonstrating eral muscle wasting/weakness	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Neurological 6/30/2023 Surgery Approval	for furt disorde 72148 Magnetic resonance (eg, proton) NOT He imaging, spinal canal and contents, Oncolo	cussed the option for repeating a MRI of the brain and entire spine without contrast ther evaluation post-lumbar puncture; This study is being ordered for a neurological er.; There has been treatment or conservative therapy.; The ordering MDs specialty is ematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation pgy; This case was created via RadMD.; The primary symptoms began less than 6 s ago; Other not listed was done for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Neurological 6/30/2023 Surgery Approval	worsen orderer 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, Surgica lumbar; without contrast material sympto	ning spasticity since april 2023, history of epilepsy, quadriplegic; This study is being d for a neurological disorder.; There has been treatment or conservative therapy.; The ng MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, al Oncology or Radiation Oncology; This case was created via RadMD.; The primary oms began more than 1 year ago; Physical Therapy was completed for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Neurological 6/30/2023 Surgery Approval		quest is for an upper extremity non-joint MRI.; This is a preoperative or recent erative evaluation.	Apr-Jun 1 2023 2023

						right femoral nerve neuropraxia following spinal fusion extension about 3 months ago who	
				73720 Magnetic resonance (eg, proton)		developed knee pain and swelling after a fall about a month ago. Due to his inability to	
				imaging, lower extremity other than		extend and decreased tone, it is difficult to assess whether he possibly inju; This study is	
				joint; without contrast material(s),		being ordered for a metastatic disease.; The ordering MDs specialty is NOT	
4/1/2023 -		Neurological		followed by contrast material(s) and		Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Approval	further sequences		Oncology; This case was created via RadMD.	1 2023 2023
				73720 Magnetic resonance (eg, proton)			
				imaging, lower extremity other than			
				joint; without contrast material(s),		This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a	
4/1/2023 -		Neurological		followed by contrast material(s) and		fracture which does not show healing (non-union fracture).; This is not a pre-operative study	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Approval	further sequences		for planned surgery.; Non Joint is being requested.	1 2023 2023
				73721 Magnetic resonance (eg, proton)			
4/1/2023 -		Neurological		imaging, any joint of lower extremity;		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is not due to a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Approval	without contrast material		recent injury, old injury, Chronic Hip Pain or a Mass.	1 2023 2023
				74174 Computed tomographic			
				angiography, abdomen and pelvis, with			
				contrast material(s), including			
4/1/2023 -		Neurological		noncontrast images, if performed, and			Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Approval	image postprocessing		This is a request for CT Angiography of the Abdomen and Pelvis.	2 2023 2023
						; This study is being ordered for a neurological disorder.; There has not been any treatment	
					Dadialam, Camiana	or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty	
4/4/2022		Novelesies		704F0 Committed townsormhic bond or	Radiology Services	is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	A I
4/1/2023 -	4/4/2022	Neurological	Diagramatical	70450 Computed tomography, head or	Denied Not	Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Disapproval	brain; without contrast material	Medically Necessary	Evolving RIGHT MCA distribution infarct / Right internal carotid artery moderate to severe	1 2023 2023
						, ,	
						atheromatous plaque with;greater than 70% stenosis / Occlusion of the M1 segment of the right middle cerebral artery & Dear complete occlusion of the proximal righ; This study	
						is being ordered for Vascular Disease.; There has not been any treatment or conservative	
						therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT	
					Radiology Services	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -		Neurological		70450 Computed tomography, head or	Denied Not	Oncology; This case was created via RadMD.; The primary symptoms began less than 6	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Disapproval	brain; without contrast material	Medically Necessary		1 2023 2023
0,50,2025	., 2, 2020	0,00,2020 00.80.4	э ізаррі ота	brain, without contrast material	medically recessary		1 2023 2020
					Radiology Services	This is a request for a brain/head CT.; 'None of the above' best describes the reason that I	
4/1/2023 -		Neurological		70450 Computed tomography, head or	Denied Not	have requested this test.; None of the above best describes the reason that I have requested	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Disapproval	brain; without contrast material	Medically Necessary	·	1 2023 2023
						Evolving RIGHT MCA distribution infarct / Right internal carotid artery moderate to severe	
						atheromatous plaque with; greater than 70% stenosis / Occlusion of the M1 segment of the	
						right middle cerebral artery & Dear complete occlusion of the proximal righ; This study	
				70496 Computed tomographic		is being ordered for Vascular Disease.; There has not been any treatment or conservative	
				angiography, head, with contrast		therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT	
				material(s), including noncontrast	Radiology Services	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -		Neurological		images, if performed, and image	Denied Not	Oncology; This case was created via RadMD.; The primary symptoms began less than 6	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Disapproval	postprocessing	Medically Necessary	months ago	1 2023 2023
						had a small basal ganglion stroke around 4-6 weeks ago in March 2023 affecting her left	
						sided strength and she had a mild headache and fatigue; This study is being ordered for	
						something other than: known trauma or injury, metastatic disease, a neurological disorder,	
				70496 Computed tomographic		inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been	
				angiography, head, with contrast		treatment or conservative therapy.; The ordering MDs specialty is NOT	
				material(s), including noncontrast	Radiology Services	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -		Neurological		images, if performed, and image	Denied Not	Oncology; This case was created via RadMD.; The primary symptoms began less than 6	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Disapproval	postprocessing	Medically Necessary	months ago; Medications were given for this diagnosis	1 2023 2023

			70498 Computed tomographic		; This study is being ordered for a neurological disorder.; There has not been any treatment	
			angiography, neck, with contrast		or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty	
			material(s), including noncontrast	Radiology Services	is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -		Neurological	images, if performed, and image	Denied Not	Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery Disapproval		Medically Necessary		1 2023 2023
		, , , , , , , , , , , , , , , , , , , ,		, ,	Evolving RIGHT MCA distribution infarct / Right internal carotid artery moderate to severe	
					atheromatous plaque with; greater than 70% stenosis / Occlusion of the M1 segment of the	
					right middle cerebral artery & Dear complete occlusion of the proximal righ; This study	
			70498 Computed tomographic		is being ordered for Vascular Disease.; There has not been any treatment or conservative	
			angiography, neck, with contrast		therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT	
			material(s), including noncontrast	Radiology Services	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -		Neurological	images, if performed, and image	Denied Not	Oncology; This case was created via RadMD.; The primary symptoms began less than 6	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery Disapproval	postprocessing	Medically Necessary	months ago	1 2023 2023
					had a small basal ganglion stroke around 4-6 weeks ago in March 2023 affecting her left	
					sided strength and she had a mild headache and fatigue; This study is being ordered for	
					something other than: known trauma or injury, metastatic disease, a neurological disorder,	
			70498 Computed tomographic		inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been	
			angiography, neck, with contrast		treatment or conservative therapy.; The ordering MDs specialty is NOT	
			material(s), including noncontrast	Radiology Services	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -		Neurological	images, if performed, and image	Denied Not	Oncology; This case was created via RadMD.; The primary symptoms began less than 6	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery Disapproval	postprocessing	Medically Necessary	months ago; Medications were given for this diagnosis	1 2023 2023
					had a small basal ganglion stroke around 4-6 weeks ago in March 2023 affecting her left	
					sided strength and she had a mild headache and fatigue; This study is being ordered for	
					something other than: known trauma or injury, metastatic disease, a neurological disorder,	
					inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been	
					treatment or conservative therapy.; The ordering MDs specialty is NOT	
			70551 Magnetic resonance (eg, proton)		Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -		Neurological	imaging, brain (including brain stem);	Denied Not	Oncology; This case was created via RadMD.; The primary symptoms began less than 6	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery Disapproval	without contrast material	Medically Necessary	months ago; Medications were given for this diagnosis	1 2023 2023
			70554 Maranakia arang dan markani	Dadialan Cambaa	There has been been been been a second of the second of th	
4/4/2022			70551 Magnetic resonance (eg, proton)	-,	There has been treatment or conservative therapy.; This study is being ordered for	
4/1/2023 -	4/4/2022	Neurological	imaging, brain (including brain stem);	Denied Not	Neurological Disorder; The primary symptoms began more than 1 year ago; Medications	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery Disapproval	without contrast material	iviedically necessary	were given for this diagnosis This request is for a Brain MBI. Known or suspected tymes best describes the reason that I	1 2023 2023
			70551 Magnetic resonance (eg, proton)	Radiology Services	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I have requested this test.; Known brain tumor best describes the patient's tumor.; There are	
4/1/2023 -		Neurological	imaging, brain (including brain stem);	Denied Not	documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare	Apr-Jun
6/30/2023	4/1/2022	6/30/2023 Surgery Disapproval		Medically Necessary		1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Surgery Disapproval	without contrast material	ivieuically ivecessary	member.	1 2023 2023
			70551 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -		Neurological	imaging, brain (including brain stem);	Denied Not	This request is for a Brain MRI; The study is being requested for evaluation of a headache.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery Disapproval			The patient has a chronic or recurring headache.	2 2023 2023
0,00,2020	., 1, 2020	0,00,2020 0a.ge. y	William Contract Material	medically recessary	The patient has a difference of recoming necessaries	2 2020 2020
			70551 Magnetic resonance (eg, proton)	Radiology Services	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/1/2023 -		Neurological	imaging, brain (including brain stem);	Denied Not	headache.; It is unknown why this study is being ordered.; The patient has Dizziness or	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery Disapproval		Medically Necessary		1 2023 2023
		, 3 ,,p.		,,		
			70551 Magnetic resonance (eg, proton)	Radiology Services	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/1/2023 -		Neurological	imaging, brain (including brain stem);	Denied Not	headache.; This study is being ordered for a tumor.; The patient does NOT have a biopsy	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery Disapproval		Medically Necessary		1 2023 2023
				· · · · · · · · · · · · · · · · · · ·		
			70551 Magnetic resonance (eg, proton)	Radiology Services	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/1/2023 -		Neurological	imaging, brain (including brain stem);	Denied Not	headache.; This study is being ordered for an aneurysm.; This study is being ordered as a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery Disapproval	without contrast material	Medically Necessary	screening for an aneurysm or AVM (arteriovenous malformation).	1 2023 2023
			70551 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -		Neurological	imaging, brain (including brain stem);	Denied Not	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery Disapproval	without contrast material	Medically Necessary	headache.; This study is being ordered for and infection or inflammation.	1 2023 2023

			70551 Magnetic resonance (eg, proton)	Radiology Services	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/1/2023 -		Neurological	imaging, brain (including brain stem);	Denied Not	headache.; This study is being ordered for seizures.; There has been a change in seizure	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery Disapproval	without contrast material	Medically Necessary	pattern or a new seizure.	2 2023 2023
			70551 Magnetic resonance (eg, proton)		This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/1/2023 -	. /. /	Neurological	imaging, brain (including brain stem);	Denied Not	headache.; This study is being ordered for staging.; This study is being ordered for a tumor.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery Disapproval	without contrast material		The patient has a biopsy proven cancer	1 2023 2023
			71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of			
			hilar and mediastinal	Radiology Services		
4/1/2023 -		Neurological	lymphadenopathy); without contrast	Denied Not	see note; This study is NOT being ordered for a Work-up for Suspicious Mass, Known Tumor,	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery Disapproval	material(s)		Known or Suspected Inflammatory Disease, etc; This is a request for a chest MRI.	1 2023 2023
.,,		, , ,		, , , , , , , , ,	It is not known if the patient has any neurological deficits.; This study is not to be part of a	
					Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for chronic	
					neck pain or suspected degenerative disease.; There has been a supervised trial of	
				Radiology Services	conservative management for at least 6 weeks.; The patient is experiencing sensory	
4/1/2023 -		Neurological	72125 Computed tomography, cervical	Denied Not	abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery Disapproval	spine; without contrast material	Medically Necessary	•	1 2023 2023
					The patient does have neurological deficits.; This study is not to be part of a Myelogram.;	
					This is a request for a Cervical Spine CT; This study is being ordered for chronic neck pain or	
					suspected degenerative disease.; There has been a supervised trial of conservative	
				Radiology Services	management for at least 6 weeks.; The patient is experiencing sensory abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a Cervical Spine MRI.;	
4/1/2023 -		Neurological	72125 Computed tomography, cervical	Denied Not	The patient is NOT experiencing or presenting symptoms of any of the listed neurological	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery Disapproval	spine; without contrast material	Medically Necessary		1 2023 2023
.,,	., _,	-,,		, , , , , , , , , , , , , , , , , , , ,	Chronic low back pain with lumbar radiculopathy, degenerative disc disease and lumbar	
					spondylolisthesis sp spinal fusion. Constant with pain medications only taking pain level	
					from a 10 to maybe a 7. Sharp pain radiating into top of right leg to knee. Had; This study is	
					being ordered for something other than: known trauma or injury, metastatic disease, a	
					neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular	
					disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is	
				Radiology Services	NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -		Neurological	72131 Computed tomography, lumbar	Denied Not	Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery Disapproval	spine; without contrast material	Medically Necessary	· · · · · · · · · · · · · · · · · · ·	1 2023 2023
					This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have	
				Radiology Services	new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is	
4/1/2023 -		Neurological	72131 Computed tomography, lumbar	Denied Not	no weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery Disapproval	spine; without contrast material		Yes this is a request for a Diagnostic CT	2 2023 2023
0/30/2023	4/1/2023	0/30/2023 Surgery	spine, without contrast material	Wiculculy Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have	2 2023 2023
					new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.;	
				Radiology Services	The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is	
4/1/2023 -		Neurological	72131 Computed tomography, lumbar	Denied Not	weakness.; ; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery Disapproval	spine; without contrast material	Medically Necessary		2 2023 2023
					This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have	
					new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.;	
				Radiology Services	The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is	
4/1/2023 -	. /. /2025	Neurological	72131 Computed tomography, lumbar	Denied Not	weakness.; spondylosis with radicuolpathy lumbar region; There is not x-ray evidence of a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery Disapproval	spine; without contrast material	Medically Necessary	recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2023 2023
				Radiology Services		
4/1/2023 -		Neurological	72131 Computed tomography, lumbar	Denied Not	This is a request for a lumbar spine CT.; Pre-Operative Evaluation; Surgery is not scheduled	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery Disapproval	spine; without contrast material		within the next 4 weeks.; Yes this is a request for a Diagnostic CT	2 2023 2023
., ,	, _, _0_0	., .,	., -,	zanzam, mededdury		

			Radiology Services	This is a request for a lumbar spine CT.; Pre-Operative Evaluation; Surgery is scheduled	
4/1/2023 - 6/30/2023 4/1/2023	Neurological 6/30/2023 Surgery Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Denied Not Medically Necessary	within the next 4 weeks.; No, the last Lumbar spine MRI was not performed within the past two weeks.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
			Radiology Services	This is a request for a lumbar spine CT.; Suspected Tumor with or without Metastasis; There	
4/1/2023 -	Neurological	72131 Computed tomography, lumbar	Denied Not	is no evidence of tumor or metastasis on a bone scan or x-ray.; Yes this is a request for a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Disapproval	spine; without contrast material	Medically Necessary	Diagnostic CT	1 2023 2023
		72141 Magnetic resonance (eg, proton	Radiology Services	; There has been treatment or conservative therapy.; This case was created via RadMD.; This	
4/1/2023 -	Neurological	imaging, spinal canal and contents,	Denied Not	study is being ordered for Neurological Disorder; The primary symptoms began 6 months to	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Disapproval	cervical; without contrast material	Medically Necessary	1 year; Physical Therapy was completed for this diagnosis	1 2023 2023
		72141 Magnetic resonance (eg, proton	Radiology Services	; There has been treatment or conservative therapy.; This case was created via RadMD.; This	
4/1/2023 -	Neurological	imaging, spinal canal and contents,	Denied Not	study is being ordered for Neurological Disorder; The primary symptoms began less than 6	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Disapproval	cervical; without contrast material	Medically Necessary	months ago; Home Exercise was done for this diagnosis	1 2023 2023
		72141 Magnetic resonance (eg, proton	Radiology Services	; There has been treatment or conservative therapy.; This case was created via RadMD.; This	
4/1/2023 -	Neurological	imaging, spinal canal and contents,	Denied Not	study is being ordered for Other; The primary symptoms began more than 1 year ago;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Disapproval	cervical; without contrast material	Medically Necessary	Medications were given for this diagnosis	2 2023 2023
				Attempted therapy: TENS unit, physical therapy lumbar spine and cervical spine, NSAIDs,	
				medication, muscle relaxants;; reports rest and use of TENS unit provided minimal	
		72141 Magnetic reconance (eg. proten	A Radiology Convisor	relief;;recently completed a course of physical therapy within the last 1-2 month; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is	
4/1/2023 -	Neurological	72141 Magnetic resonance (eg, proton imaging, spinal canal and contents,	Denied Not	being ordered for Neurological Disorder; The primary symptoms began more than 1 year	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Disapproval	cervical; without contrast material	Medically Necessary		1 2023 2023
0,00,2020 1,2,2020	0/30/2023 Suigery 2/30pp. Star	certical, menoae contract material	medically recessary	Gait (neuro): antalgic and other (heel walking abnormal, bilateral; toe walking abnormal,	1 2023 2020
				bilateral);;Sensory exam: sensory level loss detected (LLE);;inpatient consult is a 49-year-old	
				male that was admitted to Unity Health on 03/21/2023 from the eme; This case was created	
				via RadMD.; This study is being ordered for Trauma / Injury; There are neurological deficits	
		72141 Magnetic resonance (eg, proton		on physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness;	
4/1/2023 -	Neurological	imaging, spinal canal and contents,	Denied Not	The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Disapproval	cervical; without contrast material	Medically Necessary	are NO abnormal reflexes on exam Offered conservative treatment with physical therapy, however patient declined, stating she	1 2023 2023
				has had physical therapy multiple times in the past and that physical therapy has not	
		72141 Magnetic resonance (eg, proton	Radiology Services	helped.; Therefore, at this time recommend MRI of the lumbar spine without; There has	
4/1/2023 -	Neurological	imaging, spinal canal and contents,	Denied Not	not been any treatment or conservative therapy.; This case was created via RadMD.; This	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Disapproval	cervical; without contrast material	Medically Necessary	study is being ordered for Other; The primary symptoms began more than 1 year ago	1 2023 2023
				reports rest and use of TENS unit provided minimal relief recently completed a course of	
				physical therapy within the last 1-2 months targeting his lumbar spine and just prior to that a	
		724.44 Manualla managara (an managara)	. Badialaan Camira	course of physical therapy targeting his cervical spine, both with no; There has been	
4/1/2023 -	Neurological	72141 Magnetic resonance (eg, proton	Denied Not	treatment or conservative therapy.; This case was created via RadMD.; This study is being	Anr lun
4/1/2023 - 6/30/2023 4/1/2023	Neurological 6/30/2023 Surgery Disapproval	imaging, spinal canal and contents, cervical; without contrast material		ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	Apr-Jun 1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Surgery Disapproval	cervical, without contrast material	Wedically Necessary	was completed for this diagnosis	1 2023 2023
		72141 Magnetic resonance (eg, proton		There has been treatment or conservative therapy.; This study is being ordered for	
4/1/2023 -	Neurological	imaging, spinal canal and contents,	Denied Not	Neurological Disorder; The primary symptoms began more than 1 year ago; Medications	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Disapproval	cervical; without contrast material	Medically Necessary	were given for this diagnosis	1 2023 2023
		72141 Magnetic resonance (eg, proton	Radiology Services		
4/1/2023 -	Neurological	imaging, spinal canal and contents,	Denied Not	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Disapproval	cervical; without contrast material	Medically Necessary	deficits; This is a Medicare member.; The patient has Focal upper extremity weakness	1 2023 2023
		721.41 Magnetic recognition	. Dadialam, Cander	This is a secretable serviced asing MOI. The second for added to this book is November's	
4/1/2023 -	Neurological	72141 Magnetic resonance (eg, proton imaging, spinal canal and contents,	Radiology Services Denied Not	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a Medicare member.; The patient has New symptoms of paresthesia	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery Disapproval	cervical; without contrast material		evaluated by a neurologist	1 2023 2023
-, -0, 2020 -, 1, 2023	2,00,2020 00.801 y Disapprovar	22. Many Michael Solid ast Material	carcany recessary		1 2023 2023

				724.44.84	Dadialass Candasa		
4/1/2023 -		Neurological		72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Denied Not	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery Dis	sapproval	cervical; without contrast material	Medically Necessary	deficits; This is NOT a Medicare member.; The patient has Abnormal Reflexes	1 2023 2023
				72141 Magnetic resonance (eg, proton)	Padiology Convices	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic	
4/1/2023 -		Neurological		imaging, spinal canal and contents,	Denied Not	deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on	Apr-Jun
6/30/2023	4/1/2023	~	sapproval	cervical; without contrast material		physical examination	1 2023 2023
		• • •		·			
				72141 Magnetic resonance (eg, proton)			
4/1/2023 -	4/4/2022	Neurological	1	imaging, spinal canal and contents,	Denied Not	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery Dis	sapproval	cervical; without contrast material	Medically Necessary	deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	4 2023 2023
				72141 Magnetic resonance (eg, proton)	Radiology Services	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic	
4/1/2023 -		Neurological		imaging, spinal canal and contents,	Denied Not	deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery Dis	sapproval	cervical; without contrast material	Medically Necessary	with myelopathy	2 2023 2023
						This is a request for consistal chine MDI. The reason for ordering this test is Trauma or recent	
				72141 Magnetic resonance (eg, proton)	Radiology Services	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The patient had an abnormal xray indicating a complex fracture or other significant	
4/1/2023 -		Neurological		imaging, spinal canal and contents,	Denied Not	abnormality involving the cervical spine; The trauma or injury did NOT occur within the past	Apr-Jun
6/30/2023	4/1/2023	-	sapproval	cervical; without contrast material		72 hours.; The pain did NOT begin within the past 6 weeks.; This is NOT a Medicare member.	1 2023 2023
						This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent	
. /. /2022					Radiology Services	injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within	
4/1/2023 - 6/30/2023	4/1/2022	Neurological 6/30/2023 Surgery Dis	sapproval	imaging, spinal canal and contents, cervical; without contrast material	Denied Not	the past 6 weeks.; The patient does not have a neurological deficit, PT or home exercise, diagnostic test, or abnormal xray.	Apr-Jun 1 2023 2023
0/30/2023	4/1/2023	0/30/2023 3uigely Dis	sappiovai	cervical, without contrast material	ivieuically ivecessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new	1 2023 2023
				72141 Magnetic resonance (eg, proton)	Radiology Services	neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient	
4/1/2023 -		Neurological		imaging, spinal canal and contents,	Denied Not	completed or failed a trial of physical therapy, chiropractic or physician supervised home	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery Dis	sapproval	cervical; without contrast material	Medically Necessary	exercise	1 2023 2023
				72141 Magnetic resonance (eg, proton)	Padiology Convices	This is a request for cervical spine MRI; This procedure is being requested for Acute / new	
4/1/2023 -		Neurological		imaging, spinal canal and contents,	Denied Not	neck pain; The patient has a new onset or changing radiculitis / radiculopathy; The pain did	Apr-Jun
6/30/2023	4/1/2023	~	sapproval	cervical; without contrast material		NOT begin within the past 6 weeks.	1 2023 2023
. /. /2022				72141 Magnetic resonance (eg, proton)		TI	
4/1/2023 - 6/30/2023	4/1/2022	Neurological 6/30/2023 Surgery Dis	canaraval	imaging, spinal canal and contents, cervical; without contrast material	Denied Not	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; It is unknown if any of these apply to the patient	Apr-Jun 1 2023 2023
0/30/2023	4/1/2023	6/30/2023 Surgery Dis	sapproval	cervical, without contrast material	Medically Necessary	longstanding neck pain, it is unknown if any of these apply to the patient	1 2023 2023
				72141 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -		Neurological		imaging, spinal canal and contents,	Denied Not	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery Dis	sapproval	cervical; without contrast material	Medically Necessary	longstanding neck pain; The patient does not have any of the above listed items	2 2023 2023
				72141 Magnetic reconance (og proten)	Radiology Convices	This is a request for consistal china MRI. This procedure is being requested for Chronic /	
4/1/2023 -		Neurological		72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Denied Not	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had a diagnostic test (such as EMG/nerve conduction)	Apr-Jun
6/30/2023	4/1/2023	· ·	sapproval	cervical; without contrast material		involving the Cervical Spine	2 2023 2023
		<u> </u>			,		
				72141 Magnetic resonance (eg, proton)		This is a request for cervical spine MRI; This procedure is being requested for Chronic /	
4/1/2023 -	4/1/2022	Neurological	rannraval	imaging, spinal canal and contents,	Denied Not	longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery Dis	sapproval	cervical; without contrast material	iviedically Necessary	other significant abnormality involving the cervical spine; This is NOT a Medicare member.	2 2023 2023
				72141 Magnetic resonance (eg, proton)	Radiology Services	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	
4/1/2023 -		Neurological		imaging, spinal canal and contents,	Denied Not	longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery Dis	sapproval	cervical; without contrast material	Medically Necessary	member.; The patient has Focal upper extremity weakness	2 2023 2023
				72141 Magnetic reconance (or arcter)	Padiology Convises	This is a request for consistal china MDI. This procedure is being requested for Change	
4/1/2023 -		Neurological		72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Denied Not	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare	Apr-Jun
6/30/2023	4/1/2023	· ·	sapproval	cervical; without contrast material		member.; The patient has New symptoms of paresthesia evaluated by a neurologist	1 2023 2023
						, , ,	

. /. /				72141 Magnetic resonance (eg, proton)		This is a request for cervical spine MRI; This procedure is being requested for Chronic /	
4/1/2023 - 6/30/2023	4/1/2023	Neurological 6/30/2023 Surgery	Disapproval	imaging, spinal canal and contents, cervical; without contrast material	Denied Not	longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	Apr-Jun 1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Surgery	Disappiovai	cervical, without contrast material	ivieuically ivecessary	member., the patient has rhysical exam munings consistent with myelopathy	1 2023 2023
				72141 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -		Neurological		imaging, spinal canal and contents,	Denied Not	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Disapproval	cervical; without contrast material	Medically Necessary	longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	2 2023 2023
				72141 Magnetic resonance (eg, proton)	Radiology Services	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or	
4/1/2023 -		Neurological		imaging, spinal canal and contents,	Denied Not	failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is	Apr-Jun
6/30/2023	4/1/2023	-	Disapproval	cervical; without contrast material		NOT a Medicare member.	8 2023 2023
4 /4 /2022				72141 Magnetic resonance (eg, proton)		This is a request for cervical spine MRI; This procedure is being requested for None of the	
4/1/2023 - 6/30/2023	4/1/2022	Neurological 6/30/2023 Surgery	Disapproval	imaging, spinal canal and contents, cervical; without contrast material	Denied Not	above; Follow-up to surgery or fracture within the last 6 months describes the reason for requesting this procedure.	Apr-Jun 1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Suigely	Disappiovai	cervical, without contrast material	ivieuically ivecessary	requesting this procedure.	1 2023 2023
				72146 Magnetic resonance (eg, proton)	Radiology Services	; There has been treatment or conservative therapy.; This case was created via RadMD.; This	
4/1/2023 -		Neurological		imaging, spinal canal and contents,	Denied Not	study is being ordered for Neurological Disorder; The primary symptoms began more than 1	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Disapproval	thoracic; without contrast material	Medically Necessary	year ago; Medications were given for this diagnosis	1 2023 2023
						5/4/23 Here to follow up. CLinically persistent headaches especially on right treated some by	
						Diamox but also having increased pain in lower neck to scapula region with clicking on right. Needs new MRI HNC, T spine and possible LP to evaluate IIH thereaft; This study is being	
						ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The	
				72146 Magnetic resonance (eg, proton)	Radiology Services	ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,	
4/1/2023 -		Neurological		imaging, spinal canal and contents,	Denied Not	Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Disapproval	thoracic; without contrast material	Medically Necessary	symptoms began more than 1 year ago; Medications were given for this diagnosis	1 2023 2023
				72146 Magnetic resonance (eg, proton)	Radiology Services	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic	
4/1/2023 -		Neurological		imaging, spinal canal and contents,	Denied Not	back pain; The patient does have new or changing neurologic signs or symptoms.; The	Apr-Jun
6/30/2023	4/1/2023		Disapproval	thoracic; without contrast material		patient does have a new foot drop.	1 2023 2023
						This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic	
						back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of	
						bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is	
				72146 Magnetic resonance (eg, proton)	Radiology Services	reflex abnormality.; Motor exam of both lower extremities 4+/5 due to pain with restriction	
4/1/2023 -		Neurological		imaging, spinal canal and contents,	Denied Not	on range of motion;Lumbar extension/rotation with limit.;Negative Patrick sign/no direct hip	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Disapproval	thoracic; without contrast material	Medically Necessary	pain;Reflexes are 1 out of 4 both upper and lower extremities;No gross ataxia	1 2023 2023
				721.46 Magnetic reconance (or protect)	Radiology Services	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The	
4/1/2023 -		Neurological		72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Denied Not	patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then	Apr-Jun
6/30/2023	4/1/2023		Disapproval	thoracic; without contrast material		once for these symptoms.	1 2023 2023
. /. /				72146 Magnetic resonance (eg, proton)			
4/1/2023 -	4/1/2022	Neurological	Disapproval	imaging, spinal canal and contents,	Denied Not	This is a request for a thoracic spine MRI.; This study is being ordered for Pre-Operative	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Disapproval	thoracic; without contrast material	Medically Necessary	Evaluation; Surgery is not scheduled within the next 4 weeks.	2 2023 2023
				72146 Magnetic resonance (eg, proton)	Radiology Services	This is a request for a thoracic spine MRI.; This study is being ordered for Suspected Tumor	
4/1/2023 -		Neurological		imaging, spinal canal and contents,	Denied Not	with or without Metastasis; There is evidence of tumor or metastasis on a bone scan or x-	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Disapproval	thoracic; without contrast material	Medically Necessary	ray.	1 2023 2023
				7314C Magnatia na	Dedialogy Comba	This should is being audoual for Day Operating on Day Country and Day Thomas	
4/1/2023 -		Neurological		72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not	This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Neurological Surgery; This request is for pre-operative planning; Surgery is	Apr-Jun
6/30/2023	4/1/2023		Disapproval	thoracic; without contrast material		planned or scheduled in the next 6 weeks	1 2023 2023
.,,	, _, _0_0	.,, 00.80.1			zzzz,cccssury		

4/1/2023 - 6/30/2023	4/1/2023	Neurological 6/30/2023 Surgery Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Denied Not	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Neurological 6/30/2023 Surgery Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Denied Not	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Neurological 6/30/2023 Surgery Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Denied Not	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago; Home Exercise was done for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Neurological 6/30/2023 Surgery Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Neurological 6/30/2023 Surgery Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Denied Not	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Neurological 6/30/2023 Surgery Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Denied Not	Attempted therapy: TENS unit, physical therapy lumbar spine and cervical spine, NSAIDs, medication, muscle relaxants;; reports rest and use of TENS unit provided minimal relief;;recently completed a course of physical therapy within the last 1-2 month; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Neurological 6/30/2023 Surgery Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Denied Not	Chronic low back pain with lumbar radiculopathy, degenerative disc disease and lumbar spondylolisthesis sp spinal fusion. Constant with pain medications only taking pain level from a 10 to maybe a 7. Sharp pain radiating into top of right leg to knee. Had; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		Neurological 6/30/2023 Surgery Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not	Offered conservative treatment with physical therapy, however patient declined, stating she has had physical therapy multiple times in the past and that physical therapy has not helped; Therefore, at this time recommend MRI of the lumbar spine without; There has not been any treatment or conservative therapy; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Neurological 6/30/2023 Surgery Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Denied Not	reports rest and use of TENS unit provided minimal relief recently completed a course of physical therapy within the last 1-2 months targeting his lumbar spine and just prior to that a course of physical therapy targeting his cervical spine, both with no; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Neurological 6/30/2023 Surgery Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Denied Not	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Neurologic deficits; This is NOT a Medicare member.; The patient has Focal extremity weakness The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Neurological 6/30/2023 Surgery Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Denied Not	This study requested is a Lumbar spine with; The patient has acute or chronic back pain; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is NOT General/Family Practice, Internal Medicine, Unknown, Other, Advanced Practice Registered Nurse or Preventative Medicine	Apr-Jun 1 2023 2023

			72148 Magnetic resonance (eg, proton)	Radiology Services	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -		Neurological	imaging, spinal canal and contents,	Denied Not	This study is being requested for 6 weeks of completed conservative care in the past 6	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery Disapproval	lumbar; without contrast material	Medically Necessary	· · · · · · · · · · · · · · · · · · ·	11 2023 2023
		, , , , , , , , , , , , , , , , , , , ,	,			
			72148 Magnetic resonance (eg, proton)	Radiology Services	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -		Neurological	imaging, spinal canal and contents,	Denied Not	This study is being requested for an Abnormal x-ray indicating a complex fracture or severe	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery Disapproval	lumbar; without contrast material	Medically Necessary	anatomic derangement of the lumbar spine; This is NOT a Medicare member.	2 2023 2023
			72148 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -		Neurological	imaging, spinal canal and contents,	Denied Not	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery Disapproval	lumbar; without contrast material	Medically Necessary	This study is being requested for Follow-up to spine injection in the past 6 months	2 2023 2023
. /. /			72148 Magnetic resonance (eg, proton)			
4/1/2023 -	. /. /2022	Neurological	imaging, spinal canal and contents,	Denied Not	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery Disapproval	lumbar; without contrast material	Medically Necessary	This study is being requested for Neurological deficit(s); The patient has None of the above	2 2023 2023
			72148 Magnetic resonance (eg, proton)	Radiology Services	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -		Neurological	imaging, spinal canal and contents,	Denied Not	This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery Disapproval	lumbar; without contrast material		The patient has Dermatomal sensory changes on physical examination	1 2023 2023
0,30,2023	4/1/2023	0/30/2023 Surgery Disapproval	idinibal, without contrast material	Wiedically Weeessary	The patient has be material sensory changes on physical examination	1 2023 2023
			72148 Magnetic resonance (eg, proton)	Radiology Services	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -		Neurological	imaging, spinal canal and contents,	Denied Not	This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery Disapproval	lumbar; without contrast material	Medically Necessary	The patient has Focal extremity weakness	2 2023 2023
		•				
			72148 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -		Neurological	imaging, spinal canal and contents,	Denied Not	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery Disapproval	lumbar; without contrast material	Medically Necessary	This study is being requested for None of the above	4 2023 2023
			72148 Magnetic resonance (eg, proton)	Radiology Services	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree;	
4/1/2023 -		Neurological	imaging, spinal canal and contents,	Denied Not	Medications have been taken for the patient's back pain; The procedure is being ordered for	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery Disapproval	lumbar; without contrast material	Medically Necessary	acute or chronic back pain	1 2023 2023
					This is a 81 year old female that had previously underwent an L3 - S1 fusion. Patient	
					presented to clinic in a wheelchair stating that she has had worsening lower back pain after a	
					fall. She states that she was tending to her garden, that is on a sloped i; This study is being ordered for a neurological disorder.; There has not been any treatment or conservative	
					therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT	
			72148 Magnetic resonance (eg, proton)	Radiology Services	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -		Neurological	imaging, spinal canal and contents,	Denied Not	Oncology; This case was created via RadMD.; The primary symptoms began less than 6	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery Disapproval	lumbar; without contrast material	Medically Necessary		1 2023 2023
				,,	-	
			72148 Magnetic resonance (eg, proton)	Radiology Services	This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs	
4/1/2023 -		Neurological	imaging, spinal canal and contents,	Denied Not	specialty is Neurological Surgery; This request is for pre-operative planning; Surgery is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery Disapproval	lumbar; without contrast material	Medically Necessary	planned or scheduled in the next 6 weeks	1 2023 2023
					This study is being ordered for Trauma / Injury; The ordering MDs specialty is Neurological	
			72148 Magnetic resonance (eg, proton)		Surgery; There are neurological deficits on physical exam; The patient is NOT demonstrating	
4/1/2023 -		Neurological	imaging, spinal canal and contents,	Denied Not	unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery Disapproval	lumbar; without contrast material	Medically Necessary	bowel or bladder dysfunction; There are abnormal reflexes on exam	1 2023 2023
					Several months of low back pain but mostly in the lower lumbar region that radiates into the	
					coccyx and occasionally on the left side in the posterior thigh. He appears to be very	
4/4/2022		Nouselesieel	72102 Commuted to measure by a state	Radiology Services	uncomfortable today in clinic. Reviewing the MRI he does have a broad-bas; This study is	A 1
4/1/2023 -	4/1/2022	Neurological	72192 Computed tomography, pelvis;	Denied Not	being ordered for some other reason than the choices given.; This is a request for a Pelvis	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery Disapproval	without contrast material	iviedically necessary	CT.; Yes this is a request for a Diagnostic CT	1 2023 2023

						; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
				73221 Magnetic resonance (eg, proton)	Radiology Services	Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via	
4/1/2023 -		Neurologica	ı	imaging, any joint of upper extremity;	Denied Not	RadMD.; The primary symptoms began more than 1 year ago; Medications were given for	Apr-Jun
6/30/2023	1/1/2023	6/30/2023 Surgery	Disapproval	without contrast material(s)	Medically Necessary		1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Surgery	ызарргочаг	without contrast material(s)	Wiculcally Neccessary	tilis diagnosis	1 2023 2023
				73221 Magnetic resonance (eg, proton)	Radiology Services	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from	
4/1/2023 -		Neurologica	ı	imaging, any joint of upper extremity;	Denied Not	an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Disapproval	without contrast material(s)		patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	1 2023 2023
.,,	, ,	.,,		73720 Magnetic resonance (eg, proton)			
				imaging, lower extremity other than			
				joint; without contrast material(s),	Radiology Services	This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a	
4/1/2023 -		Neurologica	ı	followed by contrast material(s) and	Denied Not	fracture which does not show healing (non-union fracture).; This is not a pre-operative study	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Disapproval	further sequences	Medically Necessary	for planned surgery.; Non Joint is being requested.	2 2023 2023
4/1/2023 -				70450 Computed tomography, head or		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Approval	brain; without contrast material		reason that I have requested this test.	6 2023 2023
4/1/2023 -				70450 Computed tomography, head or		This is a request for a brain/head CT.; The patient has a chronic headache, longer than one	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Approval	brain; without contrast material		month; Headache best describes the reason that I have requested this test.	3 2023 2023
						This is a request for a brain/head CT.; The patient has a known brain tumor.; There are	
						documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare	
4/1/2023 -		- / /		70450 Computed tomography, head or		member.; Known or suspected tumor best describes the reason that I have requested this	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Approval	brain; without contrast material		test.	1 2023 2023
4/4/2022				70450 Community discounts the section of the section		This is a request for a brain/head CT.; This is a Medicare member.; Known or suspected TIA	A Ivva
4/1/2023 - 6/30/2023	4/1/2022	6/20/2022 Nourology	Annroyal	70450 Computed tomography, head or brain; without contrast material		(stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.	Apr-Jun 2 2023 2023
0/30/2023	4/1/2023	6/30/2023 Neurology	Approvai	brain, without contrast material		the reason that mave requested this test.	2 2023 2023
4/1/2023 -				70450 Computed tomography, head or		This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or suspected	Apr-Jun
1.1	4/1/2023	6/30/2023 Neurology	Approval	brain; without contrast material		infection best describes the reason that I have requested this test.	1 2023 2023
0,00,2020	., 1, 2020	0,00,2020 1100.006,	7.pp. 0 tu:	Statily Without Contrast Material		This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or suspected	1 2023 2023
4/1/2023 -				70450 Computed tomography, head or		TIA (stroke) with documented new or changing neurologic signs and or symptoms best	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Approval	brain; without contrast material		describes the reason that I have requested this test.	1 2023 2023
		•		70496 Computed tomographic		·	
				angiography, head, with contrast			
				material(s), including noncontrast			
4/1/2023 -				images, if performed, and image			Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Approval	postprocessing		It is unknown why this procecure is being requested	1 2023 2023
						Neuro exam fairly nonfocal except left upper quadrant visual field loss on right eye MRI	
						report showed few spot of white matter changes suspect chronic microvascular changes	
				70496 Computed tomographic		likely the etiology of his MRI lesion rather than demyelinating process.; This study is being	
				angiography, head, with contrast		ordered for Vascular Disease.; There has been treatment or conservative therapy.; The	
. /. /2025				material(s), including noncontrast		ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,	
4/1/2023 -	. / . /	c /20 /2022 At		images, if performed, and image		Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Approval	postprocessing		symptoms began less than 6 months ago; Medications were given for this diagnosis	1 2023 2023
						The patient had an MRI of the brain that shows impaired T2 flow in right carotid artery and suggest further imaging be obtained; This study is being ordered for something other than:	
						known trauma or injury, metastatic disease, a neurological disorder, inflammatory or	
				70496 Computed tomographic		infectious disease, congenital anomaly, or vascular disease.; There has been treatment or	
				angiography, head, with contrast		conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
				material(s), including noncontrast		Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via	
4/1/2023 -				images, if performed, and image		RadMD.; The primary symptoms began less than 6 months ago; Medications were given for	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Approval	postprocessing		this diagnosis	1 2023 2023
-,,	, -,	.,,	Marana.	h			

				704000		
				70496 Computed tomographic		
				angiography, head, with contrast		
				material(s), including noncontrast	This case was created via BBI.; This procedure is being requested for evaluation for vascular	
4/1/2023 -				images, if performed, and image	disease; Aneurysm screening with first degree family member having aneurysm best	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Approval	postprocessing	describes the clinical indication for requesting this procedure	1 2023 2023
				70496 Computed tomographic		
				angiography, head, with contrast		
				material(s), including noncontrast	This case was created via RadMD.; Agree; The procedure is planned in 6 months or less; This	
4/1/2023 -				images, if performed, and image	procedure is being requested for pre-procedural evaluation; The ordering provider's	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Approval	postprocessing	specialty is NOT Neurological Surgery	1 2023 2023
				70496 Computed tomographic		
				angiography, head, with contrast		
				material(s), including noncontrast	This case was created via RadMD.; Agree; The procedure was 6 months ago or less; This	
4/1/2023 -				images, if performed, and image	procedure is being requested for post-procedural evaluation; The ordering provider's	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Approval	postprocessing	specialty is NOT Neurological Surgery; Aneurysm repair was performed	1 2023 2023
		. , ,	•••	70496 Computed tomographic	. , , , , , , , ,	
				angiography, head, with contrast		
				material(s), including noncontrast	This case was created via RadMD.; Agree; The procedure was more than 6 months ago; This	
4/1/2023 -				images, if performed, and image	procedure is being requested for post-procedural evaluation; The ordering provider's	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Approval	postprocessing	specialty is NOT Neurological Surgery; Aneurysm repair was performed	1 2023 2023
0,00,2020	., 2, 2020	0,00,2020 1100.006,	7.pp.o.c.	70496 Computed tomographic	specially is the treat stogger, y mean joint open that performed	1 2020 2020
				angiography, head, with contrast		
				material(s), including noncontrast	This case was created via RadMD.; Agree; This procedure is being requested for evaluation	
4/1/2023 -				images, if performed, and image	for vascular disease; Recent ischemic stroke (TIA) best describes the clinical indication for	Apr-Jun
6/30/2023	4/1/2022	6/20/2022 Nourology	Annroyal			1 2023 2023
0/30/2023	4/1/2023	6/30/2023 Neurology	Approval	postprocessing	requesting this procedure	1 2023 2023
				70496 Computed tomographic		
				angiography, head, with contrast	This was a second of BadAD. Association and the incompany of the second	
. /. /2022				material(s), including noncontrast	This case was created via RadMD.; Agree; This procedure is being requested for evaluation	
4/1/2023 -		- / /		images, if performed, and image	for vascular disease; Vascular abnormalities best describes the clinical indication for	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Approval	postprocessing	requesting this procedure	1 2023 2023
				70496 Computed tomographic		
				angiography, head, with contrast		
				material(s), including noncontrast		
4/1/2023 -				images, if performed, and image		Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Approval	postprocessing	This procedure is being requested for something other than listed	3 2023 2023
				70496 Computed tomographic		
				angiography, head, with contrast		
				material(s), including noncontrast		
4/1/2023 -				images, if performed, and image		Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Approval	postprocessing	This procedure is being requested for something other than listed	4 2023 2023
				70496 Computed tomographic	This study is being ordered for a neurological disorder.; There has been treatment or	
				angiography, head, with contrast	conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
				material(s), including noncontrast	Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.;	
4/1/2023 -				images, if performed, and image	The primary symptoms began less than 6 months ago; Medications were given for this	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Approval	postprocessing	diagnosis	1 2023 2023
				v	Neuro exam fairly nonfocal except left upper quadrant visual field loss on right eye MRI	
					report showed few spot of white matter changes suspect chronic microvascular changes	
				70498 Computed tomographic	likely the etiology of his MRI lesion rather than demyelinating process.; This study is being	
				angiography, neck, with contrast	ordered for Vascular Disease.; There has been treatment or conservative therapy.; The	
				material(s), including noncontrast	ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,	
4/1/2023 -				images, if performed, and image	Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary	Apr-Jun
6/30/2023	4/1/2022	6/30/2023 Neurology	Annroval	postprocessing	symptoms began less than 6 months ago; Medications were given for this diagnosis	1 2023 2023
0/30/2023	+/ 1/ 2U23	0/30/2023 NEUTOTORY	Approvai	Poschi occasing	symptoms began less than o months ago, inculcations were given for this diagnosis	1 2023 2023

					The patient had an MRI of the brain that shows impaired T2 flow in right carotid artery and	
					suggest further imaging be obtained; This study is being ordered for something other than:	
					known trauma or injury, metastatic disease, a neurological disorder, inflammatory or	
				70498 Computed tomographic	infectious disease, congenital anomaly, or vascular disease.; There has been treatment or	
				angiography, neck, with contrast	conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
				material(s), including noncontrast	Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via	
4/1/2023 -				images, if performed, and image	RadMD.; The primary symptoms began less than 6 months ago; Medications were given for	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Approval	postprocessing	this diagnosis	1 2023 2023
				70498 Computed tomographic		
				angiography, neck, with contrast		
				material(s), including noncontrast	This case was created via RadMD.; Agree; The procedure is planned in 6 months or less; This	
4/1/2023 -				images, if performed, and image	procedure is being requested for pre-procedural evaluation; The ordering provider's	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Approval	postprocessing	specialty is NOT Vascular Surgery, Neurological Surgery or Surgery	1 2023 2023
				70498 Computed tomographic		
				angiography, neck, with contrast		
				material(s), including noncontrast	This case was created via RadMD.; Agree; This procedure is being requested for evaluation	
4/1/2023 -	4 /4 /2022	c /20 /2022 1		images, if performed, and image	for vascular disease; Recent stroke or TIA (transient ischemic attack) best describes the	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Approval	postprocessing	clinical indication for requesting this procedure	2 2023 2023
				70498 Computed tomographic		
				angiography, neck, with contrast		
. /. /2022				material(s), including noncontrast		
4/1/2023 -	. /. /	-//		images, if performed, and image		Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Approval	postprocessing	This procedure is being requested for something other than listed	1 2023 2023
				70498 Computed tomographic	This study is being ordered for a neurological disorder.; There has been treatment or	
				angiography, neck, with contrast	conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
4/4/2022				material(s), including noncontrast	Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.;	A I
4/1/2023 -	4/4/2022	C/20/2022 Name In the	A	images, if performed, and image	The primary symptoms began less than 6 months ago; Medications were given for this	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Approvai	postprocessing	diagnosis	1 2023 2023
				70540 Magnetic resonance (eg, proton)		
4/1/2023 -				3 (3,1)	There is a suspicion of an infection or absence . This is a request for a Face MDL. There is not	Apr lup
	4/1/2022	C/20/2022 Navvalage	A	imaging, orbit, face, and/or neck;	There is a suspicion of an infection or abscess.; This is a request for a Face MRI.; There is not	Apr-Jun 1 2023 2023
6/30/2023	4/1/2023	6/30/2023 Neurology	Approval	without contrast material(s)	a history of orbit or face trauma or injury. This study is being ordered for a neurological disorder.; There has been treatment or	1 2023 2023
					conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
				70540 Magnetic resonance (eg, proton)	Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.;	
4/1/2023 -				imaging, orbit, face, and/or neck;	The primary symptoms began less than 6 months ago; Medications were given for this	Apr-Jun
6/30/2023	4/1/2022	6/30/2023 Neurology	Approval	without contrast material(s)		1 2023 2023
6/30/2023	4/1/2023	6/30/2023 Neurology	Approval	without contrast material(s)	diagnosis	1 2023 2023
					; This study is being ordered for something other than: known trauma or injury, metastatic	
					disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
					vascular disease.; There has been treatment or conservative therapy.; The ordering MDs	
				70544 Magnetic resonance	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
4/1/2023 -				angiography, head; without contrast	Radiation Oncology; This case was created via RadMD.; The primary symptoms began less	Apr-Jun
6/30/2023	4/1/2022	6/30/2023 Neurology	Approval	material(s)	than 6 months ago; Physical Therapy was completed for this diagnosis	1 2023 2023
0/30/2023	-1112023	o, so, zozs ineurology	Appiovai	material(3)	; This study is being ordered for something other than: known trauma or injury, metastatic	1 2023 2023
					disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
					vascular disease.; There has been treatment or conservative therapy.; The ordering MDs	
				70544 Magnetic resonance	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
4/1/2023 -				angiography, head; without contrast	Radiation Oncology; This case was created via RadMD.; The primary symptoms began more	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Approval	material(s)	than 1 year ago; Medications were given for this diagnosis	1 2023 2023
0/30/2023	7/1/2023	0,30,2023 Neurology	Approvai	material(s)	; This study is being ordered for Vascular Disease.; It is not known if there has been any	1 2023 2023
					treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs	
				70544 Magnetic resonance	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
4/1/2023 -				angiography, head; without contrast	Radiation Oncology; This case was created via RadMD.; The primary symptoms began less	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Approval	material(s)	than 6 months ago	1 2023 2023
-, 50, 2025	., _, _0_0	-, - 5, E0E5ca. 010gy	pp. 0 . u.			1 2020 2020

				complains of sharp dull pain that may occur on the left or right side of her head with	
				whooshing sound in both ears. HA pain is described as intense pressure, pulsating, sharp,	
		7054444		and throbbing pain. She takes topamax 100 mg daily. She is also having fluid b; There is not	
4/4/2022		70544 Magnetic res		an immediate family history of aneurysm.; The patient does not have a known aneurysm.;	A 1
4/1/2023 -	C/20/2022 November 1	angiography, head;	without contrast	The patient has had a recent MRI or CT for these symptoms.; There has not been a stroke or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology Ap	oproval material(s)		TIA within the past two weeks.; This is a request for a Brain MRA.	1 2023 2023
		7054484000000000000000000000000000000000		Dr. Birky is looking for venous outlet obstruction.; There is not an immediate family history	
4/1/2023 -		70544 Magnetic res angiography, head;		of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past	Anriun
6/30/2023 4/1/2023	6/30/2023 Neurology Ap	angiography, nead; oproval material(s)	without contrast	two weeks.; This is a request for a Brain MRA.	Apr-Jun 1 2023 2023
0/30/2023 4/1/2023	6/30/2023 Neurology Ap	oprovai materiai(s)		Head MRV to assess further sinus thrombosis; There is not an immediate family history of	1 2023 2023
		70544 Magnetic res	onanco	aneurysm.; The patient does not have a known aneurysm.; The patient has had a recent MRI	
4/1/2023 -		angiography, head;		or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology Ap	oproval material(s)	without contrast	This is a request for a Brain MRA.	1 2023 2023
0/30/2023 4/1/2023	6/30/2023 Neurology Ap	oprovai materiai(s)		HPI: Lawson is a 17 year old male who had a rollover MVC in 11/27/20. He suffered a	1 2023 2023
				significant TBI. Initial brain MRI showed evidence of DAI. He was started on Keppra 1000 mg	
				BID for prophylaxis but never had seizures. He was transferred to PMR service o; This study	
				is being ordered for trauma or injury.; There has been treatment or conservative therapy.;	
		70544 Magnetic res	onance	The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,	
4/1/2023 -		angiography, head;		Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology Ap	oproval material(s)	without contrast	symptoms began more than 1 year ago; Medications were given for this diagnosis	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Neurology Ap	70544 Magnetic res	onance	It is unknown if there is a family history of a brain aneurysm in the parent, brother, sister or	1 2023 2023
4/1/2023 -		angiography, head;		child of the patient.; This is a request for a Brain and Neck MRA combination.; There has NOT	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology Ap	oproval material(s)	without contrast	been a recent (less than 2 week) neck or carotid artery ultrasound.	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Neurology Ap	oprovai material(3)		Marca L Garner is a 54 y.o. old female, with PMH of with PMH of diabetes with diabetic	1 2023 2023
				retinopathy on oral meds, HTN, hypothyroidism, CAD s/p stent (2014) presented to the	
				evaluation of insidious onset progressive painless vision loss in the peripheral v; There is not	
		70544 Magnetic res	onance	an immediate family history of aneurysm.; The patient does not have a known aneurysm.;	
4/1/2023 -		angiography, head;		The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology Ap		without contrast	or TIA within the past two weeks.; This is a request for a Brain MRA.	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Neurology Ap	oprovai material(3)		PATIENT HAD A BRAIN MRA IN 05/2022 AND HAS HAD A STROKE IN THEPSAT BUT NOT IN	1 2023 2023
				THE PAST TWO WEEKS. DIAGNOSED WITH INTRACRANIAL ATHERLOSCLEROTIC DISEASE AND	
				IS HIGH RISK FOR ANOTHER STROKE.; There is not an immediate family history of aneurysm.;	
		70544 Magnetic res	onance	The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT	
4/1/2023 -		angiography, head;		for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology Ap			request for a Brain MRA.	1 2023 2023
1,10,111	2,02,2020			pseudotumor cerebri; There is not an immediate family history of aneurysm.; The patient	
		70544 Magnetic res	onance	does not have a known aneurysm.; The patient has not had a recent MRI or CT for these	
4/1/2023 -		angiography, head;		symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology Ap	oproval material(s)		for a Brain MRA.	1 2023 2023
				send clinicals; This study is being ordered for a neurological disorder.; There has been	
				treatment or conservative therapy.; The ordering MDs specialty is NOT	
		70544 Magnetic res	onance	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -		angiography, head;	without contrast	Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology Ap			year; Medications were given for this diagnosis	1 2023 2023
	, , , , , , , , , , , , , , , , , , , ,			Sunday at the end of January 2023 when he woke up on the next day on Monday morning he	
				noted to have complete right-sided numbness face arm and leg,; There is not an immediate	
		70544 Magnetic res	onance	family history of aneurysm.; The patient does not have a known aneurysm.; The patient has	
4/1/2023 -		angiography, head;		not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology Ap	oproval material(s)		the past two weeks.; This is a request for a Brain MRA.	1 2023 2023
		70544 Magnetic res	onance		
4/1/2023 -		angiography, head;	without contrast	There is a family history of a brain aneurysm in the parent, brother, sister or child of the	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology Ap			patient.; This is a request for a Brain and Neck MRA combination.	1 2023 2023
		70544 Magnetic res	onance		
4/1/2023 -		angiography, head;			Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology Ap			There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	1 2023 2023

. /. /			70544 Magnetic resonance	There is NOT a family history of a brain aneurysm in the parent, brother, sister or child of the	
4/1/2023 -			angiography, head; without contrast	patient.; This is a request for a Brain and Neck MRA combination.; There has NOT been a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology A	Approval	material(s)	recent (less than 2 week) neck or carotid artery ultrasound.	1 2023 2023
			70544 Magnetic resonance	There is not an immediate family history of aneurysm.; The patient does not have a known	
4/1/2023 -			angiography, head; without contrast	aneurysm.; The patient has had a recent MRI or CT for these symptoms.; There has been a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology A	Approval	material(s)	stroke or TIA within the past 2 weeks.; This is a request for a Brain MRA.	1 2023 2023
			70544 Magnetic resonance		
4/1/2023 -			angiography, head; without contrast	There is not an immediate family history of aneurysm.; The patient has a known aneurysm.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology A	Approval	material(s)	This is a request for a Brain MRA.	1 2023 2023
			70544 Magnetic resonance	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT	
4/1/2023 -			angiography, head; without contrast	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology A	Approval	material(s)	Oncology; This case was created via BBI.	1 2023 2023
				This study is being ordered for something other than: known trauma or injury, metastatic	
				disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
				vascular disease.; There has been treatment or conservative therapy.; The ordering MDs	
			70544 Magnetic resonance	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
4/1/2023 -			angiography, head; without contrast	Radiation Oncology; This case was created via BBI.; The primary symptoms began more than	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology A	Approval	material(s)	1 year ago; Medications were given for this diagnosis	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Neurology A	- Approvai	material(s)	1 year ago, Medications were given for this diagnosis	1 2023 2023
				; This study is being ordered for something other than: known trauma or injury, metastatic	
				disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
				vascular disease.; There has been treatment or conservative therapy.; The ordering MDs	
			70547 Magnetic resonance	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
4/1/2023 -			angiography, neck; without contrast	Radiation Oncology; This case was created via RadMD.; The primary symptoms began less	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology A	Approval	material(s)	than 6 months ago; Physical Therapy was completed for this diagnosis	1 2023 2023
				; This study is being ordered for Vascular Disease.; It is not known if there has been any	
				treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs	
			70547 Magnetic resonance	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
4/1/2023 -			angiography, neck; without contrast	Radiation Oncology; This case was created via RadMD.; The primary symptoms began less	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology A	Approval	material(s)	than 6 months ago	1 2023 2023
			70547 Magnetic resonance	It is unknown if there is a family history of a brain aneurysm in the parent, brother, sister or	
4/1/2023 -			angiography, neck; without contrast	child of the patient.; This is a request for a Brain and Neck MRA combination.; There has NOT	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology A	Approval	material(s)	been a recent (less than 2 week) neck or carotid artery ultrasound.	1 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	., ,			send clinicals; This study is being ordered for a neurological disorder.; There has been	
				treatment or conservative therapy.; The ordering MDs specialty is NOT	
			70547 Magnetic resonance	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -			angiography, neck; without contrast	Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1	Apr-Jun
	6/20/2022 Nourology A	Annroval			1 2023 2023
6/30/2023 4/1/2023	6/30/2023 Neurology A	Approvai	material(s)	year; Medications were given for this diagnosis	1 2023 2023
. /. /2022			70547 Magnetic resonance		
4/1/2023 -			angiography, neck; without contrast	There is a family history of a brain aneurysm in the parent, brother, sister or child of the	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology A	Approval	material(s)	patient.; This is a request for a Brain and Neck MRA combination.	1 2023 2023
			70547 Magnetic resonance	There is NOT a family history of a brain aneurysm in the parent, brother, sister or child of the	
4/1/2023 -			angiography, neck; without contrast	patient.; This is a request for a Brain and Neck MRA combination.; There has NOT been a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology A	Approval	material(s)	recent (less than 2 week) neck or carotid artery ultrasound.	1 2023 2023
				This is a request for a Neck MR Angiography.; The patient has one sided arm or leg	
			70547 Magnetic resonance	weakness.; The patient had an onset of neurologic symptoms within the last two weeks.; The	
4/1/2023 -			angiography, neck; without contrast	patient has NOT had an ultrasound (doppler) of the neck or carotid arteries.; The patient had	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology A	Approval	material(s)	carotid (neck) artery surgery.; It is unknown if this is the first imaging after surgery.	1 2023 2023
			70551 Magnetic resonance (eg, proton)		
4/1/2023 -			imaging, brain (including brain stem);		Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology A	Annroval	without contrast material		1 2023 2023
0,30,2023 4,1,2023	0/30/2023 Neurology A	(ppi ovai	without contrast material		1 2023 2023

					; This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
					headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm,	
					infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with	
					headache, blurred or double vision or a change in sensation noted on exam.; A metabolic	
				70551 Magnetic resonance (eg, proton)	work-up done including urinalysis, electrolytes, and complete blood count with results was	
4/1/2023 -				imaging, brain (including brain stem);	not completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's Palsy, a	Apr-Jun
6/30/2023 4	4/1/2023	6/30/2023 Neurology	Approval	without contrast material	congenital abnormality, loss of smell, hearing loss or vertigo.	1 2023 2023
					; This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
					headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm,	
					infection/inflammation,multiple sclerosis, or seizures; The condition is not associated with	
					headache, blurred or double vision or a change in sensation noted on exam.; It is not known	
				70551 Magnetic resonance (eg, proton)	if a metabolic work-up done including urinalysis, electrolytes, and complete blood count	
4/1/2023 -				imaging, brain (including brain stem);	with results completed.; The patient does NOT have dizziness, fatigue or malaise, Bell's	Apr-Jun
6/30/2023 4	4/1/2023	6/30/2023 Neurology	Approval	without contrast material	Palsy, a congenital abnormality, loss of smell, hearing loss or vertigo.	1 2023 2023
					; This study is being ordered for a neurological disorder.; There has not been any treatment	
					or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty	
. /. /05==				70551 Magnetic resonance (eg, proton)	is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -	. /. /2022	c /20 /2022 N		imaging, brain (including brain stem);	Oncology; This case was created via RadMD.; The primary symptoms began less than 6	Apr-Jun
6/30/2023 4	4/1/2023	6/30/2023 Neurology	Approval	without contrast material	months ago	1 2023 2023
					; This study is being ordered for a neurological disorder.; There has not been any treatment	
				70554 Manualia anno (an anno (an anno 1	or conservative therapy.; There are 4 exams are being ordered.; The ordering MDs specialty	
. /. /2022				70551 Magnetic resonance (eg, proton)	is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -	. /. /	- / /		imaging, brain (including brain stem);	Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year	Apr-Jun
6/30/2023 4	4/1/2023	6/30/2023 Neurology	Approval	without contrast material	ago	1 2023 2023
					; This study is being ordered for Inflammatory/ Infectious Disease.; There has been	
				70554.44	treatment or conservative therapy.; The ordering MDs specialty is NOT	
4 /4 /2022				70551 Magnetic resonance (eg, proton)	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -	. /. /2022	c /20 /2022 N		imaging, brain (including brain stem);	Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year	Apr-Jun
6/30/2023 4	4/1/2023	6/30/2023 Neurology	Approvai	without contrast material	ago; Medications were given for this diagnosis	1 2023 2023
					This should be been added a few assessible a should be a local to a second as a few assessing	
					; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
					vascular disease.; There has been treatment or conservative therapy.; The ordering MDs	
				70551 Magnetic resonance (eg, proton)	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
4/1/2023 -				imaging, brain (including brain stem);	Radiation Oncology; This case was created via RadMD.; The primary symptoms began less	Apr-Jun
6/30/2023	4/1/2022	6/30/2023 Neurology	Approval	without contrast material	than 6 months ago; Physical Therapy was completed for this diagnosis	1 2023 2023
0/30/2023	1/1/2023	0/30/2023 Neurology	Approvai	without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic	1 2023 2023
					disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
					vascular disease.; There has been treatment or conservative therapy.; The ordering MDs	
				70551 Magnetic resonance (eg, proton)	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
4/1/2023 -				imaging, brain (including brain stem);	Radiation Oncology; This case was created via RadMD.; The primary symptoms began more	Apr-Jun
6/30/2023	1/1/2023	6/30/2023 Neurology	Approval	without contrast material	than 1 year ago; Medications were given for this diagnosis	1 2023 2023
0/30/2023	1/1/2023	0/30/2023 Neurology	Approvai	without contrast material	Fatigue, fall encounters, bladder dysfunction; This study is being ordered for a neurological	1 2023 2023
					disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is	
				70551 Magnetic resonance (eg, proton)	NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -				imaging, brain (including brain stem);	Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Approval	without contrast material	ago; Medications were given for this diagnosis	1 2023 2023
0,30,2023	., 1, 2023	5,55,2025 New Ology	, pprovai	The sac contract material	he has progressively gotten worse over time. Now requires full-time assistance. Simply	1 2023 2023
					transferring from bed to chair is a challenge; This study is being ordered for Inflammatory/	
					Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs	
				70551 Magnetic resonance (eg, proton)	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
4/1/2023 -				imaging, brain (including brain stem);	Radiation Oncology; This case was created via RadMD.; The primary symptoms began more	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Approval	without contrast material	than 1 year ago; Medications were given for this diagnosis	1 2023 2023
0/30/2023	7/1/2023	0/30/2023 Neurology	Thhinnai	WITHOUT CONTRAST HIGIERIAL	than 1 year ago, inculcations were given for this diagnosis	1 2023 2023

					HPI: Lawson is a 17 year old male who had a rollover MVC in 11/27/20. He suffered a	
					significant TBI. Initial brain MRI showed evidence of DAI. He was started on Keppra 1000 mg	
					BID for prophylaxis but never had seizures. He was transferred to PMR service o; This study	
				70551 Magnetic resonance (eg, proton)	is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,	
4/1/2023 -				imaging, brain (including brain stem);	Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Approval	without contrast material	symptoms began more than 1 year ago; Medications were given for this diagnosis	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Neurology	Арріочаі	without contrast material	symptoms began more than I year ago, wedications were given for this diagnosis	1 2023 2023
				70551 Magnetic resonance (eg, proton)		
4/1/2023 -				imaging, brain (including brain stem);	It is not known if there has been any treatment or conservative therapy.; This study is being	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Approval	without contrast material	ordered for Other not listed; The primary symptoms began more than 1 year ago	1 2023 2023
					MRI of the brain, cervical and thoracic spine with and without contrast to evaluate for causes	
					such as drop mets, MS, other neurologic conditions; This study is being ordered for a	
					neurological disorder.; There has been treatment or conservative therapy.; The ordering	
				70551 Magnetic resonance (eg, proton)	MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical	
4/1/2023 -		-//		imaging, brain (including brain stem);	Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Approval	without contrast material	began more than 1 year ago; Other not listed was done for this diagnosis	1 2023 2023
					MS and cervical stenosis, post surgery, post mavenciad therapy with worsening of her	
					performance and new neurological deficits (dropping thinks).; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering	
				70551 Magnetic resonance (eg, proton)	MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical	
4/1/2023 -				imaging, brain (including brain stem);	Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Approval	without contrast material	began more than 1 year ago; Medications were given for this diagnosis	1 2023 2023
5,00,000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0,00,000			Neurofibromatosis; Neurofibromatosis ;post spinal fusion; This study is being ordered for a	
				70551 Magnetic resonance (eg, proton)	metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
4/1/2023 -				imaging, brain (including brain stem);	Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Approval	without contrast material	RadMD.	1 2023 2023
					Ocular pain left intermittent, brief for a couple times a week etiology undetermined at this	
					point possibly some type of migraine phenomena.; This study is being ordered for a	
				70551 Magnetic resonance (eg, proton)	neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist,	
4/1/2023 -				imaging, brain (including brain stem);	Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Approval	without contrast material	via RadMD.; The primary symptoms began less than 6 months ago	1 2023 2023
0,00,2020	., 2, 2020	0,00,2020 1100.0106,	7.66.0101	William Contract Material	the headings, the primary symptoms seguiness than a months ago	1 2023 2023
					patient has new/worsening headaches with prior history of stroke; This study is being	
					ordered for something other than: known trauma or injury, metastatic disease, a	
					neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular	
					disease.; It is not known if there has been any treatment or conservative therapy.; There are	
				70551 Magnetic resonance (eg, proton)	2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist,	
4/1/2023 -				imaging, brain (including brain stem);	Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Approval	without contrast material	via RadMD.; The primary symptoms began less than 6 months ago	1 2023 2023
					Reasess disease burden of NMO; This study is being ordered for a neurological disorder.;	
				70EE1 Magnetic reconance (eg. proton)	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	
4/1/2023 -				70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Approval	without contrast material	ago; Chemotherapy was given for this diagnosis	1 2023 2023
0,30,2023	112023	5/30/2023 Neurology	Approvai		see office note; This study is being ordered for a neurological disorder.; There has not been	1 2023 2023
					any treatment or conservative therapy.; The ordering MDs specialty is NOT	
				70551 Magnetic resonance (eg, proton)	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -				imaging, brain (including brain stem);	Oncology; This case was created via RadMD.; The primary symptoms began less than 6	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Approval	without contrast material	months ago	1 2023 2023
				70551 Magnetic resonance (eg, proton)	seizure, focal epilepsy; This request is for a Brain MRI; The study is NOT being requested for	
4/1/2023 -				imaging, brain (including brain stem);	evaluation of a headache.; Requested for evaluation of seizures; It is not known if there has	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Approval	without contrast material	been a previous Brain MRI completed.	1 2023 2023

				send clinicals; This study is being ordered for a neurological disorder.; There has been	
			70EE1 Magnetic reconance (og proten)	treatment or conservative therapy.; The ordering MDs specialty is NOT	
4/1/2023 -			70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1	Apr-Jun
6/30/2023 4/1/	/2023 6/30/2023 Neu	ology Approval	without contrast material	year; Medications were given for this diagnosis	1 2023 2023
0/30/2023 4/1/	72023 073072023 1404	ology Approval	Without contrast material	The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; It is unknown if the	1 2023 2023
			70551 Magnetic resonance (eg, proton)	patient is demonstrating unilateral muscle wasting/weakness; There are abnormal reflexes	
4/1/2023 -			imaging, brain (including brain stem);	on exam; This study is being ordered for Multiple Sclerosis; The patient is NOT presenting	Apr-Jun
6/30/2023 4/1/	/2023 6/30/2023 Neu	ology Approval	without contrast material	with new symptoms of bowel or bladder dysfunction.	1 2023 2023
			70551 Magnetic resonance (eg, proton)	The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is	
4/1/2023 -			imaging, brain (including brain stem);	demonstrating unilateral muscle wasting/weakness; This study is being ordered for Multiple	Apr-Jun
6/30/2023 4/1/	/2023 6/30/2023 Neu	ology Approval	without contrast material	Sclerosis	3 2023 2023
			70554 Manualis assessment (assessment)	The artifact is NOT decreased in a collection of the collection for a large Theorem NO	
4/1/2023 -			70551 Magnetic resonance (eg, proton)	The patient is NOT demonstrating unilateral muscle wasting/weakness; There are NO	A 1
6/30/2023 4/1/	/2022 6/20/2022 Nov	rology Approval	imaging, brain (including brain stem); without contrast material	abnormal reflexes on exam; This study is being ordered for Multiple Sclerosis; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction.	Apr-Jun 2 2023 2023
0/30/2023 4/1/	/2023 6/30/2023 Neu	ology Approval	without contrast material	NOT presenting with new symptoms of bower of bladder dystunction.	2 2023 2023
			70551 Magnetic resonance (eg, proton)	There has been treatment or conservative therapy.; This study is being ordered for	
4/1/2023 -			imaging, brain (including brain stem);	Neurological Disorder; The primary symptoms began more than 1 year ago; Medications	Apr-Jun
6/30/2023 4/1/	/2023 6/30/2023 Neu	ology Approval	without contrast material	were given for this diagnosis	1 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,				
			70551 Magnetic resonance (eg, proton)	There has been treatment or conservative therapy.; This study is being ordered for Other not	
4/1/2023 -			imaging, brain (including brain stem);	listed; The primary symptoms began 6 months to 1 year; Medications were given for this	Apr-Jun
6/30/2023 4/1/	/2023 6/30/2023 Neu	ology Approval	without contrast material	diagnosis	2 2023 2023
			70551 Magnetic resonance (eg, proton)		
4/1/2023 -			imaging, brain (including brain stem);	There has not been any treatment or conservative therapy.; This study is being ordered for	Apr-Jun
6/30/2023 4/1/	/2023 6/30/2023 Neu	rology Approval	without contrast material	Other not listed; The primary symptoms began less than 6 months ago	1 2023 2023
			70551 Magnetic resonance (eg, proton)		
4/1/2023 -			imaging, brain (including brain stem);	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason	Apr-Jun
6/30/2023 4/1/	/2023 6/30/2023 Neu	ology Approval	without contrast material	that I have requested this test.	6 2023 2023
0,00,000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
			70551 Magnetic resonance (eg, proton)		
4/1/2023 -			imaging, brain (including brain stem);	This request is for a Brain MRI; Headache best describes the reason that I have requested	Apr-Jun
6/30/2023 4/1/	/2023 6/30/2023 Neu	ology Approval	without contrast material	this test.; Chronic headache, longer than one month describes the headache's character.	5 2023 2023
			70551 Magnetic resonance (eg, proton)		
4/1/2023 -			imaging, brain (including brain stem);	This request is for a Brain MRI; Headache best describes the reason that I have requested	Apr-Jun
6/30/2023 4/1/	/2023 6/30/2023 Neu	ology Approval	without contrast material	this test.; New onset within the past month describes the headache's character.	1 2023 2023
			70551 Magnetic resonance (eg, proton)	This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient does not have	
4/1/2023 -			imaging, brain (including brain stem);	dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital	Apr-Jun
6/30/2023 4/1/	/2023 6/30/2023 Neu	ology Approval	without contrast material	abnormality, loss of smell, hearing loss or vertigo.	2 2023 2023
.,, -320 7/1/	,, ,		, , , , , , , , , , , , , , , , , , , ,		
			70551 Magnetic resonance (eg, proton)	This request is for a Brain MRI; Known or suspected multiple sclerosis (MS) best describes	
4/1/2023 -			imaging, brain (including brain stem);	the reason that I have requested this test.; The patient has been diagnosed with known	Apr-Jun
6/30/2023 4/1/	/2023 6/30/2023 Neu	ology Approval	without contrast material	Multiple Sclerosis.	1 2023 2023
				This request is for a Brain MRI; Known or suspected tumor best describes the reason that I	
			70551 Magnetic resonance (eg, proton)	have requested this test.; Known brain tumor best describes the patient's tumor.; There are	
4/1/2023 -			imaging, brain (including brain stem);	documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare	Apr-Jun
6/30/2023 4/1/	/2023 6/30/2023 Neu	ology Approval	without contrast material	member.	1 2023 2023
			70551 Magnatia dagan /	This year, ask is far a Dunia MADI. Name of the selection is a selection of the selection o	
4/1/2022			70551 Magnetic resonance (eg, proton)	This request is for a Brain MRI; None of the above best describes the reason that I have	Apr lun
4/1/2023 - 6/30/2023 4/1/	/2022 6/20/2022 No.	rology Approval	imaging, brain (including brain stem);	requested this test.; Known or suspected seizure disorder best describes the reason that I	Apr-Jun 2 2023 2023
0/30/2023 4/1/	/2023 0/30/2023 Neu	ology Approval	without contrast material	have requested this test.	2 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Post-operative evaluation best describes the reason that I have requested this test.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The headache is described as chronic or recurring.; The headache is presenting with a sudden change in severity, associated with exertion, or a mental status change.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have a sudden severe, chronic or recurring or a thunderclap headache.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	Apr-Jun 16 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	Apr-Jun 17 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	Apr-Jun 44 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	Apr-Jun 45 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.	Apr-Jun 7 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.	Apr-Jun 8 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown if the patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for an aneurysm.; This study is being ordered for neurological deficits.; The patient has NOT had a Brain MRI in the last 12 months	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown if the patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).; The patient has NOT had a Brain MRI in the last 12 months	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.	Apr-Jun 20 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Neurology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has a congenital abnormality.; 'None of the above' describes the congenital anomaly	Apr-Jun 1 2023 2023

			70551 Magnetic resonance (eg, proton)	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/1/2023 -			imaging, brain (including brain stem);	headache.; It is unknown why this study is being ordered.; The patient has a sudden change	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology A	Approval	without contrast material	in mental status.	2 2023 2023
	, ,				
			70551 Magnetic resonance (eg, proton)		
4/1/2023 -			imaging, brain (including brain stem);	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology A	Approval	without contrast material	headache.; It is unknown why this study is being ordered.; The patient has Bell's Palsy.	1 2023 2023
			70551 Magnetic resonance (eg, proton)	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/1/2023 -			imaging, brain (including brain stem);	headache.; It is unknown why this study is being ordered.; The patient has Dizziness or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology A	Approval	without contrast material	Vertigo	3 2023 2023
				This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
				headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.;	
			70551 Magnetic resonance (eg, proton)	This is a new/initial evaluation; The patient had a memory assessment for cognitive	
4/1/2023 -			imaging, brain (including brain stem);	impairment completed; It is unknown if the patient has normal results of B12, TSH and other	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology A	Approval	without contrast material	metabolic labs; The cognitive assessment score was greater than or equal to 26	1 2023 2023
				This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
			70551 Magnetic resonance (eg, proton)	headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.;	
4/1/2023 -			imaging, brain (including brain stem);	This is a new/initial evaluation; The patient had a memory assessment for cognitive	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology A	Approval	without contrast material	impairment completed; The cognitive assessment score was less than 26	7 2023 2023
				This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
				headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.;	
			70551 Magnetic resonance (eg, proton)	This is a new/initial evaluation; The patient had a memory assessment for cognitive	
4/1/2023 -			imaging, brain (including brain stem);	impairment completed; The patient has normal results of B12, TSH and other metabolic labs;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology A	Approval	without contrast material	The cognitive assessment score was greater than or equal to 26	3 2023 2023
				This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
			70551 Magnetic resonance (eg, proton)	headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.;	
4/1/2023 -			imaging, brain (including brain stem);	This is a new/initial evaluation; The patient has NOT had a memory assessment for cognitive	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology A	Approval	without contrast material	impairment completed	2 2023 2023
			70551 Magnetic resonance (eg, proton)	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/1/2023 -			imaging, brain (including brain stem);	headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology A	Approval	without contrast material	This is NOT a new/initial evaluation	4 2023 2023
				This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
				headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm,	
. /. /			70551 Magnetic resonance (eg, proton)	infection/inflammation,multiple sclerosis, or seizures; The condition is associated with	
4/1/2023 -	5/00/0000		imaging, brain (including brain stem);	headache, blurred or double vision or a change in sensation noted on exam.; The patient is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology A	Approval	without contrast material	experiencing dizziness.	1 2023 2023
				This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
			70F1 Magnetic recognition (headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm,	
4/1/2022			70551 Magnetic resonance (eg, proton)	infection/inflammation,multiple sclerosis, or seizures; The condition is associated with	A 1
4/1/2023 -	c /20 /2022 **		imaging, brain (including brain stem);	headache, blurred or double vision or a change in sensation noted on exam.; The patient is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology A	Approval	without contrast material	experiencing vertigo	1 2023 2023
				This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
				headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm,	
			70FF1 Magnetic reconance (as assets)	infection/inflammation,multiple sclerosis, or seizures; The patient has not undergone	
4/4/2022			70551 Magnetic resonance (eg, proton)	treatment for a congenital abnormality (such as hydrocephalus or craniosynostosis).; There	A mare 15 cm
4/1/2023 -	C/20/2022 Name	A m.m.m 1	imaging, brain (including brain stem);	are recent neurological symptoms or deficits such as one-sided weakness, speech	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology A	Approvai	without contrast material	impairments, or vision defects.; The patient has a congenital abnormality.	2 2023 2023
			70F1 Magnetic recognition (This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/4/2022			70551 Magnetic resonance (eg, proton)	headache.; Requested for evaluation of Multiple Sclerosis; The patient has not undergone	
4/1/2023 -	C/20/2022 Name	A m.m.m 1	imaging, brain (including brain stem);	treatment for multiple sclerosis.; There are intermittent or new neurological symptoms or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology A	upprovai	without contrast material	deficits such as one-sided weakness, speech impairments, or vision defects.	2 2023 2023

			70551 Magnetic resonance (eg, proton)	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/1/2023 -			imaging, brain (including brain stem);	headache.; Requested for evaluation of Multiple Sclerosis; The patient has undergone	Apr-Jun
6/30/2023 4/1/20	23 6/30/2023 Neurology	Approval	without contrast material	treatment for multiple sclerosis.	2 2023 2023
			70551 Magnetic resonance (eg, proton)	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/1/2023 -			imaging, brain (including brain stem);	headache.; Requested for evaluation of seizures; There has not been a previous Brain MRI	Apr-Jun
6/30/2023 4/1/20	23 6/30/2023 Neurology	Approval	without contrast material	completed.	10 2023 2023
4/4/2022			70551 Magnetic resonance (eg, proton)	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	A Iv.
4/1/2023 -	22 6/20/2022 November 2		imaging, brain (including brain stem);	headache.; Requested for evaluation of stroke or aneurysm; There are recent neurological	Apr-Jun
6/30/2023 4/1/20	23 6/30/2023 Neurology	Approvai	without contrast material	symptoms such as one sided weakness, speech impairments, or vision defects. This request is for a Brain MRI; The study is NOT being requested for evaluation of a	1 2023 2023
			70551 Magnetic resonance (eg, proton)	headache.; Requested for evaluation of tumor; A biopsy has not been completed to	
4/1/2023 -			imaging, brain (including brain stem);	determine tumor tissue type.; There are recent neurological symptoms such as one-sided	Apr-Jun
6/30/2023 4/1/20	23 6/30/2023 Neurology	Approval	without contrast material	weakness, speech impairments, or vision defects.	2 2023 2023
0,00,2020	25 0,50,2025 (100,0105)	7 (pp. 0 va.	mundat contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	2 2023 2023
			70551 Magnetic resonance (eg, proton)	headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic	
4/1/2023 -			imaging, brain (including brain stem);	symptoms.; This study is being ordered for Multiple Sclerosis.; The patient has new	Apr-Jun
6/30/2023 4/1/20	23 6/30/2023 Neurology	Approval	without contrast material	symptoms.; The patient has NOT had a Brain MRI in the last 12 months	7 2023 2023
				This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
			70551 Magnetic resonance (eg, proton)	headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic	
4/1/2023 -			imaging, brain (including brain stem);	symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).; The	Apr-Jun
6/30/2023 4/1/20	23 6/30/2023 Neurology	Approval	without contrast material	patient had a Brain MRI in the last 12 months	5 2023 2023
				This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
			70551 Magnetic resonance (eg, proton)	headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic	
4/1/2023 -			imaging, brain (including brain stem);	symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).; The	Apr-Jun
6/30/2023 4/1/20	23 6/30/2023 Neurology	Approval	without contrast material	patient had a Brain MRI in the last 12 months	6 2023 2023
				This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/4/2022			70551 Magnetic resonance (eg, proton)	headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic	A I
4/1/2023 -	22 C/20/2022 Navvalani	A	imaging, brain (including brain stem);	symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).; The	Apr-Jun
6/30/2023 4/1/20	23 6/30/2023 Neurology	Approvai	without contrast material	patient has NOT had a Brain MRI in the last 12 months This request is for a Brain MRI; The study is NOT being requested for evaluation of a	1 2023 2023
			70551 Magnetic resonance (eg, proton)	headache.; The patient has dizziness.; The patient had a recent onset (within the last 4	
4/1/2023 -			imaging, brain (including brain stem);	weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis.; The	Apr-Jun
6/30/2023 4/1/20	23 6/30/2023 Neurology	Approval	without contrast material	patient has new symptoms.	2 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1.1.		This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
			70551 Magnetic resonance (eg, proton)	headache.; The patient has dizziness.; The patient had a recent onset (within the last 4	
4/1/2023 -			imaging, brain (including brain stem);	weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient	Apr-Jun
6/30/2023 4/1/20	23 6/30/2023 Neurology	Approval	without contrast material	ischemic attack).	1 2023 2023
				This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
			70551 Magnetic resonance (eg, proton)	headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset	
4/1/2023 -			imaging, brain (including brain stem);	(within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Multiple	Apr-Jun
6/30/2023 4/1/20	23 6/30/2023 Neurology	Approval	without contrast material	Sclerosis.; The patient has new symptoms.	4 2023 2023
			707744	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/4/2022			70551 Magnetic resonance (eg, proton)	headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset	
4/1/2023 -	22 6/20/2022 No. 1		imaging, brain (including brain stem);	(within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or	Apr-Jun
6/30/2023 4/1/20	23 6/30/2023 Neurology	Approval	without contrast material	TIA (transient ischemic attack).	4 2023 2023
				This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
			70551 Magnetic resonance (eg, proton)	headache.; The patient has vision changes.; The patient had a recent onset (within the last 4	
4/1/2023 -			imaging, brain (including brain stem);	weeks) of neurologic symptoms.; There has NOT been a recent assessment of the patient's	Apr-Jun
6/30/2023 4/1/20	23 6/30/2023 Neurology	Approval	without contrast material	visual acuity.; This study is being ordered for stroke or TIA (transient ischemic attack).	1 2023 2023
., ., .,, ., ., ., ., ., .,	-,,	de le ce ce c		This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
			70551 Magnetic resonance (eg, proton)	headache.; The patient has vision changes.; The patient had a recent onset (within the last 4	
4/1/2023 -			imaging, brain (including brain stem);	weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis.; The	Apr-Jun
6/30/2023 4/1/20	23 6/30/2023 Neurology	Approval	without contrast material	patient has new symptoms.; The patient had 1-3 episodes in the last 24 months	1 2023 2023

			70551 Magnetic resonance (eg, proton)	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/1/2023 -			imaging, brain (including brain stem);	headache.; This study is being ordered for a tumor.; The patient does NOT have a biopsy	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology A	Approval	without contrast material	proven cancer	7 2023 2023
. /. /			70551 Magnetic resonance (eg, proton)	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/1/2023 -	c /20 /2022 N		imaging, brain (including brain stem);	headache.; This study is being ordered for an aneurysm.; This study is being ordered as a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology A	Approval	without contrast material	screening for an aneurysm or AVM (arteriovenous malformation).	2 2023 2023
			70551 Magnetic resonance (eg, proton)		
4/1/2023 -			imaging, brain (including brain stem);	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology A	Approval	without contrast material	headache.; This study is being ordered for and infection or inflammation.	4 2023 2023
	•			This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
			70551 Magnetic resonance (eg, proton)	headache.; This study is being ordered for follow-up.; The patient completed a course of	
4/1/2023 -			imaging, brain (including brain stem);	chemotherapy or radiation therapy within the past 90 days.; This study is being ordered for a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology A	Approval	without contrast material	tumor.; The patient has a biopsy proven cancer	1 2023 2023
				This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
			70FF1 Magnetic recognition (e.g. protect)	headache.; This study is being ordered for follow-up.; The patient has NOT completed a	
4/1/2023 -			70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	course of chemotherapy or radiation therapy within the past 90 days.; This study is being ordered for a tumor.; The last Brain MRI was performed within the last 12 months; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology A	Annroval	without contrast material	patient has a biopsy proven cancer	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Neurology 7	Approvar	without contrast material	patient has a biopsy proven cancer	1 2023 2023
			70551 Magnetic resonance (eg, proton)	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/1/2023 -			imaging, brain (including brain stem);	headache.; This study is being ordered for Multiple Sclerosis.; It is unknown why this study is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology A	Approval	without contrast material	being ordered.	3 2023 2023
			70551 Magnetic resonance (eg, proton)	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/1/2023 -			imaging, brain (including brain stem);	headache.; This study is being ordered for Multiple Sclerosis.; This study is being ordered as	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology A	Approval	without contrast material	a 12 month annual follow up.; This is a routine follow up.	9 2023 2023
			70551 Magnetic resonance (eg, proton)	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/1/2023 -			imaging, brain (including brain stem);	headache.; This study is being ordered for Parkinson's disease.; This study is being ordered	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology A	Approval	without contrast material	for a new diagnosis of Parkinson's.	4 2023 2023
		••		This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
			70551 Magnetic resonance (eg, proton)	headache.; This study is being ordered for Parkinson's disease.; This study is being ordered	
4/1/2023 -			imaging, brain (including brain stem);	for new neurological symptoms.; The neurologic symptoms include worsening Parkinson's	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology A	Approval	without contrast material	symptoms.	2 2023 2023
4/4/2022			70551 Magnetic resonance (eg, proton)	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	A I
4/1/2023 - 6/30/2023 4/1/2023	C/20/2022 November /	A	imaging, brain (including brain stem); without contrast material	headache.; This study is being ordered for seizures.; There has been a change in seizure	Apr-Jun 34 2023 2023
0/30/2023 4/1/2023	6/30/2023 Neurology A	Approval	without contrast material	pattern or a new seizure.	34 2023 2023
			70551 Magnetic resonance (eg, proton)	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/1/2023 -			imaging, brain (including brain stem);	headache.; This study is being ordered for seizures.; There has NOT been a change in seizure	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology A	Approval	without contrast material	pattern or a new seizure.	2 2023 2023
			70551 Magnetic resonance (eg, proton)	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/1/2023 -			imaging, brain (including brain stem);	headache.; This study is being ordered for staging.; This study is being ordered for a tumor.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology A	Approval	without contrast material	The patient has a biopsy proven cancer	1 2023 2023
			70551 Magnetic reconance (eg. proten)	This study is being ordered for a motastatic disease. The ordering MDs specialty is NOT	
4/1/2023 -			70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology A	Annroval	without contrast material	Oncology; This case was created via BBI.	1 2023 2023
0,00,2020 4,1,2020	5,55,2025 NCG1010gy 7	ppi ovai		Choolegy, this case has created the pp.	1 2023 2023

			This study is being ordered for a neurological disorder.; There has been treatment or	
		70554 Manuatia assessa (an assessa)	conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
4/4/2022		70551 Magnetic resonance (eg, proton)	Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.;	A Iv.
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Neurology Appro	imaging, brain (including brain stem); val without contrast material	The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	Apr-Jun 2 2023 2023
0/30/2023 4/1/2023	6/30/2023 Neurology Appro-	vai Without Contrast Material	This study is being ordered for a neurological disorder.; There has been treatment or	2 2023 2023
			conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
		70551 Magnetic resonance (eg, proton)	Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.;	
4/1/2023 -		imaging, brain (including brain stem);	The primary symptoms began more than 1 year ago; Medications were given for this	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology Approx	0 0, , 0 ,	diagnosis	3 2023 2023
	, ,		Ŭ	
			This study is being ordered for a neurological disorder.; There has not been any treatment or	
		70551 Magnetic resonance (eg, proton)	conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is	
4/1/2023 -		imaging, brain (including brain stem);	NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology Appro-	val without contrast material	Oncology; This case was created via BBI.; It is unknown when the primary symptoms began	1 2023 2023
			This study is being ordered for a neurological disorder.; There has not been any treatment or	
		70551 Magnetic resonance (eg, proton)	conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is	
4/1/2023 -		imaging, brain (including brain stem);	NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology Approx	val without contrast material	Oncology; This case was created via BBI.; The primary symptoms began 6 months to 1 year	1 2023 2023
			This study is being ordered for something other than: known trauma or injury, metastatic	
			disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
			vascular disease.; There has been treatment or conservative therapy.; The ordering MDs	
		70551 Magnetic resonance (eg, proton)	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
4/1/2023 -		imaging, brain (including brain stem);	Radiation Oncology; This case was created via BBI.; The primary symptoms began 6 months	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology Approx	val without contrast material	to 1 year; Home Exercise was done for this diagnosis	1 2023 2023
			This study is being ordered for something other than: known trauma or injury, metastatic	
			disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
			vascular disease.; There has been treatment or conservative therapy.; The ordering MDs	
		70551 Magnetic resonance (eg, proton)	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
4/1/2023 -		imaging, brain (including brain stem);	Radiation Oncology; This case was created via BBI.; The primary symptoms began more than	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology Appro	val without contrast material	1 year ago; Medications were given for this diagnosis	1 2023 2023
			Transient alteration of awareness; Dizziness, non-specific; This study is being ordered for	
			something other than: known trauma or injury, metastatic disease, a neurological disorder,	
			inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been	
			treatment or conservative therapy.; The ordering MDs specialty is NOT	
		70551 Magnetic resonance (eg, proton)	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -		imaging, brain (including brain stem);	Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology Appro	val without contrast material	ago; Medications were given for this diagnosis	1 2023 2023
		70551 Magnatic and 100 M	tuberous sclerosis; partial epilepsy with impairment; This study is being ordered for a	
4/4/2022		70551 Magnetic resonance (eg, proton)	metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	A 1
4/1/2023 -	C/20/2022 Navvelle	imaging, brain (including brain stem);	Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology Approx	val without contrast material	RadMD. A Chart/Thorax CT is being ordered. Vest this is a request for a Diagnostic CT. This study is	1 2023 2023
4/1/2022		713E0 Computed tomography, thorses	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is	Apr lun
4/1/2023 - 6/30/2023 4/1/2023	6/20/2022 Nourology Assess	71250 Computed tomography, thorax;	being ordered for work-up for suspicious mass.; There is NO radiographic evidence of lung,	Apr-Jun 1 2023 2023
0/30/2023 4/1/2023	6/30/2023 Neurology Appro	val without contrast material	mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; Yes this is a request	1 2023 2023
			for a Diagnostic CT; This study is being ordered for work-up for suspicious mass.; There is	
4/1/2023 -		71250 Computed tomography, thoray		Apr-Jun
	6/20/2022 Nourology Assess	71250 Computed tomography, thorax;	radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass	•
6/30/2023 4/1/2023	6/30/2023 Neurology Appro	val without contrast material	noted in the last 90 days faxing clinicals; This study is being ordered for a neurological disorder.; There has been	1 2023 2023
			treatment or conservative therapy.; The ordering MDs specialty is NOT	
			Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -		72125 Computed tomography, cervical	Oncology; This case was created via RadMD.; The primary symptoms began less than 6	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology Appro		months ago; Medications were given for this diagnosis	1 2023 2023
0/30/2023 4/1/2023	5/30/2023 Neurology Appro	vai spinie, without contrast material	months ago, incurcations were given for this diagnosis	1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Neurology	Approval	imaging, spinal canal and contents, cervical; without contrast material	Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
				72141 Magnetic resonance (eg, proton)	Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
					he has progressively gotten worse over time. Now requires full-time assistance. Simply transferring from bed to chair is a challenge; This study is being ordered for Inflammatory/	
6/30/2023	4/1/2023	6/30/2023 Neurology	Approval	cervical; without contrast material	ago; Medications were given for this diagnosis	1 2023 2023
4/1/2023 -				72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year	Apr-Jun
		-			Fatigue, fall encounters, bladder dysfunction; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is	
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Neurology	Approval	imaging, spinal canal and contents, cervical; without contrast material	Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	Apr-Jun 1 2023 2023
				72141 Magnetic resonance (eg, proton)	treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
					; This study is being ordered for Vascular Disease.; It is not known if there has been any	
6/30/2023	4/1/2023	6/30/2023 Neurology	Approval	cervical; without contrast material	than 6 months ago; Physical Therapy was completed for this diagnosis	1 2023 2023
4/1/2023 -				72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less	Apr-Jun
					disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs	
					; This study is being ordered for something other than: known trauma or injury, metastatic	
6/30/2023	4/1/2023	6/30/2023 Neurology	Approval	cervical; without contrast material	ago; Medications were given for this diagnosis	1 2023 2023
4/1/2023 -				72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year	Apr-Jun
					treatment or conservative therapy.; The ordering MDs specialty is NOT	
6/30/2023	4/1/2023	6/30/2023 Neurology	Approval	cervical; without contrast material	ago ; This study is being ordered for Inflammatory/ Infectious Disease.; There has been	1 2023 2023
4/1/2023 -	. /. /	c loo loons		imaging, spinal canal and contents,	Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year	Apr-Jun
				72141 Magnetic resonance (eg, proton)	is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
					; This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 4 exams are being ordered.; The ordering MDs specialty	
6/30/2023	4/1/2023	6/30/2023 Neurology	Approval	cervical; without contrast material	year ago; Physical Therapy was completed for this diagnosis	1 2023 2023
4/1/2023 -				imaging, spinal canal and contents,	study is being ordered for Neurological Disorder; The primary symptoms began more than 1	Apr-Jun
				72141 Magnetic resonance (eg, proton)	; There has been treatment or conservative therapy.; This case was created via RadMD.; This	
6/30/2023	4/1/2023	6/30/2023 Neurology	Approval	spine; without contrast material	two weeks.; Yes this is a request for a Diagnostic CT	1 2023 2023
4/1/2023 -				72131 Computed tomography, lumbar	within the next 4 weeks.; No, the last Lumbar spine MRI was not performed within the past	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Approval	spine; without contrast material	months ago; Medications were given for this diagnosis This is a request for a lumbar spine CT.; Pre-Operative Evaluation; Surgery is scheduled	1 2023 2023
4/1/2023 -	. /. /			72128 Computed tomography, thoracic	Oncology; This case was created via RadMD.; The primary symptoms began less than 6	Apr-Jun
					Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
					faxing clinicals; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	
6/30/2023	4/1/2023	6/30/2023 Neurology	Approval	spine; without contrast material	Cervical Spine MRI.	1 2023 2023
4/1/2023 -				72125 Computed tomography, cervical	study is being ordered for neurological deficits.; The patient is experiencing or presenting symptoms of lower extremity weakness.; There is a reason why the patient cannot have a	Apr-Jun
					This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This	
6/30/2023	4/1/2023	6/30/2023 Neurology	Approval	spine; without contrast material	Spine MRI.; The patient is experiencing cervical neck pain not improving despite treatment.	1 2023 2023
4/1/2023 -				72125 Computed tomography, cervical	ordered for none of the above.; There is a reason why the patient cannot have a Cervical	Apr-Jun
					There are no documented clinical findings of immune system suppression.; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being	

				72141 Magnetic resonance (eg, proton)		
4/1/2023 -				imaging, spinal canal and contents,	It is not known if there has been any treatment or conservative therapy.; This study is being	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Approval	cervical; without contrast material	ordered for Other not listed; The primary symptoms began more than 1 year ago	1 2023 2023
					motor neuron disease- ALS; This study is being ordered for a neurological disorder.; There	
				724.44 84	has been treatment or conservative therapy.; The ordering MDs specialty is NOT	
/1 /2022				72141 Magnetic resonance (eg, proton)	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	Ame Ive
1/1/2023 - 5/30/2023	4/1/2022	6/30/2023 Neurology	Approval	imaging, spinal canal and contents, cervical; without contrast material	Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	Apr-Jur 1 2023 2023
0/30/2023	4/1/2023	6/30/2023 Neurology	Approvai	cervical, without contrast material	MRI of the brain, cervical and thoracic spine with and without contrast to evaluate for causes	1 2023 2023
					such as drop mets, MS, other neurologic conditions; This study is being ordered for a	
					neurological disorder.; There has been treatment or conservative therapy.; The ordering	
				72141 Magnetic resonance (eg, proton)	MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical	
/1/2023 -				imaging, spinal canal and contents,	Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms	Apr-Jun
/30/2023	4/1/2023	6/30/2023 Neurology	Approval	cervical; without contrast material	began more than 1 year ago; Other not listed was done for this diagnosis	1 2023 2023
					MS and cervical stenosis, post surgery, post mavenclad therapy with worsening of her	
					performance and new neurological deficits (dropping thinks).; This study is being ordered for	
					a neurological disorder.; There has been treatment or conservative therapy.; The ordering	
				72141 Magnetic resonance (eg, proton)	MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical	
1/1/2023 -				imaging, spinal canal and contents,	Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms	Apr-Jun
5/30/2023	4/1/2023	6/30/2023 Neurology	Approval	cervical; without contrast material	began more than 1 year ago; Medications were given for this diagnosis	1 2023 2023
				72141 Magnetic recovery (or mater)	Mulhiple selevacie (MC). There has been breakered as appearant in the group. This sees was	
4/1/2023 -				72141 Magnetic resonance (eg, proton)	Multiple sclerosis (MS); There has been treatment or conservative therapy.; This case was	Apr-Jun
6/30/2023 -	4/1/2022	6/30/2023 Neurology	Approval	imaging, spinal canal and contents, cervical; without contrast material	created via RadMD.; This study is being ordered for Multiple Sclerosis; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Neurology	Арргочаг	cervical, without contrast material	symptoms began more than 1 year ago, Medications were given for this diagnosis	1 2023 2023
				72141 Magnetic resonance (eg, proton)	Multiple sclerosis, monitor; There has been treatment or conservative therapy.; This case	
4/1/2023 -				imaging, spinal canal and contents,	was created via RadMD.; This study is being ordered for Multiple Sclerosis; The primary	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Approval	cervical; without contrast material	symptoms began more than 1 year ago; Medications were given for this diagnosis	1 2023 2023
		•,				
					Patient had an episode where she had full body shaking but was able to maintain awareness	
					but just unable to respond or move. Had abnormal MRI at the time. Is around that time that	
				72141 Magnetic resonance (eg, proton)	she also developed a tingling/numb sensation throughout her body that caus; There has not	
4/1/2023 -				imaging, spinal canal and contents,	been any treatment or conservative therapy.; This case was created via RadMD.; This study	Apr-Jun
5/30/2023	4/1/2023	6/30/2023 Neurology	Approval	cervical; without contrast material	is being ordered for Multiple Sclerosis; The primary symptoms began more than 1 year ago	1 2023 2023
					Reasess disease burden of NMO; This study is being ordered for a neurological disorder.;	
				72141 Magnetic resonance (eg, proton)	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -				imaging, spinal canal and contents,	Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Approval	cervical; without contrast material	ago; Chemotherapy was given for this diagnosis	1 2023 2023
0,00,2020	., 1, 2020	0/00/2020 1100/0108/	7.661.0101	cervical, menoae contract material	ago) onemotically mad given for this anglitoria	1 2023 2020
				72141 Magnetic resonance (eg, proton)	send clinicals; There has been treatment or conservative therapy.; This case was created via	
4/1/2023 -				imaging, spinal canal and contents,	RadMD.; This study is being ordered for Congenital Anomaly; The primary symptoms began	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Approval	cervical; without contrast material	6 months to 1 year; Medications were given for this diagnosis	1 2023 2023
				72141 Magnetic resonance (eg, proton)	The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is	
4/1/2023 -				imaging, spinal canal and contents,	demonstrating unilateral muscle wasting/weakness; This study is being ordered for Multiple	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Approval	cervical; without contrast material	Sclerosis	3 2023 2023
				724.44 Managabia anna a	The artifact is NOT decrease that is a sufficient of the sufficien	
1/1/2022				72141 Magnetic resonance (eg, proton)	The patient is NOT demonstrating unilateral muscle wasting/weakness; There are NO	A 1
4/1/2023 -	4/4/2022	C/20/2022 Nava-1	A	imaging, spinal canal and contents,	abnormal reflexes on exam; This study is being ordered for Multiple Sclerosis; The patient is	Apr-Jun
5/30/2023	4/1/2023	6/30/2023 Neurology	Approval	cervical; without contrast material	NOT presenting with new symptoms of bowel or bladder dysfunction.	2 2023 2023
				72141 Magnetic resonance (eg, proton)	There has been treatment or conservative therapy.; This study is being ordered for	
4/1/2023 -				imaging, spinal canal and contents,	Neurological Disorder; The primary symptoms began more than 1 year ago; Medications	Apr-Jun
5/30/2023	4/1/2023	6/30/2023 Neurology	Approval	cervical; without contrast material	were given for this diagnosis	1 2023 2023
, 55, 2025	., 1,2023	5,50,2025 Near Ology	pprovar	ce. r.ca., without contract material	The Street of the diagnosis	1 2023 2023

		72141 Magnetic resonance (eg, proton)	There has been treatment or conservative therapy.; This study is being ordered for Other not	
4/1/2023 -		imaging, spinal canal and contents,	listed; The primary symptoms began 6 months to 1 year; Medications were given for this	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology Approval	cervical; without contrast material	diagnosis	2 2023 2023
		731.41 Magnakia rasangga (ag mustan)	There has not been any treatment or agreement in the control This age was averted via DDI.	
4/1/2023 -		72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	There has not been any treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Neurological Disorder; The primary symptoms began more	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology Approval	cervical; without contrast material	than 1 year ago	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Neurology Approval	cervical, without contrast material	tilali 1 yeal agu	1 2023 2023
		72141 Magnetic resonance (eg, proton)		
4/1/2023 -		imaging, spinal canal and contents,	There has not been any treatment or conservative therapy.; This study is being ordered for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology Approval	cervical; without contrast material	Other not listed; The primary symptoms began less than 6 months ago	1 2023 2023
			This case was created via BBI.; This study is being ordered for Trauma / Injury; The ordering	
			MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on	
4/1/2022		72141 Magnetic resonance (eg, proton)	physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The	A I
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Neurology Approval	imaging, spinal canal and contents, cervical; without contrast material	patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There are abnormal reflexes on exam	Apr-Jun 1 2023 2023
6/30/2023 4/1/2023	6/30/2023 Neurology Approval	cervical; without contrast material	abnormal renexes on exam	1 2023 2023
		72141 Magnetic resonance (eg, proton)	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic	
4/1/2023 -		imaging, spinal canal and contents,	deficits; This is a Medicare member.; The patient has Dermatomal sensory changes on	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology Approval	cervical; without contrast material	physical examination	1 2023 2023
		72141 Magnetic resonance (eg, proton)		
4/1/2023 -	5 /20 /2022 N	imaging, spinal canal and contents,	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology Approval	cervical; without contrast material	deficits; This is a Medicare member.; The patient has Focal upper extremity weakness	1 2023 2023
		72141 Magnetic resonance (eg, proton)	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic	
4/1/2023 -		imaging, spinal canal and contents,	deficits; This is a Medicare member.; The patient has New symptoms of paresthesia	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology Approval	cervical; without contrast material	evaluated by a neurologist	1 2023 2023
		72141 Magnetic resonance (eg, proton)		
4/1/2023 -		imaging, spinal canal and contents,	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology Approval	cervical; without contrast material	deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	4 2023 2023
		72141 Magnetic resonance (eg, proton)	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic	
4/1/2023 -		imaging, spinal canal and contents,	deficits; This is NOT a Medicare member.; The patient has New symptoms of bowel or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology Approval	cervical; without contrast material	bladder dysfunction	1 2023 2023
0,00,000	с, сс, ссе подполод, порравия	,		
		72141 Magnetic resonance (eg, proton)	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic	
4/1/2023 -		imaging, spinal canal and contents,	deficits; This is NOT a Medicare member.; The patient has New symptoms of paresthesia	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology Approval	cervical; without contrast material	evaluated by a neurologist	2 2023 2023
		704444		
4/1/2022		72141 Magnetic resonance (eg, proton)	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic	A no. 1
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Neurology Approval	imaging, spinal canal and contents, cervical; without contrast material	deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	Apr-Jun 3 2023 2023
0/30/2023 4/1/2023	0/30/2023 Neurology Approval	cervical, without contrast material	with myclopadiy	3 2023 2023
			This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent	
		72141 Magnetic resonance (eg, proton)	injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within	
4/1/2023 -		imaging, spinal canal and contents,	the past 6 weeks.; The patient had an abnormal xray indicating a complex fracture or other	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology Approval	cervical; without contrast material	significant abnormality involving the cervical spine; This is NOT a Medicare member.	1 2023 2023
		72141 Magnetic resonance (eg, proton)	This is a request for cervical spine MRI; This procedure is being requested for Acute / new	_
4/1/2023 -	6/20/2022 Nouralant America	imaging, spinal canal and contents,	neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology Approval	cervical; without contrast material	is NOT a Medicare member.; The patient has Focal upper extremity weakness	1 2023 2023

		72141 Magnetic resonance (eg, proton)	This is a request for cervical spine MRI; This procedure is being requested for Acute / new	
4/1/2023 -		imaging, spinal canal and contents,	neck pain; The patient has a neurological deficit; It is not known if the pain began within the	Apr-Jun
6/30/2023 4/1/2023	C/20/2022 November - Arms	· · · · · · · · · · · · · · · · ·		· ·
0/30/2023 4/1/2023	6/30/2023 Neurology Appr	oval cervical; without contrast material	past 6 weeks.; The patient has None of the above	1 2023 2023
		721.41 Magnatic recovery (or master)		
4/4/2022		72141 Magnetic resonance (eg, proton)	This is a second for an inclusive MDI This area done is being a control for Character (A 1
4/1/2023 -		imaging, spinal canal and contents,	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology Appro	oval cervical; without contrast material	longstanding neck pain; The patient does not have any of the above listed items	2 2023 2023
		72141 Magnetic resonance (eg, proton)	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	
4/1/2023 -		imaging, spinal canal and contents,	longstanding neck pain; The patient had a diagnostic test (such as EMG/nerve conduction)	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology Appr	oval cervical; without contrast material	involving the Cervical Spine	2 2023 2023
		72141 Magnetic resonance (eg, proton)		
4/1/2023 -		imaging, spinal canal and contents,	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology Appr	oval cervical; without contrast material	longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	2 2023 2023
			This is a request for cervical spine MRI; This procedure is being requested for Chronic /	
		72141 Magnetic resonance (eg, proton)	longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or	
4/1/2023 -		imaging, spinal canal and contents,	failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology Appr	oval cervical; without contrast material	NOT a Medicare member.	1 2023 2023
		72141 Magnetic resonance (eg, proton)		
4/1/2023 -		imaging, spinal canal and contents,	This is a request for cervical spine MRI; This procedure is being requested for Known tumor	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology Appr	oval cervical; without contrast material	with or without metastasis	2 2023 2023
		72141 Magnetic resonance (eg, proton)	This is a request for cervical spine MRI; This procedure is being requested for None of the	
4/1/2023 -		imaging, spinal canal and contents,	above; For evaluation of a syrinx or syringomyelia (a fluid filled hole within the spinal	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology Appr	oval cervical; without contrast material	column) describes the reason for requesting this procedure.	1 2023 2023
.,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	,	
		72141 Magnetic resonance (eg, proton)		
4/1/2023 -		imaging, spinal canal and contents,	This is a request for cervical spine MRI; This procedure is being requested for None of the	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology Appr		above; Multiple Sclerosis describes the reason for requesting this procedure.	5 2023 2023
0,00,2020 1,2,2020	5/55/2525 (tea.5.5g) / App.	oral cerrical, without contract material	above) manaple objectors describes the reason for requesting this procedure.	5 2025 2025
		72141 Magnetic resonance (eg, proton)		
4/1/2023 -		imaging, spinal canal and contents,	This is a request for cervical spine MRI; This procedure is being requested for suspected	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology Appr		tumor	1 2023 2023
0,00,2020 1,2,2020	5,55,2525 (tea.5.5g) / App.	oral certical, mandat contract material	This study is being ordered for a neurological disorder.; There has been treatment or	1 2020 2020
			conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
		72141 Magnetic resonance (eg, proton)	Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.;	
4/1/2023 -		imaging, spinal canal and contents,	The primary symptoms began less than 6 months ago; Medications were given for this	Apr-Jun
6/30/2023 4/1/2023	6/20/2022 Nourology Appr			2 2023 2023
0/30/2023 4/1/2023	6/30/2023 Neurology Appr	oval cervical; without contrast material	diagnosis This study is being ordered for a neurological disorder.; There has been treatment or	2 2023 2023
		721/11 Magnetic reconance (eg. protect)	conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
4/1/2023 -		72141 Magnetic resonance (eg, proton)	Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.;	A man I
	c /20 /2022 N	imaging, spinal canal and contents,	The primary symptoms began more than 1 year ago; Medications were given for this	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology Appr	oval cervical; without contrast material	diagnosis	2 2023 2023
			This should be had a condensed from a consequent of the contract of the contra	
		724.44 Managadia anno	This study is being ordered for a neurological disorder.; There has not been any treatment or	
4/4/2022		72141 Magnetic resonance (eg, proton)	conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is	
4/1/2023 -	s /20 /2022 Av	imaging, spinal canal and contents,	NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology Appro	oval cervical; without contrast material	Oncology; This case was created via BBI.; It is unknown when the primary symptoms began	1 2023 2023
			This study is being ordered for a neurological disorder.; There has not been any treatment or	
		72141 Magnetic resonance (eg, proton)	conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is	
4/1/2023 -		imaging, spinal canal and contents,	NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology Appr	oval cervical; without contrast material	Oncology; This case was created via BBI.; The primary symptoms began 6 months to 1 year	1 2023 2023

			This study is being ordered for something other than: known trauma or injury, metastatic	
			disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
			vascular disease.; There has been treatment or conservative therapy.; The ordering MDs	
		72141 Magnetic resonance (eg, proton)	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
4/1/2023 -		imaging, spinal canal and contents,	Radiation Oncology; This case was created via BBI.; The primary symptoms began 6 months	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology Approval	cervical; without contrast material	to 1 year; Home Exercise was done for this diagnosis	1 2023 2023
	•		; This study is being ordered for a neurological disorder.; There has not been any treatment	
			or conservative therapy.; There are 4 exams are being ordered.; The ordering MDs specialty	
		72146 Magnetic resonance (eg, proton)	is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -		imaging, spinal canal and contents,	Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology Approval	thoracic; without contrast material	ago	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Neurology Approval	thoracic, without contrast material	; This study is being ordered for Inflammatory/ Infectious Disease.; There has been	1 2023 2023
			treatment or conservative therapy.; The ordering MDs specialty is NOT	
		721.16 Magnatic vaccuum (ag. mastan)		
. /. /2022		72146 Magnetic resonance (eg, proton)	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -		imaging, spinal canal and contents,	Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology Approval	thoracic; without contrast material	ago; Medications were given for this diagnosis	1 2023 2023
			Fatigue, fall encounters, bladder dysfunction; This study is being ordered for a neurological	
			disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is	
		72146 Magnetic resonance (eg, proton)	NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -		imaging, spinal canal and contents,	Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology Approval	thoracic; without contrast material	ago; Medications were given for this diagnosis	1 2023 2023
			he has progressively gotten worse over time. Now requires full-time assistance. Simply	
			transferring from bed to chair is a challenge; This study is being ordered for Inflammatory/	
			Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs	
		72146 Magnetic resonance (eg, proton)	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
4/1/2023 -		imaging, spinal canal and contents,	Radiation Oncology; This case was created via RadMD.; The primary symptoms began more	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology Approval	thoracic; without contrast material	than 1 year ago; Medications were given for this diagnosis	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Near Glogy /Approval	thoracie, without contrast material	motor neuron disease- ALS; This study is being ordered for a neurological disorder.; There	1 2023 2023
			has been treatment or conservative therapy.; The ordering MDs specialty is NOT	
		72146 Magnetic resonance (eg, proton)	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -				Apr-Jun
	C/20/2022 Navardania America	imaging, spinal canal and contents,	Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1	
6/30/2023 4/1/2023	6/30/2023 Neurology Approval	thoracic; without contrast material	year; Medications were given for this diagnosis	1 2023 2023
			MRI of the brain, cervical and thoracic spine with and without contrast to evaluate for causes	
			such as drop mets, MS, other neurologic conditions; This study is being ordered for a	
			neurological disorder.; There has been treatment or conservative therapy.; The ordering	
		72146 Magnetic resonance (eg, proton)	MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical	
4/1/2023 -		imaging, spinal canal and contents,	Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology Approval	thoracic; without contrast material	began more than 1 year ago; Other not listed was done for this diagnosis	1 2023 2023
		72146 Magnetic resonance (eg, proton)	Multiple sclerosis (MS); There has been treatment or conservative therapy.; This case was	
4/1/2023 -		imaging, spinal canal and contents,	created via RadMD.; This study is being ordered for Multiple Sclerosis; The primary	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology Approval	thoracic; without contrast material	symptoms began more than 1 year ago; Medications were given for this diagnosis	1 2023 2023
			Neurofibromatosis; Neurofibromatosis ; post spinal fusion; This study is being ordered for a	
		72146 Magnetic resonance (eg, proton)	metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
4/1/2023 -		imaging, spinal canal and contents,	Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology Approval	thoracic; without contrast material	RadMD.	1 2023 2023
.,.,	т, т, т т т т т т т т т т т т т т т т т			
			Patient had an episode where she had full body shaking but was able to maintain awareness	
			but just unable to respond or move. Had abnormal MRI at the time. Is around that time that	
		72146 Magnetic resonance (eg, proton)	she also developed a tingling/numb sensation throughout her body that caus; There has not	
4/1/2023 -		- · · · · · · · · · · · · · · · · · · ·		Apr lum
	6/20/2022 Nouralant Annual	imaging, spinal canal and contents,	been any treatment or conservative therapy.; This case was created via RadMD.; This study	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology Approval	thoracic; without contrast material	is being ordered for Multiple Sclerosis; The primary symptoms began more than 1 year ago	1 2023 2023
			Reasess disease burden of NMO; This study is being ordered for a neurological disorder.;	
			There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	
		72146 Magnetic resonance (eg, proton)	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -		imaging, spinal canal and contents,	Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology Approval	thoracic; without contrast material	ago; Chemotherapy was given for this diagnosis	1 2023 2023

. / . /				72146 Magnetic resonance (eg, proton)	There has not been any treatment or conservative therapy.; This case was created via BBI.;	
4/1/2023 -	4/4/2022	C/20/2022 November	A	imaging, spinal canal and contents,	This study is being ordered for Neurological Disorder; The primary symptoms began more	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Approvai	thoracic; without contrast material	than 1 year ago This case was created via BBI.; This study is being ordered for Trauma / Injury; The ordering	1 2023 2023
					MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on	
				72146 Magnetic resonance (eg, proton)	physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The	
4/1/2023 -				imaging, spinal canal and contents,	patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There are	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Approval	thoracic; without contrast material	abnormal reflexes on exam	1 2023 2023
					This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic	
				72146 Magnetic resonance (eg, proton)	back pain; The patient does have new or changing neurologic signs or symptoms.; The	
4/1/2023 -				imaging, spinal canal and contents,	patient does not have a new foot drop.; The patient does have new signs or symptoms of	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Approval	thoracic; without contrast material	bladder or bowel dysfunction.	1 2023 2023
				7044544 11 11 11 11 11	This is a request for a thoracic spine MRI.; This study is being ordered for Neurological	
4/1/2022				72146 Magnetic resonance (eg, proton)	deficits; The patient does have new or changing neurologic signs or symptoms.; The patient	A mar Ivon
4/1/2023 - 6/30/2023	4/1/2022	6/20/2022 Nourology	Annroyal	imaging, spinal canal and contents,	does not have a new foot drop.; The patient does have new signs or symptoms of bladder or	Apr-Jun 1 2023 2023
6/30/2023	4/1/2023	6/30/2023 Neurology	Approvai	thoracic; without contrast material	bowel dysfunction. This is a request for a thoracic spine MRI.; This study is being ordered for Neurological	1 2023 2023
					deficits; The patient does have new or changing neurologic signs or symptoms.; The patient	
				72146 Magnetic resonance (eg, proton)	does not have a new foot drop.; The patient does not have new signs or symptoms of	
4/1/2023 -				imaging, spinal canal and contents,	bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Approval	thoracic; without contrast material	no weakness or reflex abnormality.	2 2023 2023
					This is a request for a thoracic spine MRI.; This study is being ordered for Neurological	
					deficits; The patient does have new or changing neurologic signs or symptoms.; The patient	
					does not have a new foot drop.; The patient does not have new signs or symptoms of	
					bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is	
4/4/2022				72146 Magnetic resonance (eg, proton)	weakness.; DocuMs.Shepherd is a 24-year-old female who presents to the neurology clinic	Amu I
4/1/2023 - 6/30/2023	4/1/2022	6/30/2023 Neurology	Annroyal	imaging, spinal canal and contents,	for evaluation of paresthesias. She ports onset of symptoms was around 2020. She tells me that it started with numbness in the right lower extremity from the knee down to the t	Apr-Jun 1 2023 2023
0/30/2023	4/1/2023	6/30/2023 Neurology	Approvai	thoracic; without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Neurological	1 2023 2023
					deficits; The patient does have new or changing neurologic signs or symptoms.; The patient	
				72146 Magnetic resonance (eg, proton)	does not have a new foot drop.; The patient does not have new signs or symptoms of	
4/1/2023 -				imaging, spinal canal and contents,	bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Approval	thoracic; without contrast material	weakness.; Multiple sclerosis (MS)	1 2023 2023
					This is a request for a thoracic spine MRI.; This study is being ordered for Neurological	
					deficits; The patient does have new or changing neurologic signs or symptoms.; The patient	
					does not have a new foot drop.; The patient does not have new signs or symptoms of	
					bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is	
4/4/2022				72146 Magnetic resonance (eg, proton)	weakness.; numbness or tingling, paresthesia sensory disturbance weakness. symptoms	A mar I con
4/1/2023 - 6/30/2023	4/4/2022	C/20/2022 Navvalage	A	imaging, spinal canal and contents, thoracic; without contrast material	started approximately 3 years ago & worsening. patient has random falls, frequent muscle spasms, difficulty walking.	Apr-Jun 1 2023 2023
6/30/2023	4/1/2023	6/30/2023 Neurology	Approval	thoracic; without contrast material	This is a request for a thoracic spine MRL; This study is being ordered for None of the above;	1 2023 2023
					The patient does have new or changing neurologic signs or symptoms.; The patient does not	
				72146 Magnetic resonance (eg, proton)	have a new foot drop.; The patient does not have new signs or symptoms of bladder or	
4/1/2023 -				imaging, spinal canal and contents,	bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is no	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Approval	thoracic; without contrast material	weakness or reflex abnormality.	1 2023 2023
					This is a request for a thoracic spine MRI.; This study is being ordered for None of the above;	
					The patient does have new or changing neurologic signs or symptoms.; The patient does not	
				72146 Magnetic resonance (eg, proton)	have a new foot drop.; The patient does not have new signs or symptoms of bladder or	
4/1/2023 -		- / /		imaging, spinal canal and contents,	bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Approval	thoracic; without contrast material	weakness.; patiebt has multiple sclerosis	1 2023 2023
					This study is being ordered for a neurological disorder.; There has been treatment or	
				72146 Magnetic resonance (eg, proton)	conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.;	
4/1/2023 -				imaging, spinal canal and contents,	The primary symptoms began less than 6 months ago; Medications were given for this	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Approval	thoracic; without contrast material	diagnosis	1 2023 2023
2,00,2023	., _, _0_0	5, 10, 2020ca. 010gy		and the state of t		1 2020 2020

				This study is being ordered for a neurological disorder.; There has been treatment or	
				conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
			72146 Magnetic resonance (eg, proton)	Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.;	
4/1/2023 -			imaging, spinal canal and contents,	The primary symptoms began more than 1 year ago; Medications were given for this	Apr-Jun
6/30/2023 4/1/2	2023 6/30/2023 Neurolog	gy Approval	thoracic; without contrast material	diagnosis	2 2023 2023
				This study is being ordered for a neurological disorder.; There has not been any treatment or	
. /. /			72146 Magnetic resonance (eg, proton)	conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is	
4/1/2023 -			imaging, spinal canal and contents,	NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	Apr-Jun
6/30/2023 4/1/2	2023 6/30/2023 Neurolog	gy Approval	thoracic; without contrast material	Oncology; This case was created via BBI.; It is unknown when the primary symptoms began	1 2023 2023
			72148 Magnetic resonance (eg, proton)	; There has been treatment or conservative therapy.; This case was created via RadMD.; This	
4/1/2023 -			imaging, spinal canal and contents,	study is being ordered for Neurological Disorder; The primary symptoms began more than 1	Apr-Jun
6/30/2023 4/1/2	2023 6/30/2023 Neurolog	gy Approval	lumbar; without contrast material	year ago; Physical Therapy was completed for this diagnosis	1 2023 2023
0/30/2023 4/1/2	2023 0/30/2023 Neurolog	у другочаг	iumbai, without contrast material	; This study is being ordered for a neurological disorder.; There has been treatment or	1 2023 2023
				conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
			72148 Magnetic resonance (eg, proton)	Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via	
4/1/2023 -			imaging, spinal canal and contents,	RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this	Apr-Jun
6/30/2023 4/1/2	2023 6/30/2023 Neurolog	gy Approval	lumbar; without contrast material	diagnosis	1 2023 2023
0/30/2023 4/1/2	2023 0/30/2023 Neurolog	у дрргочаг	idilibar, without contrast material	; This study is being ordered for a neurological disorder.; There has not been any treatment	1 2023 2023
				or conservative therapy.; There are 4 exams are being ordered.; The ordering MDs specialty	
			72148 Magnetic resonance (eg, proton)	is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -			imaging, spinal canal and contents,	Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year	Apr-Jun
6/30/2023 4/1/2	2023 6/30/2023 Neurolog	y Annroyal	lumbar; without contrast material	ago	1 2023 2023
0/30/2023 4/1/2	2023 0/30/2023 Neurolog	у Арріочаі	idilibal, without contrast material	адо	1 2023 2023
			72148 Magnetic resonance (eg, proton)	It is not known if there has been any treatment or conservative therapy.; This case was	
4/1/2023 -			imaging, spinal canal and contents,	created via BBI.; This study is being ordered for Other; It is unknown when the primary	Apr-Jun
6/30/2023 4/1/2	2023 6/30/2023 Neurolog	gy Approval	lumbar; without contrast material	symptoms began	1 2023 2023
0/30/2023 4/1/2	2023 0/30/2023 1404/0106	, Approvai	idinodi, without contrast material	Symptoms segui	1 2023 2023
			72148 Magnetic resonance (eg, proton)	send clinicals; There has been treatment or conservative therapy.; This case was created via	
4/1/2023 -			imaging, spinal canal and contents,	RadMD.; This study is being ordered for Congenital Anomaly; The primary symptoms began	Apr-Jun
6/30/2023 4/1/2	2023 6/30/2023 Neurolog	y Approval	lumbar; without contrast material	6 months to 1 year; Medications were given for this diagnosis	1 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		
			72148 Magnetic resonance (eg, proton)		
4/1/2023 -			imaging, spinal canal and contents,	The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic	Apr-Jun
6/30/2023 4/1/2	2023 6/30/2023 Neurolog	gy Approval	lumbar; without contrast material	back pain.; This study is being requested for None of the above	1 2023 2023
		, , , ,			
			72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic	
4/1/2023 -			imaging, spinal canal and contents,	back pain.; This study is being requested for Follow-up to surgery or fracture within the last 6	Apr-Jun
6/30/2023 4/1/2	2023 6/30/2023 Neurolog	gy Approval	lumbar; without contrast material	months	1 2023 2023
			72148 Magnetic resonance (eg, proton)		
4/1/2023 -			imaging, spinal canal and contents,	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic	Apr-Jun
6/30/2023 4/1/2	2023 6/30/2023 Neurolog	gy Approval	lumbar; without contrast material	back pain.; This study is being requested for Known or suspected infection or abscess	1 2023 2023
				The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
			72148 Magnetic resonance (eg, proton)	This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is	
4/1/2023 -			imaging, spinal canal and contents,	NOT General/Family Practice, Internal Medicine, Unknown, Other, Advanced Practice	Apr-Jun
6/30/2023 4/1/2	2023 6/30/2023 Neurolog	gy Approval	lumbar; without contrast material	Registered Nurse or Preventative Medicine	2 2023 2023
			72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -			imaging, spinal canal and contents,	This study is being requested for an Abnormal nerve study (EMG) involving the lumbar	Apr-Jun
6/30/2023 4/1/2	2023 6/30/2023 Neurolog	gy Approval	lumbar; without contrast material	spine; This is NOT a Medicare member.	3 2023 2023
			72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -			imaging, spinal canal and contents,	This study is being requested for an Abnormal x-ray indicating a complex fracture or severe	Apr-Jun
6/30/2023 4/1/2	2023 6/30/2023 Neurolog	gy Approval	lumbar; without contrast material	anatomic derangement of the lumbar spine; This is NOT a Medicare member.	1 2023 2023

. /. /		72148 Magnetic resonance (eg, proton)		
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Neurology Approval	imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	Apr-Jun 1 2023 2023
0/30/2023 4/1/2023	5/35/2023 Neurology Approval	iumbar, without contrast material	This study is being requested for Follow up to spine injection in the past of months	1 2023 2023
		72148 Magnetic resonance (eg, proton)		
4/1/2023 -	6/00/0000	imaging, spinal canal and contents,	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology Approval	lumbar; without contrast material	This study is being requested for Neurological deficit(s); The patient has None of the above	1 2023 2023
		72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -		imaging, spinal canal and contents,	This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology Approval	lumbar; without contrast material	The patient has Abnormal Reflexes	1 2023 2023
		72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -		imaging, spinal canal and contents,	This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology Approval	lumbar; without contrast material	The patient has Dermatomal sensory changes on physical examination	3 2023 2023
4/1/2023 -		72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology Approval	lumbar; without contrast material	The patient has New symptoms of bowel or bladder dysfunction	1 2023 2023
5,55,2525 1,2,2525	0,00,2020			
		72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -	6/00/0000	imaging, spinal canal and contents,	This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology Approval	lumbar; without contrast material	The patient has New symptoms of paresthesia evaluated by a neurologist	5 2023 2023
		72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -		imaging, spinal canal and contents,	This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology Approval	lumbar; without contrast material	The patient has Physical exam findings consistent with myelopathy	1 2023 2023
		72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree;	
4/1/2023 -		imaging, spinal canal and contents,	Medications have been taken for the patient's back pain; The procedure is being ordered for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology Approval	lumbar; without contrast material	acute or chronic back pain	3 2023 2023
		70.00.0	T	
4/1/2023 -		72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Physical therapy has been completed for the patient's back pain; The procedure is being	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology Approval	lumbar; without contrast material	ordered for acute or chronic back pain	1 2023 2023
			This case was created via BBI.; This study is being ordered for Trauma / Injury; The ordering	
			MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on	
4/1/2023 -		72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	physical exam; The patient is NOT demonstrating unilateral muscle wasting/weakness; The patient is NOT presenting with new symptoms of bowel or bladder dysfunction; There are	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology Approval	lumbar; without contrast material	abnormal reflexes on exam	1 2023 2023
-,,,,,,,,,,	-,,,,,,,,,,		- Company of the Comp	1 2020 2020
		72148 Magnetic resonance (eg, proton)	This study is being ordered for a metastatic disease., The ordering MDs specialty is NOT	
4/1/2023 -	C/20/2022 Nourelegy April 1	imaging, spinal canal and contents,	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology Approval	lumbar; without contrast material	Oncology; This case was created via BBI. This study is being ordered for a neurological disorder.; There has been treatment or	1 2023 2023
			conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
		72148 Magnetic resonance (eg, proton)	Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.;	
4/1/2023 -	5/20/2020 1:	imaging, spinal canal and contents,	The primary symptoms began more than 1 year ago; Medications were given for this	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology Approval	lumbar; without contrast material	diagnosis This study is being ordered for something other than: known trauma or injury, metastatic	1 2023 2023
			disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
			vascular disease.; There has been treatment or conservative therapy.; The ordering MDs	
		72148 Magnetic resonance (eg, proton)	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
4/1/2023 -	C/20/2022 Nounal	imaging, spinal canal and contents,	Radiation Oncology; This case was created via BBI.; The primary symptoms began 6 months	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology Approval	lumbar; without contrast material	to 1 year; Home Exercise was done for this diagnosis	1 2023 2023

			; This study is being ordered for a neurological disorder.; There has been treatment or	
			conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
		72196 Magnetic resonance (eg, proton)	Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via	
4/1/2023 -	- / /	imaging, pelvis; with contrast	RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology App	proval material(s)	diagnosis	1 2023 2023
		72224 Marrie Historia ()	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	
4/4/2022		73221 Magnetic resonance (eg, proton)	described as chronic; The physician has directed conservative treatment for the past 4	A 1
4/1/2023 -	C/20/2022 November - Ann	imaging, any joint of upper extremity;	weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare	Apr-Jun 1 2023 2023
6/30/2023 4/1/2023	6/30/2023 Neurology App	proval without contrast material(s)	member.	1 2023 2023
		73221 Magnetic resonance (eg, proton)		
4/1/2023 -		imaging, any joint of upper extremity;	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology App		from a recent injury, old injury, chronic pain or a mass.	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Neurology //pp	without contrast material(s)	nom a recent injury, ora injury, amonte pain or a mass.	1 2023 2023
			This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer,	
4/1/2023 -		74150 Computed tomography,	mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology App	· · · · · · · · · · · · · · · · · · ·	abdominal cancer.; This study being ordered for; Yes this is a request for a Diagnostic CT	1 2023 2023
		,		
			This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study	
		74176 Computed tomography,	is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were	
4/1/2023 -		abdomen and pelvis; without contrast	normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology App	proval material	The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2023 2023
			This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The	
			patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This	
		74176 Computed tomography,	study is not being requested for abdominal and/or pelvic pain.; The study is not requested	
4/1/2023 -		abdomen and pelvis; without contrast	for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology App	proval material	a concern of cancer such as for diagnosis or treatment.	1 2023 2023
			This is a request for an Abdomen and Pelvis CT.; This study is not being requested for	
		74176 Computed tomography,	abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request	
4/1/2023 -		abdomen and pelvis; without contrast	for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology App	proval material	diagnosis or treatment.	1 2023 2023
			tuberous sclerosis; partial epilepsy with impairment; This study is being ordered for a	
		74181 Magnetic resonance (eg, proton)	metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
4/1/2023 -		imaging, abdomen; without contrast	Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology App	proval material(s)	RadMD.	1 2023 2023
		75557 Condition and mobile accounts		
4/4/2022		75557 Cardiac magnetic resonance		A 1
4/1/2023 -	C/20/2022 Noveles: And	imaging for morphology and function	This Heart MDI is heigh year, ested for Other	Apr-Jun 1 2023 2023
6/30/2023 4/1/2023	6/30/2023 Neurology App	oroval without contrast material; 78608 Brain imaging, positron emission	This Heart MRI is being requested for Other	1 2023 2023
4/1/2023 -		tomography (PET); metabolic	This is a request for a Metabolic Brain PET scan; This study is being ordered for refractory	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology App	proval evaluation	seizures.; This study is being ordered for pre-surgical evaluation.	3 2023 2023
0/30/2023 4/1/2023	0/30/2023 Neurology App	novai evaluation	seizures., This study is being bruened for pre-surgical evaluation.	3 2023 2023
		78816 Positron emission tomography		
		(PET) with concurrently acquired	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or	
		computed tomography (CT) for	Known Cancer; This study is being requested for Breast Cancer; This PET Scan is being	
4/1/2023 -		attenuation correction and anatomical	requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology App		(fluorodeoxyglucose)	1 2023 2023
-, 50, 2025 4, 1, 2025	-,,		\\.	1 2023 2023
		93307 Echocardiography, transthoracic,		
		real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	
		(2D), includes M-mode recording, when	The member is 15 or older.; This study is being ordered for none of the above or don't	
4/1/2023 -		performed, complete, without spectral	know.; This study is being ordered for none of the above or don't know.; The health carrier is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Neurology App		NOT HealthNet of California	1 2023 2023
	2, 11			

				93307 Echocardiography, transthoracic, real-time with image documentation			
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Neurology	Approval	(2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Embolism.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	70450 Computed tomography, head or brain; without contrast material	Denied Not	This is a request for a brain/head CT.; New onset of seizures or newly identified change in seizure activity or pattern best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	· ·	6/30/2023 Neurology	Disapproval	·	Radiology Services Denied Not	This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		6/30/2023 Neurology	Disapproval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	Radiology Services Denied Not	"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is not suspicion of neoplasm, or metastasis.ostct"; This is not a preoperative or recent postoperative evaluation.; "There is not suspicion of acoustic neuroma, pituitary or other tumor. ostct"	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Denied Not	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Denied Not	This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT headache since young; diagnosed with migranes. occurs one or twice a yr. Last month got	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	worese and happened once every 3 days and lasted 24 hrs starts in rt eye and goes all over. has tmj; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 -	4/1/2023	6/30/2023 Neurology	Disapproval	70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not	PT has been asked to discontinue steroids until after imaging and labworks. Dr Davis will start them again with prednisone 40.; This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023

				70496 Computed tomographic		Syncope; This study is being ordered for a neurological disorder.; There has been treatment	
				angiography, head, with contrast		or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist,	
				material(s), including noncontrast	Radiology Services	Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created	
4/1/2023 -				images, if performed, and image	Denied Not	via RadMD.; The primary symptoms began more than 1 year ago; Physical Therapy was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	postprocessing	Medically Necessary	completed for this diagnosis	1 2023 2023
				70496 Computed tomographic			
				angiography, head, with contrast			
				material(s), including noncontrast	Radiology Services		
4/1/2023 -				images, if performed, and image	Denied Not		Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	postprocessing	Medically Necessary	This procedure is being requested for something other than listed	1 2023 2023
				70498 Computed tomographic		; This study is being ordered for a neurological disorder.; There has not been any treatment	
				angiography, neck, with contrast		or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty	
				material(s), including noncontrast	Radiology Services	is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -				images, if performed, and image	Denied Not	Oncology; This case was created via RadMD.; The primary symptoms began less than 6	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	postprocessing	Medically Necessary	months ago	1 2023 2023
						PT has been asked to discontinue steroids until after imaging and labworks. Dr Davis will	
				70498 Computed tomographic		start them again with prednisone 40.; This study is being ordered for Inflammatory/	
				angiography, neck, with contrast		Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs	
				material(s), including noncontrast	Radiology Services	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
4/1/2023 -				images, if performed, and image	Denied Not	Radiation Oncology; This case was created via RadMD.; The primary symptoms began less	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	postprocessing	Medically Necessary	than 6 months ago; Medications were given for this diagnosis	1 2023 2023
				70498 Computed tomographic		Syncope; This study is being ordered for a neurological disorder.; There has been treatment	
				angiography, neck, with contrast		or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist,	
				material(s), including noncontrast	Radiology Services	Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created	
4/1/2023 -				images, if performed, and image	Denied Not	via RadMD.; The primary symptoms began more than 1 year ago; Physical Therapy was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	postprocessing	Medically Necessary	completed for this diagnosis	1 2023 2023
				70498 Computed tomographic			
				angiography, neck, with contrast			
				material(s), including noncontrast	Radiology Services		
4/1/2023 -				images, if performed, and image	Denied Not		Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	postprocessing	Medically Necessary	This procedure is being requested for something other than listed	1 2023 2023
						MULTIPLE SCLEROSIS BILATERAL OPTIC NEURITS; This study is being ordered for a	
						neurological disorder.; There has been treatment or conservative therapy.; The ordering	
				70540 Magnetic resonance (eg, proton)	Radiology Services	MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical	
4/1/2023 -				imaging, orbit, face, and/or neck;	Denied Not	Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	without contrast material(s)	Medically Necessary	began more than 1 year ago; Medications were given for this diagnosis	1 2023 2023
-,,	, ,	.,,			,		
						Ocular pain left intermittent, brief for a couple times a week etiology undetermined at this	
						point possibly some type of migraine phenomena.; This study is being ordered for a	
						neurological disorder.; There has not been any treatment or conservative therapy.; There are	
				70540 Magnetic resonance (eg, proton)	Radiology Services	2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist,	
4/1/2023 -				imaging, orbit, face, and/or neck;	Denied Not	Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	without contrast material(s)		via RadMD.; The primary symptoms began less than 6 months ago	1 2023 2023
	, ,	, ,	•••	, ,		, , , , , , , , , , , , , , , , , , , ,	
						patient has new/worsening headaches with prior history of stroke; This study is being	
						ordered for something other than: known trauma or injury, metastatic disease, a	
						neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular	
						disease.; It is not known if there has been any treatment or conservative therapy.; There are	
				70544 Magnetic resonance	Radiology Services	2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist,	
4/1/2023 -				angiography, head; without contrast	Denied Not	Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	material(s)		via RadMD.; The primary symptoms began less than 6 months ago	1 2023 2023
		, ,	1. P. P. 1. 1. 1.	1-7	,	, , , , , , , , , , , , , , , , , , , ,	

						Transient alteration of awareness; Dizziness, non-specific; This study is being ordered for	
						something other than: known trauma or injury, metastatic disease, a neurological disorder,	
						inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been	
						treatment or conservative therapy.; The ordering MDs specialty is NOT	
				70544 Magnetic resonance	Radiology Services	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -				angiography, head; without contrast	Denied Not	Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	material(s)	Medically Necessary	ago; Medications were given for this diagnosis	1 2023 2023
		-				Transient alteration of awareness; Dizziness, non-specific; This study is being ordered for	
						something other than: known trauma or injury, metastatic disease, a neurological disorder,	
						inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been	
						treatment or conservative therapy.; The ordering MDs specialty is NOT	
				70547 Magnetic resonance	Radiology Services	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -				angiography, neck; without contrast	Denied Not	Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year	Apr-Jun
6/30/2023	4/1/2022	6/30/2023 Neurology	Disapproval	material(s)	Medically Necessary		1 2023 2023
0/30/2023	4/1/2023	6/30/2023 Neurology	Disapprovai	material(s)	ivieuically ivecessary	headache since young; diagnosed with migranes. occurs one or twice a yr. Last month got	1 2023 2023
						worese and happened once every 3 days and lasted 24 hrs starts in rt eye and goes all over.	
						has tmj; This study is being ordered for something other than: known trauma or injury,	
						metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital	
						anomaly, or vascular disease.; There has been treatment or conservative therapy.; The	
				70551 Magnetic resonance (eg, proton)		ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,	
4/1/2023 -				imaging, brain (including brain stem);	Denied Not	Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	without contrast material	Medically Necessary	symptoms began more than 1 year ago; Medications were given for this diagnosis	1 2023 2023
						headache, classic migraine headaches, syncope; This study is being ordered for something	
						other than: known trauma or injury, metastatic disease, a neurological disorder,	
						inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known	
						if there has been any treatment or conservative therapy.; There are 2 exams are being	
				70551 Magnetic resonance (eg, proton)	Radiology Services	ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery,	
4/1/2023 -				imaging, brain (including brain stem);	Denied Not	Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; It is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	5.				
		0/30/2023 Neurology	Disapproval	without contrast material	Medically Necessary	unknown when the primary symptoms began	2 2023 2023
	4/1/2023	0/30/2023 Neurology	Disapprovai	without contrast material	Medically Necessary	unknown when the primary symptoms began MULTIPLE SCLEROSIS BILATERAL OPTIC NEURITS; This study is being ordered for a	2 2023 2023
	4/1/2023	0/30/2023 Neurology	Disapproval	without contrast material	Medically Necessary	MULTIPLE SCLEROSIS BILATERAL OPTIC NEURITS; This study is being ordered for a	2 2023 2023
	4/1/2023	0/30/2023 Neurology	Disapprovai		·	MULTIPLE SCLEROSIS BILATERAL OPTIC NEURITS; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering	2 2023 2023
4/1/2023 -	4, 1, 2023	0/30/2023 Neurology	Disapproval	70551 Magnetic resonance (eg, proton)	Radiology Services	MULTIPLE SCLEROSIS BILATERAL OPTIC NEURITS; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical	
4/1/2023 - 6/30/2023		•	·	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	Radiology Services Denied Not	MULTIPLE SCLEROSIS BILATERAL OPTIC NEURITS; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms	Apr-Jun
4/1/2023 - 6/30/2023		6/30/2023 Neurology	Disapproval	70551 Magnetic resonance (eg, proton)	Radiology Services	MULTIPLE SCLEROSIS BILATERAL OPTIC NEURITS; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	
		•	·	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	Radiology Services Denied Not	MULTIPLE SCLEROSIS BILATERAL OPTIC NEURITS; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis sending clinicals; This study is being ordered for Congenital Anomaly.; There has been	Apr-Jun
		•	·	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	MULTIPLE SCLEROSIS BILATERAL OPTIC NEURITS; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis sending clinicals; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	Apr-Jun
6/30/2023		•	·	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material 70551 Magnetic resonance (eg, proton)	Radiology Services Denied Not Medically Necessary Radiology Services	MULTIPLE SCLEROSIS BILATERAL OPTIC NEURITS; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis sending clinicals; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	Apr-Jun 1 2023 2023
6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not	MULTIPLE SCLEROSIS BILATERAL OPTIC NEURITS; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis sending clinicals; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1	Apr-Jun 1 2023 2023 Apr-Jun
6/30/2023	4/1/2023	•	·	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material 70551 Magnetic resonance (eg, proton)	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not	MULTIPLE SCLEROSIS BILATERAL OPTIC NEURITS; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis sending clinicals; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not	MULTIPLE SCLEROSIS BILATERAL OPTIC NEURITS; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis sending clinicals; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic	Apr-Jun 1 2023 2023 Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary	MULTIPLE SCLEROSIS BILATERAL OPTIC NEURITS; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis sending clinicals; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of	Apr-Jun 1 2023 2023 Apr-Jun
6/30/2023 4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material 70551 Magnetic resonance (eg, proton)	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary Radiology Services	MULTIPLE SCLEROSIS BILATERAL OPTIC NEURITS; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis sending clinicals; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are	Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023
6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 -	4/1/2023 4/1/2023	6/30/2023 Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary	MULTIPLE SCLEROSIS BILATERAL OPTIC NEURITS; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis sending clinicals; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of	Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023
6/30/2023 4/1/2023 - 6/30/2023	4/1/2023 4/1/2023	6/30/2023 Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material 70551 Magnetic resonance (eg, proton)	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary Radiology Services	MULTIPLE SCLEROSIS BILATERAL OPTIC NEURITS; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis sending clinicals; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are	Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023
6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 -	4/1/2023 4/1/2023	6/30/2023 Neurology 6/30/2023 Neurology	Disapproval Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary	MULTIPLE SCLEROSIS BILATERAL OPTIC NEURITS; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis sending clinicals; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision	Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023
6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 - 6/30/2023	4/1/2023 4/1/2023	6/30/2023 Neurology 6/30/2023 Neurology	Disapproval Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material 70551 Magnetic resonance (eg, proton)	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary	MULTIPLE SCLEROSIS BILATERAL OPTIC NEURITS; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis sending clinicals; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision	Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023
6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 -	4/1/2023 4/1/2023	6/30/2023 Neurology 6/30/2023 Neurology	Disapproval Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary	MULTIPLE SCLEROSIS BILATERAL OPTIC NEURITS; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis sending clinicals; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision	Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023
6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 - 6/30/2023	4/1/2023 4/1/2023	6/30/2023 Neurology 6/30/2023 Neurology	Disapproval Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material 70551 Magnetic resonance (eg, proton)	Radiology Services Denied Not Medically Necessary	MULTIPLE SCLEROSIS BILATERAL OPTIC NEURITS; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis sending clinicals; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness.	Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023
6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 - 4/1/2023 -	4/1/2023 4/1/2023	6/30/2023 Neurology 6/30/2023 Neurology 6/30/2023 Neurology	Disapproval Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	Radiology Services Denied Not Medically Necessary	MULTIPLE SCLEROSIS BILATERAL OPTIC NEURITS; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis sending clinicals; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness. This request is for a Brain MRI; Changing neurologic symptoms best describes the reason	Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun
6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 - 4/1/2023 -	4/1/2023 4/1/2023	6/30/2023 Neurology 6/30/2023 Neurology 6/30/2023 Neurology	Disapproval Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	Radiology Services Denied Not Medically Necessary	MULTIPLE SCLEROSIS BILATERAL OPTIC NEURITS; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis sending clinicals; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness. This request is for a Brain MRI; Changing neurologic symptoms best describes the reason	Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun
6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 - 4/1/2023 -	4/1/2023 4/1/2023	6/30/2023 Neurology 6/30/2023 Neurology 6/30/2023 Neurology	Disapproval Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	MULTIPLE SCLEROSIS BILATERAL OPTIC NEURITS; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis sending clinicals; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness. This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun
6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 - 6/30/2023	4/1/2023 4/1/2023 4/1/2023	6/30/2023 Neurology 6/30/2023 Neurology 6/30/2023 Neurology	Disapproval Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services	MULTIPLE SCLEROSIS BILATERAL OPTIC NEURITS; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis sending clinicals; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness. This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this	Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023
6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 - 4/1/2023 -	4/1/2023 4/1/2023 4/1/2023	6/30/2023 Neurology 6/30/2023 Neurology 6/30/2023 Neurology	Disapproval Disapproval Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not	MULTIPLE SCLEROSIS BILATERAL OPTIC NEURITS; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis sending clinicals; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness. This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this	Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023
6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 - 4/1/2023 -	4/1/2023 4/1/2023 4/1/2023	6/30/2023 Neurology 6/30/2023 Neurology 6/30/2023 Neurology	Disapproval Disapproval Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	MULTIPLE SCLEROSIS BILATERAL OPTIC NEURITS; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis sending clinicals; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness. This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this	Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 - 6/30/2023	4/1/2023 4/1/2023 4/1/2023	6/30/2023 Neurology 6/30/2023 Neurology 6/30/2023 Neurology	Disapproval Disapproval Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services	MULTIPLE SCLEROSIS BILATERAL OPTIC NEURITS; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis sending clinicals; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness. This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test. This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023
6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 - 4/1/2023 -	4/1/2023 4/1/2023 4/1/2023 4/1/2023	6/30/2023 Neurology 6/30/2023 Neurology 6/30/2023 Neurology	Disapproval Disapproval Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Radiology Services Denied Not	MULTIPLE SCLEROSIS BILATERAL OPTIC NEURITS; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis sending clinicals; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of the ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness. This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this	Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	Apr-Jun 1 2023 2023
-,,	., _,	-,,	- пострукова		,		
4/1/2023 -				70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	Radiology Services Denied Not	This request is for a Brain MRI; The study is being requested for evaluation of a headache.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	without contrast material		The patient has a chronic or recurring headache.	11 2023 2023
4/1/2022				70551 Magnetic resonance (eg, proton)		This year, set is few a Dunin MDI. The study is being year, seted for a solution of a bondache.	Ame lum
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	imaging, brain (including brain stem); without contrast material	Denied Not	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache.	Apr-Jun 3 2023 2023
0/30/2023	4/1/2023	0/30/2023 Neurology	Бізаррі очаі	Without contrast material	ivicality ivecessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	3 2023 2023
				70551 Magnetic resonance (eg, proton)	Radiology Services	headache.; It is unknown why this study is being ordered.; The patient does not have	
4/1/2023 -				imaging, brain (including brain stem);	Denied Not	dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	without contrast material	Medically Necessary	abnormality, loss of smell, hearing loss or vertigo.	1 2023 2023
				70551 Magnetic resonance (eg, proton)	Radiology Services	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/1/2023 -				imaging, brain (including brain stem);	Denied Not	headache.; It is unknown why this study is being ordered.; The patient has a congenital	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	without contrast material		abnormality.; Arnold-Chiari Malformation describes the congenital anomaly	1 2023 2023
.,,	, ,	.,,			,,	0	
				70551 Magnetic resonance (eg, proton)	Radiology Services	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/1/2023 -				imaging, brain (including brain stem);	Denied Not	headache.; It is unknown why this study is being ordered.; The patient has a sudden change	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	without contrast material	Medically Necessary	in mental status.	1 2023 2023
				70551 Magnetic reconnect (e.g. protect)	Dadialası Candasa	This was used in face a Dusin MADI. The study is NIOT hairs was useded for evaluation of a	
4/1/2023 -				70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	Radiology Services Denied Not	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Dizziness or	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	without contrast material	Medically Necessary		1 2023 2023
0,00,2025	., 1, 2020	0,00,2020 1100101084	Бізаррі ота	Without contract material	incurrent in the constant	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	1 2020 2020
				70551 Magnetic resonance (eg, proton)	Radiology Services	headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.;	
4/1/2023 -				imaging, brain (including brain stem);	Denied Not	This is a new/initial evaluation; It is unknown if the patient had a memory assessment for	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	without contrast material	Medically Necessary	cognitive impairment completed	1 2023 2023
				70554 Manualia anno 1 anno 1 anno 1	Dadieles Condes	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/1/2023 -				70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	Radiology Services Denied Not	headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is a new/initial evaluation; The patient had a memory assessment for cognitive	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	without contrast material		impairment completed; The cognitive assessment score is unknown	1 2023 2023
-,,	., _,	0,00,000	- 100 р р 10 10 1		, , , , , , , , , , , , , , , , , , , ,	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
				70551 Magnetic resonance (eg, proton)	Radiology Services	headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.;	
4/1/2023 -				imaging, brain (including brain stem);	Denied Not	This is a new/initial evaluation; The patient had a memory assessment for cognitive	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	without contrast material	Medically Necessary	impairment completed; The cognitive assessment score was less than 26	1 2023 2023
				7055444 /		This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/1/2022				70551 Magnetic resonance (eg, proton)		headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.;	Ame I.im
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	imaging, brain (including brain stem); without contrast material	Denied Not	This is a new/initial evaluation; The patient has NOT had a memory assessment for cognitive impairment completed	Apr-Jun 3 2023 2023
0/30/2023	4/1/2023	0/30/2023 Neurology	Disappi ovai	without contrast material	Wedically Weeessaly	impairment completed	3 2023 2023
				70551 Magnetic resonance (eg, proton)	Radiology Services	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/1/2023 -				imaging, brain (including brain stem);	Denied Not	headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	without contrast material	Medically Necessary	This is NOT a new/initial evaluation	1 2023 2023
						This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/1/2022				70551 Magnetic resonance (eg, proton)		headache.; The patient has dizziness.; The patient had a recent onset (within the last 4	A and I was
4/1/2023 - 6/30/2023	4/1/2022	6/20/2022 Nourology	Disapproval	imaging, brain (including brain stem); without contrast material	Denied Not	weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient	Apr-Jun 1 2023 2023
0/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	without contrast material	Medically Necessary	ischeniic allackj.	1 2023 2023
				70551 Magnetic resonance (eg, proton)	Radiology Services	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/1/2023 -				imaging, brain (including brain stem);	Denied Not	headache.; This study is being ordered for a tumor.; The patient does NOT have a biopsy	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	without contrast material	Medically Necessary	proven cancer	1 2023 2023

4/2/2023 4/2/2023 6/2/2023 Neurology of September 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2								
Mappen					70551 Magnetic resonance (eg. proton)	Radiology Services		
	4/1/2023 -						This request is for a Brain MRI; The study is NOT being requested for evaluation of a	Apr-Jun
This request for a Brain MRI; The study is NOT being requested for evaluation of a leaderlet. This study is being ordered for anisotropic specific previous part of the study is NOT being requested for evaluation of a leaderlet. This study is being ordered for anisotropic specific previous part of the study is NOT being requested for evaluation of a leaderlet. This study is being ordered for anisotropic specific previous part of the study is NOT being requested for evaluation of a leaderlet. This study is being ordered for selections. The real schema change in solure anisotropic specific previous part of the study is NOT being requested for evaluation of a leaderlet. This study is being ordered for selections. The real schema change in solure and specific previous part of the study is NOT being requested for evaluation of a leaderlet. This study is being ordered for selections. The real schema change in solure and specific previous part of the study is NOT being requested for evaluation of a leaderlet. This study is study in soluring schema part of the study is NOT being requested for evaluation of a leaderlet. This study is study is the part of the study is NOT being requested for evaluation of a leaderlet. This study is study in soluring schema part of the study is NOT being requested for evaluation of a leaderlet. This study is study in soluring schema part of the study is NOT being requested for evaluation of a leaderlet. This study is study in soluring schema part of the study is NOT being requested for evaluation of a leaderlet. This study is study in soluring schema part of the study is NOT being requested for evaluation of a leaderlet. This study is NOT being requested for evaluation of a leaderlet. This study is study in soluring schema part of the study is NOT being requested for evaluation of a leaderlet. This study is study in soluring schema part of the study is NOT being requested for soluries. The real schema schema part of the study is NOT being requested for soluries. The real schema schema part		4/1/2023	6/30/2023 Neurology	Disapproval			· · · · · · · · · · · · · · · · · · ·	•
Facility Networks and Septiment (April 1997) 1997 Septiment (Apr			, ,	•••				
4/1/2023 4/1/2023 6/30/2023 Neurology Disapproval without contrast material single prices in the pattern of the					70551 Magnetic resonance (eg, proton)	Radiology Services	headache.; This study is being ordered for Parkinson's disease.; This study is being ordered	
4/1/2023 4/1/2024 6/30/2023 Neurology Disapproval without contrast material Affairable (expension) in Sadiology Services in Imaging, brain including brain stem). Without contrast material Medically Necessary 6/30/2023 Neurology Disapproval Disapproval Services in Imaging, brain including brain stem). Without contrast material Medically Necessary 6/30/2023 Neurology Disapproval Disapproval Disapproval Services in Imaging, brain including brain stem). Without contrast material Medically Necessary 6/30/2023 Neurology Disapproval Di	4/1/2023 -				imaging, brain (including brain stem);	Denied Not	for new neurological symptoms.; The neurologic symptoms include worsening Parkinson's	Apr-Jun
4/1/2023 6/30/2023 Neurology Oisapproval 4/1/2023 6/30/2023 Neurology Oisappro	6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	without contrast material	Medically Necessary		1 2023 2023
4/1/2023 6/30/2023 Neurology Oisapproval 4/1/2023 6/30/2023 Neurology Oisappro			•					
19/30/2023 4/1/2023 6/30/2023 Neurology Disapproval Disapproval Disapproval Property Disapproval Proper					70551 Magnetic resonance (eg, proton)	Radiology Services	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
70551 Magnetic resonance (eg. proton) Radiology Services Integral (page 1) Facility (Page 2) Page	4/1/2023 -				imaging, brain (including brain stem);	Denied Not	headache.; This study is being ordered for seizures.; There has been a change in seizure	Apr-Jun
Apr-June	6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	without contrast material	Medically Necessary	pattern or a new seizure.	10 2023 2023
Apr-June			-					
4/1/2023 6/30/2023 Neurology Disapproval without contrast material Medically Necessary (1/2023 Neurology Disapproval spinic without contrast material Medically Necessary (1/2023 Neurology Disapproval spinic without contrast material Medically Necessary (1/2023 Neurology Disapproval spinic without contrast material Medically Necessary (1/2023 Neurology Disapproval spinic without contrast material spinic					70551 Magnetic resonance (eg, proton)	Radiology Services	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
Exist of Extoward Interes has been any treatment or conservative therapy; The ordering MDs specially is not extoward the experiment of the plane of	4/1/2023 -				imaging, brain (including brain stem);	Denied Not	headache.; This study is being ordered for seizures.; There has NOT been a change in seizure	Apr-Jun
specially is NOT Hematologist/Dincologist, Thoracic Surgery, Oncology, Surgical Oncology or 1230 Computed tomography, thoracy without contrast material without contrast material companies and specially is not specially in the patient cannot undergo a thoracic spine or 27131 Computed tomography, thoracy spine, without contrast material without contrast material without contrast material spine, spinal canal and contents, 6/30/2023 4/1/2023 6/30/2023 Neurology Disapproval	6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	without contrast material	Medically Necessary	pattern or a new seizure.	1 2023 2023
Additional content Radional contents Rad							It is not known if there has been any treatment or conservative therapy.; The ordering MDs	
4/1/2023 4/1/2023 6/30/2023 Neurology Disapproval without contrast material Medically Necessary Medically							specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
Medically Necessary						Radiology Services	Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in	
There has not been any treatment or conservative therapy; The ordering Mos specialty is NOT Hematologisty/Concelgist, Throates Surgery, Chocology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms Apr-Jun Medically Necessary (Mil.) Years and severity. Disapproval of Necessary (Mil.) Years and severity.	4/1/2023 -				71250 Computed tomography, thorax;		combination.; This study is being ordered for Other not listed; The primary symptoms began	Apr-Jun
There has not been any treatment or conservative therapy; The ordering Mos specialty is NOT Hematologisty/Concelgist, Throates Surgery, Chocology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms Apr-Jun Medically Necessary (Mil.) Years and severity. Disapproval of Necessary (Mil.) Years and severity.	6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	without contrast material	Medically Necessary	more than 1 year ago	1 2023 2023
4/1/2023 4/1/2023 6/30/2023 Neurology Disapproval Disa			•					
4/1/2023 - 6/30/2023 Neurology Disapproval 71250 Computed tomography, thorax; without contrast material Medically Necessary began less than 6 months ago 1 2023 2023 1 contrast necessary began less than 6 months ago 1 2023 2023 1 contrast necessary began less than 6 months ago 1 2023 2023 1 contrast necessary began less than 6 months ago 1 2023 2023 1 contrast necessary began less than 6 months ago 1 2023 2023 1 contrast necessary began less than 6 months ago 1 2023 2023 1 contrast necessary began less than 6 months ago 1 2023 2023 1 contrast necessary began less than 6 months ago 1 2023 2023 1 contrast necessary began less than 6 months ago 1 2023 2023 1 contrast necessary began less than 6 months ago 1 2023 2023 1 contrast necessary began less than 6 months ago 1 2023 2023 1 contrast necessary began less than 6 months ago 1 2023 2023 1 contrast necessary began less than 6 months ago 1 2023 2023 1 contrast necessary began less than 6 months ago 1 2023 2023 1 contrast necessary began less than 6 months ago 1 2023 2023 2 contrast 1 2023 2023 2 contrast 1 2023 2023 2 contrast 2 2023 2023							NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
6/30/2023 4/1/2023 6/30/2023 Neurology Disapproval without contrast material Medically Necessary began less than 6 months ago 1 2023 2023 1. Increasing cervical thoracic and lumbar pain over the mid spine associated with complaints of furinary and bowel incontinence sin; This is a request for a language of the fundacia spine cry. There is no reason why the patient cannot undergo a thoracic spine (T. There is no reason why the patient cannot undergo a thoracic spine (T. There is no reason why the patient cannot undergo a thoracic spine (T. There is no reason why the patient cannot undergo a thoracic spine (T. There is no reason why the patient cannot undergo a thoracic spine (T. There is no reason why the patient and contents, or changing neurologic signs or symptoms of bladder or bowel dysfunction; There is no reason why the patient and soles of the reason of the control back pain; The patient does not have a new foot drop.; The patient does not have a new foot drop.; The patient does not have a new foot drop.; The patient does not have a new foot drop.; The patient does not have a new foot drop.; The patient does not have a new foot drop.; The patient does not have a new foot drop.; The patient does not have a new foot drop.; The patient does not have a new foot drop.; The patient does not have a new foot drop.; The patient does not have a new foot drop.; The patient does not have a new foot drop.; The patient does not have an expension of the patient does not have an expens						Radiology Services		
6/30/2023 4/1/2023 6/30/2023 Neurology Disapproval without contrast material Medically Necessary began less than 6 months ago 1 2023 2023 1. Increasing cervical thoracic and lumbar pain over the mid spine associated with complaints of purinary and bowle incontinence sin; This is a request for a lumbar pain over the mid spine associated with complaints of purinary and bowle incontinence sin; This is a request for a lumbar pain over the mid spine associated with complaints of purinary and bowle incontinence sin; This is a request for a lumbar pain or the mid spine associated with complaints of purinary and bowle incontinence sin; This is a request for a lumbar pain or the mid spine associated with complaints of purinary and bowle incontinence sin; This is a request for a lumbar pain or the mid spine associated with complaints of purinary and bowle incontinence sin; This is a request for a lumbar spine CT, Andrea C perinary and bowle incontinence sin; This is a request for a lumbar pain or the mid spine associated with complaints opine CT, Andrea C perinary and bowle incontinence sin; This is a request for a lumbar spine CT, Andrea C perinary and spine associated with complaints opine CT, Andrea C perinary and spine cT, Andrea C	4/1/2023 -				71250 Computed tomography, thorax;	Denied Not	This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms	Apr-Jun
1. Increasing constant burning pain in the palms of her hands and soles of her feet since 2019;progressive and severity;2. Increasing constant burning pain on the palms of her hands and soles of her feet since 2019;progressive and severity;2. Increasing constant burning pain over the mid spine; without contrast material spine; spinal canal and contents, spinal; spinal canal and contents, spinal; spin	6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval		Medically Necessary		
Radiology Services spine associated with complaints of Jurinary and bowel incontinence sin; This is a request for a disparcial cannot undergo a thoracic spine Apr-Jun (African) (Apr-Jun (Apr-J							•	
4/1/2023 - 6/30/2023 Neurology Disapproval spine, without contrast material Spine, without contrast							2019,;progressive and severity;2. Increasing cervical thoracic and lumbar pain over the mid	
4/1/2023 - 6/30/2023 Neurology Disapproval spine, without contrast material Spine, without contrast						Radiology Services	The second secon	
6/30/2023 4/1/2023 6/30/2023 Neurology Disapproval spine; without contrast material Medically Necessary MRI; Yes this is a request for a Diagnostic CT This patient does not have a new foot drop.; The patient does not have a new foot drop.; The patient does not have a new foot drop.; The patient does not have a new foot drop.; This patient does not have a new foot drop.; This patient does not have a new foot drop.; This patient does not have a new foot drop.; The patient does not have a new foot drop.; The patient does not have a new foot drop.; This patient does not have a new foot drop.; This patient does not have a new foot drop.; This patient does not have a new foot drop.; This patient does not have a new foot drop.; The patient does not have a new foot drop.; This patient does not have new signs or symptoms or fellows a now eakness or reflex abnormality.; There is not k-ray evidence of a recent lumbar fracture.; Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Neurology Disapproval cervical; without contrast material Medically Necessary Symptoms began or reated via BaBi.; This study is being ordered for Congenital Anomaly; This case was created via RadMD.; This study is being ordered for Congenital Anomaly; This ordering Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Neurology Disapproval cervical; without contrast material Neurology or Radiation Oncology; This case was created via RadMD.; This study is being ordered for an neurological disorder.; There has been treatment or conservative therapy; The ordering Neurology Physical Therapy was complet	4/1/2023 -				72128 Computed tomography, thoracic			Apr-Jun
This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have a new or changing neurologic signs or symptoms. The patient does not have a new foot drop.; The patient does not have a new or changing neurologic signs or symptoms. The patient does not have a new or changing neurologic signs or symptoms of bladder or bowel diddler	6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	spine; without contrast material	Medically Necessary		1 2023 2023
new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is not 27131 Computed tomography, lumbar pine; without contrast material 4/1/2023			, ,	•••	· /		- · · · · · · · · · · · · · · · · · · ·	
4/1/2023 - 6/30/2023 Neurology Disapproval spine; without contrast material spine; without contrast							new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.;	
4/1/2023 - 6/30/2023 Neurology Disapproval spine; without contrast material spine; without contrast						Radiology Services	The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is	
6/30/2023 4/1/2023 6/30/2023 Neurology Disapproval Spine; without contrast material Medically Necessary Yes this is a request for a Diagnostic CT 1 2023 2023 4/1/2023 6/30/2023 Neurology Disapproval Disapproval Disapproval Cervical; without contrast material Medically Necessary Symptoms began or reated via BBI; This study is being ordered for Other; It is unknown when the primary Apr-Jun Symptoms began or reated via BaBI; This study is being ordered for Congenital Anomaly; The primary Apr-Jun Symptoms began or reated via RadMD; This study is being ordered for Congenital Anomaly; The primary Apr-Jun Symptoms began or reated via RadMD; This study is being ordered for Congenital Anomaly; The primary Apr-Jun Symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis neurological disorder.; There has been treatment or conservative therapy.; This case was created via RadMD; This study is being ordered for Congenital Anomaly; The primary Apr-Jun Symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis neurological disorder.; There has been treatment or conservative therapy.; This case was created via RadMD; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; This case was created via RadMD; This primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis neurological disorder.; There has been treatment or conservative therapy; The ordering neurological disorder.; There has been treatment or conservative therapy; This case was created via RadMD; The primary symptoms or neurological disorder.; There has been treatment or conservative therapy. This case was created via RadMD; The primary symptoms or neurological disorder.; There has been treatment or conservative therapy. This case was created via RadMD; The primary symptoms or neurological disorder.; There has been treatment or conservative therapy. This case was created via RadMD; The primary symptoms or neurologic	4/1/2023 -				72131 Computed tomography, lumbar			Apr-Jun
4/1/2023 - 4/1/2023 6/30/2023 Neurology Disapproval Figure 1 Figure 2 Figure 2	1 1	4/1/2023	6/30/2023 Neurology	Disapproval				· ·
4/1/2023 - 4/1/2023 Neurology Disapproval imaging, spinal canal and contents, 6/30/2023 Neurology Disapproval cervical; without contrast material Medically Necessary Symptoms began symptoms began with contrast material symptoms began symptoms began with contrast material symptoms began symptoms began with contrast material symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis 1 2023 2023 1 2			•	•	•		•	
6/30/2023 4/1/2023 6/30/2023 Neurology Disapproval cervical; without contrast material Medically Necessary symptoms began 3 2023 2023 72141 Magnetic resonance (eg, proton) Radiology Services imaging, spinal canal and contents, Denied Not Cervical; without contrast material Medically Necessary symptoms began less than 6 months ago; Physical Disapproval Cervical; without contrast material Medically Necessary symptoms began less than 6 months ago; Physical Denied Not Not Denied Not Oncology or Radiation Oncology; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Not Surgery, Oncology, Surgical Necessary Surger of Not Denied Not De					72141 Magnetic resonance (eg, proton)	Radiology Services	It is not known if there has been any treatment or conservative therapy.; This case was	
72141 Magnetic resonance (eg, proton) 6/30/2023 4/1/2023 6/30/2023 Neurology Disapproval 72141 Magnetic resonance (eg, proton) 6/30/2023 4/1/2023 6/30/2023 Neurology Disapproval 72141 Magnetic resonance (eg, proton) 6/30/2023 4/1/2023 6/30/2023 Neurology Disapproval 72141 Magnetic resonance (eg, proton) 72141 Magnetic resonance (eg	4/1/2023 -						created via BBI.; This study is being ordered for Other; It is unknown when the primary	Apr-Jun
72141 Magnetic resonance (eg, proton) 6/30/2023 4/1/2023 6/30/2023 Neurology Disapproval Apr-Jun 6/30/2023 6/30/2023 Neurology Disapproval Apr-Jun 6/30	6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	cervical; without contrast material	Medically Necessary	symptoms began	3 2023 2023
4/1/2023 - 6/30/2023 Neurology Disapproval imaging, spinal canal and contents, 6/30/2023 Advi/2023 Advi/2023 Advi/2023 Neurology Disapproval cervical; without contrast material Medically Necessary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis 1 2023 2023 MULTIPLE SCLEROSIS BILATERAL OPTIC NEURITS; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering Mbs specialty is NOT Hematologisty is NOT Hematologisty. SNOT Hematology or Radiation Oncology; This case was created via RadMD.; The primary Apr-Jun Apr-Jun Nedically Necessary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis 1 2023 2023 MULTIPLE SCLEROSIS BILATERAL OPTIC NEURITS; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering Mbs specialty is NOT Hematologisty is NOT Hematologisty. Thoracic Surgery, Oncology, Sturgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms Apr-Jun Apr-Jun Apr-Jun Nedically Necessary began more than 1 year ago; Medications were given for this diagnosis 1 2023 2023 Patient has had Steroid injections as well as trigger point injections with no success; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began more Apr-Jun			•				<u> </u>	
4/1/2023 - 6/30/2023 Neurology Disapproval imaging, spinal canal and contents, 6/30/2023 Advi/2023 Advi/2023 Advi/2023 Neurology Disapproval cervical; without contrast material Medically Necessary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis 1 2023 2023 MULTIPLE SCLEROSIS BILATERAL OPTIC NEURITS; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering Mbs specialty is NOT Hematologisty is NOT Hematologisty. SNOT Hematology or Radiation Oncology; This case was created via RadMD.; The primary Apr-Jun Apr-Jun Nedically Necessary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis 1 2023 2023 MULTIPLE SCLEROSIS BILATERAL OPTIC NEURITS; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering Mbs specialty is NOT Hematologisty is NOT Hematologisty. Thoracic Surgery, Oncology, Sturgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms Apr-Jun Apr-Jun Apr-Jun Nedically Necessary began more than 1 year ago; Medications were given for this diagnosis 1 2023 2023 Patient has had Steroid injections as well as trigger point injections with no success; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began more Apr-Jun					72141 Magnetic resonance (eg, proton)	Radiology Services	mri c spine/ mri t spine; There has been treatment or conservative therapy.; This case was	
6/30/2023 Neurology Disapproval cervical; without contrast material Medically Necessary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis 1 2023 2023 MULTIPLE SCLEROSIS BILATERAL OPTIC NEURITS; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering 72141 Magnetic resonance (eg, proton) Radiology Services imaging, spinal canal and contents, Denied Not 84/1/2023 - 6/30/2023 Neurology Disapproval 84/1/2023 - 72141 Magnetic resonance (eg, proton) Radiology Services imaging, spinal canal and contents, Denied Not 84/1/2023 - 8/30/2023 Neurology Disapproval 84/1/2023 - 72141 Magnetic resonance (eg, proton) Radiology Services imaging, spinal canal and contents, Denied Not 84/1/2023 - 8/30/2023 Neurology Disapproval	4/1/2023 -						• • • • • • • • • • • • • • • • • • • •	Apr-Jun
MULTIPLE SCLEROSIS BILATERAL OPTIC NEURITS; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering 72141 Magnetic resonance (eg, proton) Radiology Services imaging, spinal canal and contents, Denied Not Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms Apr-Jun	1 1	4/1/2023	6/30/2023 Neurology	Disapproval		Medically Necessary		
72141 Magnetic resonance (eg, proton) Radiology Services imaging, spinal canal and contents, 6/30/2023 4/1/2023 6/30/2023 Neurology Disapproval cervical; without contrast material Medically Necessary began more than 1 year ago; Medications were given for this diagnosis 1 2023 2023 Patient has had Steroid injections as well as trigger point injections with no success; There 4/1/2023 - 72141 Magnetic resonance (eg, proton) Radiology Services imaging, spinal canal and contents, Denied Not De								
72141 Magnetic resonance (eg, proton) Radiology Services imaging, spinal canal and contents, 6/30/2023 4/1/2023 6/30/2023 Neurology Disapproval cervical; without contrast material Medically Necessary began more than 1 year ago; Medications were given for this diagnosis 1 2023 2023 Patient has had Steroid injections as well as trigger point injections with no success; There 4/1/2023 - 72141 Magnetic resonance (eg, proton) Radiology Services imaging, spinal canal and contents, Denied Not De							neurological disorder.; There has been treatment or conservative therapy.; The ordering	
4/1/2023 - 6/30/2023 Neurology Disapproval imaging, spinal canal and contents, Denied Not Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms Apr-Jun defaulty Necessary began more than 1 year ago; Medications were given for this diagnosis 1 2023 2023 Patient has had Steroid injections as well as trigger point injections with no success; There 72141 Magnetic resonance (eg, proton) Radiology Services imaging, spinal canal and contents, Denied Not being ordered for Inflammatory / Infectious Disease; The primary symptoms began more Apr-Jun					72141 Magnetic resonance (eg, proton)	Radiology Services	· · · · · · · · · · · · · · · · · · ·	
6/30/2023 Neurology Disapproval cervical; without contrast material Medically Necessary began more than 1 year ago; Medications were given for this diagnosis 1 2023 2023 Patient has had Steroid injections as well as trigger point injections with no success; There **Total Magnetic resonance (eg, proton)** Radiology Services imaging, spinal canal and contents, **Denied Not** **	4/1/2023 -							Apr-Jun
Patient has had Steroid injections as well as trigger point injections with no success; There 72141 Magnetic resonance (eg, proton) Radiology Services has been treatment or conservative therapy.; This case was created via RadMD.; This study is 4/1/2023 - being ordered for Inflammatory / Infectious Disease; The primary symptoms began more Apr-Jun	6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	cervical; without contrast material	Medically Necessary		1 2023 2023
72141 Magnetic resonance (eg, proton) Radiology Services has been treatment or conservative therapy.; This case was created via RadMD.; This study is 4/1/2023 - being ordered for Inflammatory / Infectious Disease; The primary symptoms began more Apr-Jun						,		
4/1/2023 - imaging, spinal canal and contents, Denied Not being ordered for Inflammatory / Infectious Disease; The primary symptoms began more Apr-Jun					72141 Magnetic resonance (eg, proton)	Radiology Services		
	4/1/2023 -						• • • • • • • • • • • • • • • • • • • •	Apr-Jun
	1 1	4/1/2023	6/30/2023 Neurology	Disapproval		Medically Necessary		

						sending clinicals; This study is being ordered for Congenital Anomaly.; There has been	
						treatment or conservative therapy.; The ordering MDs specialty is NOT	
				72141 Magnetic resonance (eg, proton)	Radiology Services	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	cervical; without contrast material	Medically Necessary	year; Medications were given for this diagnosis	1 2023 2023
						The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; It is unknown if the	
				72141 Magnetic resonance (eg, proton)	Radiology Services	patient is demonstrating unilateral muscle wasting/weakness; There are abnormal reflexes	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	on exam; This study is being ordered for Multiple Sclerosis; The patient is NOT presenting	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	cervical; without contrast material		with new symptoms of bowel or bladder dysfunction.	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Neurology	Disapprovar	cervical, without contrast material	ivicultally ivecessary	with new symptoms of bower of bladder dystalication.	1 2023 2023
				72141 Magnetic reconance (eg. proten)	Dadiology Convices	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic	
4/4/2022						, , ,	0
4/1/2023 -	. /. /	- / /		imaging, spinal canal and contents,	Denied Not	deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	cervical; without contrast material	Medically Necessary	physical examination	2 2023 2023
				72141 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	cervical; without contrast material	Medically Necessary	deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	2 2023 2023
				72141 Magnetic resonance (eg, proton)	Radiology Services	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	deficits; This is NOT a Medicare member.; The patient has New symptoms of paresthesia	Apr-Jun
	4/1/2023	6/30/2023 Neurology	Disapproval	cervical; without contrast material		evaluated by a neurologist	3 2023 2023
0/30/2023	4/1/2023	0/30/2023 Neurology	Disapprovai	cervical, without contrast material	Wicalcally Weeessally	evaluated by a fieurologist	3 2023 2023
				721.41 Magnetic reconnect (e.g. protect)	Dadialam, Camiasa	This is a vacuus few serviced anima MDI. The vaccor few and aring this test is Neuralania	
. /. /2022				72141 Magnetic resonance (eg, proton)	Radiology Services	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic	
4/1/2023 -	. /. /	- / /		imaging, spinal canal and contents,	Denied Not	deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	cervical; without contrast material	Medically Necessary	with myelopathy	2 2023 2023
				72141 Magnetic resonance (eg, proton)	Radiology Services	This is a request for cervical spine MRI; This procedure is being requested for Acute / new	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	neck pain; The pain began within the past 6 weeks.; The patient had a diagnostic test (such	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	cervical; without contrast material	Medically Necessary	as an EMG/nerve conduction) involving the cervical spine	1 2023 2023
				72141 Magnetic resonance (eg, proton)	Radiology Services	This is a request for cervical spine MRI; This procedure is being requested for Acute / new	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	cervical; without contrast material		is NOT a Medicare member.; The patient has Focal upper extremity weakness	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Neurology	Disapprovar	cervical, without contrast material	ivicultury recessury	This is a request for cervical spine MRI; This procedure is being requested for Acute / new	1 2023 2023
				72141 Magnetic resonance (eg, proton)	Radiology Services	neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This	
4/4/2022							A
4/1/2023 -	. /. /	- / /		imaging, spinal canal and contents,	Denied Not	is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	cervical; without contrast material	Medically Necessary	*	1 2023 2023
						This is a request for cervical spine MRI; This procedure is being requested for Acute / new	
				72141 Magnetic resonance (eg, proton)	Radiology Services	neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	completed or failed a trial of physical therapy, chiropractic or physician supervised home	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	cervical; without contrast material	Medically Necessary	exercise	1 2023 2023
				72141 Magnetic resonance (eg, proton)	Radiology Services	This is a request for cervical spine MRI; This procedure is being requested for Acute / new	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	neck pain; The patient has a new onset or changing radiculitis / radiculopathy; It is not	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	cervical; without contrast material		known if the pain began within the past 6 weeks.	1 2023 2023
0,00,2025	., 1, 2023	-,, I Tear old by	3.00pp10401	22a., Tricioae admirade material			1 2020 2020
				72141 Magnetic resonance (eg, proton)	Radiology Services	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	
4/4/2022							A 1
4/1/2023 -	4/4/2000	c /20 /2022 **	Discours	imaging, spinal canal and contents,	Denied Not	longstanding neck pain; The patient had a diagnostic test (such as EMG/nerve conduction)	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	cervical; without contrast material	Medically Necessary	involving the Cervical Spine	1 2023 2023
				72141 Magnetic resonance (eg, proton)		This is a request for cervical spine MRI; This procedure is being requested for Chronic /	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	cervical; without contrast material	Medically Necessary	member.; The patient has Physical exam findings consistent with myelopathy	1 2023 2023
				72141 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	Apr-Jun
	4/1/2023	6/30/2023 Neurology	Disapproval	cervical; without contrast material		longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	2 2023 2023
6/30/2022		OLDOLZOZD INCUIDIOSA	usappioval	cei vicai, Without Contrast material	ivicultally inecessally	iongstanding neck pain, the patient has a new onset of changing faulculitis / faulculopathy	2 2023 2023

4/1/2023 -				72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	cervical; without contrast material	Medically Necessary	NOT a Medicare member.	1 2023 2023
0,00,2020	., 1, 2020	0,00,2020 1100101057	э ізаррі ота	cerrical, menous contract material	medically recessary	THE TAIN COLOR OF THE	1 2023 2023
				72141 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	This is a request for cervical spine MRI; This procedure is being requested for None of the	Anr lun
	4/4/2022	C/20/2022 Name la sur	Diagram				Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	cervical; without contrast material	Medically Necessary	above; None of the above describes the reason for requesting this procedure.	1 2023 2023
				72141 Magnetic resonance (eg, proton)			
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	This is a request for cervical spine MRI; This procedure is being requested for None of the	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	cervical; without contrast material	Medically Necessary	above; Pre-operative evaluation describes the reason for requesting this procedure.	1 2023 2023
						This study is being ordered for a neurological disorder.; There has been treatment or	
						conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
				72141 Magnetic resonance (eg, proton)	Radiology Services	Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.;	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	The primary symptoms began more than 1 year ago; Medications were given for this	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	cervical; without contrast material	Medically Necessary	diagnosis	1 2023 2023
						Tremors, developmental delays, gait abnormality, hyperflexia; This study is being ordered	
						for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering	
				72141 Magnetic resonance (eg, proton)	Radiology Services	MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms	Apr-Jun
6/30/2023	1/1/2023	6/30/2023 Neurology	Disapproval	cervical; without contrast material		began more than 1 year ago; Medications were given for this diagnosis	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Neurology	Disappiovai	cervical, without contrast material	ivieuically ivecessary	began more than 1 year ago, ineutrations were given for this diagnosis	1 2023 2023
				721.46 Magnetic reconnect (e.g. protect)	Dadialam, Camiasa	It is not become if the case has been provided through an appropriative the case. This case was	
4/4/2022				72146 Magnetic resonance (eg, proton)		It is not known if there has been any treatment or conservative therapy.; This case was	A 1
4/1/2023 -		- / /		imaging, spinal canal and contents,	Denied Not	created via BBI.; This study is being ordered for Other; It is unknown when the primary	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	thoracic; without contrast material	Medically Necessary	symptoms began	2 2023 2023
				72146 Magnetic resonance (eg, proton)	Radiology Services	mri c spine/ mri t spine; There has been treatment or conservative therapy.; This case was	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	created via RadMD.; This study is being ordered for Congenital Anomaly; The primary	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	thoracic; without contrast material	Medically Necessary	symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	1 2023 2023
				72146 Magnetic resonance (eg, proton)	Radiology Services	Multiple sclerosis, monitor; There has been treatment or conservative therapy.; This case	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	was created via RadMD.; This study is being ordered for Multiple Sclerosis; The primary	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	thoracic; without contrast material	Medically Necessary	symptoms began more than 1 year ago; Medications were given for this diagnosis	1 2023 2023
						This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic	
				72146 Magnetic resonance (eg, proton)	Radiology Services	back pain; The patient does have new or changing neurologic signs or symptoms.; The	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	patient does not have a new foot drop.; The patient does have new signs or symptoms of	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	thoracic; without contrast material		bladder or bowel dysfunction.	2 2023 2023
0,30,2023	4/1/2023	0/30/2023 1404101069	Disapprovai	thoracie, without contrast material	Wicalcally Weeessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic	2 2023 2023
						back pain; The patient does have new or changing neurologic signs or symptoms.; The	
				72146 Magnetic resonance (eg, proton)	Radiology Services	patient does not have a new foot drop.; The patient does not have new signs or symptoms of	
4/1/2023 -							Ane lun
6/30/2023	4/1/2022	6/20/2022 Namela-	Dicannacial	imaging, spinal canal and contents,	Denied Not	bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	thoracic; without contrast material	iviedically necessary	no weakness or reflex abnormality.	1 2023 2023
						This is a request for a thoracic spine MRI.; This study is being ordered for Neurological	
						deficits; The patient does have new or changing neurologic signs or symptoms.; The patient	
				72146 Magnetic resonance (eg, proton)		does not have a new foot drop.; The patient does not have new signs or symptoms of	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	thoracic; without contrast material	Medically Necessary	weakness.; right hand weakness, no grip strength. Often swelling.	1 2023 2023
				72146 Magnetic resonance (eg, proton)	Radiology Services	This is a request for a thoracic spine MRI.; This study is being ordered for None of the above;	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	The patient does have new or changing neurologic signs or symptoms.; The patient does	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	thoracic; without contrast material	Medically Necessary	have a new foot drop.	1 2023 2023
						This study is being ordered for a neurological disorder.; There has been treatment or	
						conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
				72146 Magnetic resonance (eg, proton)	Radiology Services	Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.;	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	The primary symptoms began more than 1 year ago; Medications were given for this	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	thoracic; without contrast material	Medically Necessary		1 2023 2023
-,,	, -, -5-5	,,			zanzan, mecessury		

						This study is being ordered for a neurological disorder.; There has not been any treatment or	
				72146 Magnetic resonance (eg, proton)	Radiology Services	conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	thoracic; without contrast material		Oncology; This case was created via BBI.; The primary symptoms began 6 months to 1 year	1 2023 2023
						Tremors, developmental delays, gait abnormality, hyperflexia; This study is being ordered	
						for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering	
				72146 Magnetic resonance (eg, proton)	Radiology Services	MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	thoracic; without contrast material	Medically Necessary	began more than 1 year ago; Medications were given for this diagnosis	1 2023 2023
				72148 Magnetic resonance (eg, proton)	Radiology Services	It is not known if there has been any treatment or conservative therapy.; This case was	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	created via BBI.; This study is being ordered for Other; It is unknown when the primary	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	lumbar; without contrast material	Medically Necessary	symptoms began	2 2023 2023
						Patient has had Steroid injections as well as trigger point injections with no success; There	
				72148 Magnetic resonance (eg, proton)	Radiology Services	has been treatment or conservative therapy.; This case was created via RadMD.; This study is	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	being ordered for Inflammatory / Infectious Disease; The primary symptoms began more	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	lumbar; without contrast material	Medically Necessary	than 1 year ago; Other not listed was done for this diagnosis	1 2023 2023
						see office note; This study is being ordered for a neurological disorder.; There has not been	
						any treatment or conservative therapy.; The ordering MDs specialty is NOT	
				72148 Magnetic resonance (eg, proton)	Radiology Services	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	Oncology; This case was created via RadMD.; The primary symptoms began less than 6	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	lumbar; without contrast material	Medically Necessary	months ago	1 2023 2023
				72148 Magnetic resonance (eg, proton)	Radiology Services	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	back pain.; This study is being requested for Neurologic deficits; This is NOT a Medicare	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	lumbar; without contrast material	Medically Necessary	member.; The patient has New symptoms of paresthesia evaluated by a neurologist	1 2023 2023
					Radiology Services		
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	lumbar; without contrast material	Medically Necessary	back pain.; This study is being requested for None of the above	1 2023 2023
					5 11 6 1		
. /. /					Radiology Services	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -		- / /		imaging, spinal canal and contents,	Denied Not	This study is being requested for 6 weeks of completed conservative care in the past 6	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	lumbar; without contrast material	Medically Necessary	months	1 2023 2023
						T	
4/4/2022				72148 Magnetic resonance (eg, proton)		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	A 1
4/1/2023 -	4/4/2022	C/20/2022 Navesland	Discount	imaging, spinal canal and contents,	Denied Not	This study is being requested for an Abnormal nerve study (EMG) involving the lumbar	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	lumbar; without contrast material	iviedically necessary	spine; This is NOT a Medicare member.	3 2023 2023
				721.40 Magnetic reconstruction	Dadialam, Camina		
4/1/2023 -				72148 Magnetic resonance (eg, proton)		The study requested is a Lumbar Spine MDL. The nations has assist as shronic back as in	Ang I
6/30/2023	4/1/2022	6/20/2022 Nourcland	Disapproval	imaging, spinal canal and contents, lumbar; without contrast material	Denied Not	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	Apr-Jun 1 2023 2023
0/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	iumbar, without contrast material	ivieuically Necessary	rins study is being requested for Follow-up to spine injection in the past o months	1 2023 2023
				72148 Magnetic resonance (eg, proton)	Radiology Services	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr lun
6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	lumbar; without contrast material		The patient has Dermatomal sensory changes on physical examination	Apr-Jun 1 2023 2023
0/30/2023	7/1/2023	0/30/2023 Neurology	PisappiOvai	iumbar, without collifast illaterial	ividuically Necessary	The patient has berniatomal sensory changes on physical examination	1 2023 2023
				72148 Magnetic resonance (eg, proton)	Radiology Services	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	lumbar; without contrast material		The patient has Focal extremity weakness	1 2023 2023
3/30/2023	./ 1/ 2023	5, 50, 2025 Neurology	Disappiovai	Without contrast material	curcury recessary	The patient has food extremity weakings	1 2023 2023
				72148 Magnetic resonance (eg, proton)	Radiology Services	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	lumbar; without contrast material		The patient has New symptoms of paresthesia evaluated by a neurologist	2 2023 2023
0/ 30/ 2023	7/1/2023	0, 30, 2023 INCUIDINGY	Pisappiovai	iamoai, without colltiast material	ividuicany ivedessally	the patient has New symptoms of parestnesia evaluated by a fleurologist	2 2023 2023

				72148 Magnetic resonance (eg, proton)	Radiology Services	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
1/1/2023 -				imaging, spinal canal and contents,	Denied Not	This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr-Jun
5/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	lumbar; without contrast material		The patient has Physical exam findings consistent with myelopathy	1 2023 2023
					,		
				72148 Magnetic resonance (eg, proton)	Radiology Services		
1/1/2023 -				imaging, spinal canal and contents,	Denied Not	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	Apr-Jun
5/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	lumbar; without contrast material	Medically Necessary	This study is being requested for None of the above	3 2023 2023
						Tremors, developmental delays, gait abnormality, hyperflexia; This study is being ordered	
				7044044 11 / 1	B !! G !	for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering	
1/4/2022				72148 Magnetic resonance (eg, proton)	Radiology Services	MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical	A 1
1/1/2023 - 5/30/2023	4/1/2022	6/20/2022 Nourology	Disapproval	imaging, spinal canal and contents,	Denied Not	Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms	Apr-Jun 1 2023 2023
/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	lumbar; without contrast material 72191 Computed tomographic	Medically Necessary	began more than 1 year ago; Medications were given for this diagnosis	1 2023 2023
				angiography, pelvis, with contrast			
				material(s), including noncontrast	Radiology Services		
1/1/2023 -				images, if performed, and image	Denied Not		Apr-Jun
5/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	postprocessing		This is a request for a pelvis CT angiography.	1 2023 2023
, ,		.,,		h sayle says	, , , , , , , , , , , , , , , , , , , ,	tuberous sclerosis; partial epilepsy with impairment; This study is being ordered for a	
				72196 Magnetic resonance (eg, proton)	Radiology Services	metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
1/1/2023 -				imaging, pelvis; with contrast	Denied Not	Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via	Apr-Jun
5/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	material(s)	Medically Necessary	RadMD.	1 2023 2023
						It is not known if there has been any treatment or conservative therapy.; The ordering MDs	
						specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
				74176 Computed tomography,	Radiology Services	Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in	
1/1/2023 -				abdomen and pelvis; without contrast	Denied Not	combination.; This study is being ordered for Other not listed; The primary symptoms began	Apr-Jun
5/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	material	Medically Necessary	more than 1 year ago	1 2023 2023
						There has not been any treatment or conservative therapy.; The ordering MDs specialty is	
				74476 Committed to management	Dadislass Carries	NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
1/1/2023 -				74176 Computed tomography,	Radiology Services	Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	Ame I
5/30/2023	4/1/2022	6/30/2023 Neurology	Disapproval	abdomen and pelvis; without contrast material	Denied Not	This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	Apr-Jun 1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Neurology	Disappiovai	material	ivieuically ivecessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This	1 2023 2023
				74176 Computed tomography,	Radiology Services	study is being requested for abdominal and/or pelvic pain.; The study is being ordered for	
1/1/2023 -				abdomen and pelvis; without contrast	Denied Not	chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or	Apr-Jun
5/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	material		lipase lab test.; Yes this is a request for a Diagnostic CT	1 2023 2023
, ,		.,,			, , , , , , , , , , , , , , , , , , , ,	He feels like he is more checked out mentally and his wife agrees. He is more forgetful per	
				78608 Brain imaging, positron emission	Radiology Services	her. Symptoms of slight forgetfulness or confusion have been more often over 6 months.	
1/1/2023 -				tomography (PET); metabolic	Denied Not	He has had several concussions in his life.; This is a request for a Metabolic Brain PET scan;	Apr-Jun
5/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	evaluation	Medically Necessary	This study is being ordered for Alzheimer's disease.	1 2023 2023
				78608 Brain imaging, positron emission			
1/1/2023 -				tomography (PET); metabolic	Denied Not	Patient is experiencing significant mental decline and memory issues.; This is a request for a	Apr-Jun
5/30/2023	4/1/2023	6/30/2023 Neurology	Disapproval	evaluation	Medically Necessary	Metabolic Brain PET scan; This study is being ordered for Alzheimer's disease.	1 2023 2023
					D !! C !		
1/1/2022				78608 Brain imaging, positron emission		at her manner, less u.C. was a His father had demontic at one CO. This is a second for	A 1
1/1/2023 - 5/30/2023	4/1/2022	6/30/2023 Neurology	Disapproval	tomography (PET); metabolic evaluation	Denied Not	pt has memory loss x 5 years. His father had dementia at age 60.; This is a request for a Metabolic Brain PET scan; This study is being ordered for dementia.	Apr-Jun 1 2023 2023
0/30/2023	4/1/2023	6/30/2023 Neurology	Disapprovai	evaluation	ivieuically ivecessary	Metabolic Braili PET Scall, This Study is being ordered for dementia.	1 2023 2023
				70551 Magnetic resonance (eg, proton)			
1/1/2023 -		OB/Gynecol		imaging, brain (including brain stem);		This request is for a Brain MRI; The study is being requested for evaluation of a headache.;	Apr-Jun
5/30/2023	4/1/2023	6/30/2023 ogy	Approval	without contrast material		The patient has a chronic or recurring headache.	1 2023 2023
., -0, 2020	., 2, 2020	-,,	pp. 0.0.			This request is for a Brain MRI; The study is NOT being requested for evaluation of a	1 2020 2020
				70551 Magnetic resonance (eg, proton)		headache.; It is unknown why this study is being ordered.; The patient does not have	
1/1/2023 -		OB/Gynecol		70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);		headache.; It is unknown why this study is being ordered.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital	Apr-Jun

			There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	
			Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
			Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -	OB/Gynecol	71250 Computed tomography, thorax;	This study is being ordered for Cancer/ Tumor/ Metastatic Disease; It is unknown when the	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ogy Approval	without contrast material	primary symptoms began; Chemotherapy was given for this diagnosis	1 2023 2023
			There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	
			Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
			Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -	OB/Gynecol	71250 Computed tomography, thorax;	This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ogy Approval	without contrast material	began more than 1 year ago; Chemotherapy was given for this diagnosis	1 2023 2023
, , , , , , , , , , , , , , , , , , , ,	-,,8, · · · · · · · · · · · · · · · · · · ·		This study is being ordered because of a suspicious mass/ tumor.; "The patient has had a	
			pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are	
4/1/2023 -	OB/Gynecol	72192 Computed tomography, pelvis;	documented physical findings (painless hematuria, etc.) consistent with an abdominal mass	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ogy Approval	without contrast material	or tumor.; Yes this is a request for a Diagnostic CT	1 2023 2023
0/30/2023 4/1/2023	6/30/2023 Ogy Approvai	Without Contrast material	This study is being ordered due to known or suspected infection.; "The ordering physician is	1 2023 2023
			· · · · · · · · · · · · · · · · · · ·	
4/1/2022	OR/Comment	72102 Computed tomography askiles	a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP	A mar I
4/1/2023 -	OB/Gynecol	72192 Computed tomography, pelvis;	ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ogy Approval	without contrast material	CT.; Yes this is a request for a Diagnostic CT	1 2023 2023
. /. /		72196 Magnetic resonance (eg, proton)	Ovarian cysts; This is a request for a Pelvis MRI.; The study is being ordered for something	
4/1/2023 -	OB/Gynecol	imaging, pelvis; with contrast	other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ogy Approval	material(s)	of the pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect	1 2023 2023
		72196 Magnetic resonance (eg, proton)	The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the	
4/1/2023 -	OB/Gynecol	imaging, pelvis; with contrast	reason for this procedure; The patient's cancer is suspected; An ultrasound has been	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ogy Approval	material(s)	previously conducted.; The results of previous imaging were abnormal (inconclusive)	1 2023 2023
		72196 Magnetic resonance (eg, proton)		
4/1/2023 -	OB/Gynecol	imaging, pelvis; with contrast	The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ogy Approval	material(s)	reason for this procedure; The patient's cancer status is unknown	1 2023 2023
		72196 Magnetic resonance (eg, proton)		
4/1/2023 -	OB/Gynecol	imaging, pelvis; with contrast	The patient is female.; Uterine/Gynecology condition best describes the reason for this	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ogy Approval	material(s)	procedure; Other not listed describes the patient's uterine condition.	1 2023 2023
	, , , , , , , , , , , , , , , , , , , ,	` `	This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT,	
		72196 Magnetic resonance (eg, proton)	MRI or Ultrasound.; A tumor or mass was noted on previous imaging.; An abnormality was	
4/1/2023 -	OB/Gynecol	imaging, pelvis; with contrast	found in the ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ogy Approval	material(s)	metastatic disease.	1 2023 2023
0,00,2020 1,2,2020	0,50,2025 og, 7,pp.ova.	72196 Magnetic resonance (eg, proton)	The country of the co	1 2023 2023
4/1/2023 -	OB/Gynecol	imaging, pelvis; with contrast	This is a request for a Pelvis MRI.; The study is being ordered for fetal injury.; There has been	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ogy Approval	material(s)	an ultrasound that showed a fetal abnormality.	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Ogy Approvai	material(s)		1 2023 2023
			This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
		7210C Magnatic recognition (vascular disease.; It is not known if there has been any treatment or conservative therapy.;	
4/4/2022	OD/Company	72196 Magnetic resonance (eg, proton)	There are 2 exams are being ordered.; The ordering MDs specialty is NOT	A
4/1/2023 -	OB/Gynecol	imaging, pelvis; with contrast	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ogy Approval	material(s)	Oncology; This case was created via BBI.; The primary symptoms began 6 months to 1 year	1 2023 2023
			There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	
			Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
		74176 Computed tomography,	Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -	OB/Gynecol	abdomen and pelvis; without contrast	This study is being ordered for Cancer/ Tumor/ Metastatic Disease; It is unknown when the	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ogy Approval	material	primary symptoms began; Chemotherapy was given for this diagnosis	1 2023 2023
			There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	
			Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
		74176 Computed tomography,	Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -	OB/Gynecol	abdomen and pelvis; without contrast	This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ogy Approval	material	began more than 1 year ago; Chemotherapy was given for this diagnosis	1 2023 2023
	<u>.</u> ,			

					This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study	
					is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were	
				74176 Computed tomography,	abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for	
4/1/2023 -		OB/Gynecol		abdomen and pelvis; without contrast	chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 ogy	Approval	material	Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2023 2023
					This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study	
					is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were	
				74176 Computed tomography,	abnormal.; The urinalysis was positive for ketones.; The study is being ordered for chronic	
4/1/2023 -		OB/Gynecol		abdomen and pelvis; without contrast	pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 ogy	Approval	material	of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1 2023 2023
					This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study	
					is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were	
				74176 Computed tomography,	normal.; It is not known if the pain is acute or chronic.; This is the first visit for this	
4/1/2023 -		OB/Gynecol		abdomen and pelvis; without contrast	complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 ogy	Approval	material	Diagnostic CT	1 2023 2023
		•,			This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study	
					is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were	
				74176 Computed tomography,	normal.; The study is being ordered for chronic pain.; This is not the first visit for this	
4/1/2023 -		OB/Gynecol		abdomen and pelvis; without contrast	complaint.; There has not been a physical exam.; The patient did not have a amylase or	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 ogy	Approval	material	lipase lab test.; Yes this is a request for a Diagnostic CT	1 2023 2023
0,00,000	., _,	2,22,222 28,			This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This	
				74176 Computed tomography,	study is being requested for abdominal and/or pelvic pain.; The study is being ordered for	
4/1/2023 -		OB/Gynecol		abdomen and pelvis; without contrast	chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 ogy	Approval	material	Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 069	Approvai	material	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been	1 2023 2023
					completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known	
				74176 Computed tomography,	if the pain is acute or chronic.; It is not known if this is the first visit for this complaint.; It is	
4/1/2023 -		OB/Gynecol		abdomen and pelvis; without contrast	unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or	Apr-Jun
1	4/4/2022					
6/30/2023	4/1/2023	6/30/2023 ogy	Approval	material	Lipase lab test.; Yes this is a request for a Diagnostic CT	2 2023 2023
				744.7C Community of the second by	This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post	
. /. /2022		07/0		74176 Computed tomography,	op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The	
4/1/2023 -		OB/Gynecol		abdomen and pelvis; without contrast	study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 ogy	Approval	material	NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2023 2023
					This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
				74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical	
4/1/2023 -		OB/Gynecol		abdomen and pelvis; without contrast	exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 ogy	Approval	material	Diagnostic CT	1 2023 2023
					This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
				74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical	
4/1/2023 -		OB/Gynecol		abdomen and pelvis; without contrast	exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 ogy	Approval	material	normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2023 2023
					This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
				74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/1/2023 -		OB/Gynecol		abdomen and pelvis; without contrast	this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 ogy	Approval	material	performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	2 2023 2023
				74176 Computed tomography,	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for	
4/1/2023 -		OB/Gynecol		abdomen and pelvis; without contrast	abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 ogy	Approval	material	for a Diagnostic CT	1 2023 2023
-,00,2020	., 2, 2023	-, - 5, 2020 081			This is a request for an Abdomen and Pelvis CT.; This study is not being requested for	1 2020 2020
				74176 Computed tomography,	abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT; There is	
4/1/2023 -		OB/Gynecol		abdomen and pelvis; without contrast	documentation of a known tumor or a known diagnostic of cancer; This is study being	Apr-Jun
6/30/2023	4/1/2022	6/30/2023 ogy	Approval	material	ordered for a concern of cancer such as for diagnosis or treatment.	1 2023 2023
0/30/2023	7/1/2023	U/JU/ZUZJ Ugy	Approvar	material	ordered for a concern or cancer such as for diagnosis of treatment.	1 2023 2023

			This study is being ordered for something other than: known trauma or injury, metastatic	
			disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
			vascular disease.; It is not known if there has been any treatment or conservative therapy.;	
		74181 Magnetic resonance (eg, proton)	There are 2 exams are being ordered.; The ordering MDs specialty is NOT	
4/1/2023 -	OB/Gynecol	imaging, abdomen; without contrast	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ogy Approval	material(s)	Oncology; This case was created via BBI.; The primary symptoms began 6 months to 1 year	1 2023 2023
. /. /2022	00/0	77046 Magnetic resonance imaging,	; This is a request for Breast MRI.; This study is being ordered for something other than	
4/1/2023 -	OB/Gynecol	breast, without contrast material;	known breast cancer, known breast lesions, screening for known family history, screening	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ogy Approval	unilateral	following genetric testing or a suspected implant rupture.	1 2023 2023
4/4/2022	0.7/0	77046 Magnetic resonance imaging,	abn us; This is a request for Breast MRI.; This study is being ordered for something other	
4/1/2023 -	OB/Gynecol	breast, without contrast material;	than known breast cancer, known breast lesions, screening for known family history,	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ogy Approval	unilateral	screening following genetric testing or a suspected implant rupture.	1 2023 2023
			Enter answer here - or Type In Unknown If No Info Given. This is a request for Breast MRI.;	
			This study is being ordered as a screening examination for known family history of breast	
. /. /2022	00/0	77046 Magnetic resonance imaging,	cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.;	
4/1/2023 -	OB/Gynecol	breast, without contrast material;	There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent,	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ogy Approval	unilateral	sister, brother, or children).	1 2023 2023
		77046 Magnetic reconstruction	Other benign mammary dysplasias of left breast; This is a request for Breast MRI.; This study	
4/1/2022	OD/C	77046 Magnetic resonance imaging,	is being ordered for something other than known breast cancer, known breast lesions,	A Is
4/1/2023 -	OB/Gynecol	breast, without contrast material;	screening for known family history, screening following genetric testing or a suspected	Apr-Jun 1 2023 2023
6/30/2023 4/1/2023	6/30/2023 ogy Approval	unilateral	implant rupture.	1 2023 2023
			Patient has lifetime risk of breast cancer at 36.4%. Mother diagnosed at 50 with breast	
			cancer, then again at 63 with bilateral breast cancer. Patient's maternal aunt also diagnosed with breast cancer at age 74.; This is a request for Breast MRI.; This study is being ordered as	
		7704C Magnetic reconnections	a screening examination for known family history of breast cancer.; There are NOT benign	
4/1/2023 -	OB/Gynecol	77046 Magnetic resonance imaging,	lesions in the breast associated with an increased cancer risk.; There is NOT a pattern of	A 1
6/30/2023 4/1/2023	• •	breast, without contrast material; unilateral	breast cancer history in at least two first-degree relatives (parent, sister, brother, or children).	Apr-Jun 1 2023 2023
6/30/2023 4/1/2023	6/30/2023 ogy Approval	unilateral	Patient is considered high risk due to family history of breast cancer in Mother at 45,	1 2023 2023
			Maternal Aunt at 55 and Paternal Grandmother at 68. Pt has history of Bilateral Breast	
			Reduction; This is a request for Breast MRI.; This study is being ordered as a screening	
		77046 Magnetic resonance imaging,	examination for known family history of breast cancer.; There are NOT benign lesions in the	
4/1/2023 -	OB/Gynecol	breast, without contrast material;	breast associated with an increased cancer risk.; There is NOT a pattern of breast cancer	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ogy Approval	unilateral	history in at least two first-degree relatives (parent, sister, brother, or children).	1 2023 2023
0/30/2023 4/1/2023	6/30/2023 ogy Approvai	utiliateral	Patient is high risk for breast cancer at 32.8% per risk model. Two paternal aunts (ages 32	1 2023 2023
			& Representation of the second	
			ovarian cancer. Patient has history of benign left US biopsy.; This is a request for Breast MRI.;	
			This study is being ordered as a screening examination for known family history of breast	
		77046 Magnetic resonance imaging,	cancer.; There are NOT benign lesions in the breast associated with an increased cancer risk.;	
4/1/2023 -	OB/Gynecol	breast, without contrast material;	There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent,	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ogy Approval	unilateral	sister, brother, or children).	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 ogy Approvai	utiliateral	Recommend breast MRI for follow-up of bilateral oval enhancing ;masses.; This is a request	1 2023 2023
		77046 Magnetic resonance imaging,	for Breast MRI.; This study is being ordered for something other than known breast cancer,	
4/1/2023 -	OB/Gynecol	breast, without contrast material;	known breast lesions, screening for known family history, screening following genetric	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ogy Approval	unilateral	testing or a suspected implant rupture.	1 2023 2023
0,30,2023 4,1,2023	5,50,2025 ogy Appioval	77046 Magnetic resonance imaging,	This is a request for Breast MRI.; This study is being ordered as a screening examination	1 2023 2023
4/1/2023 -	OB/Gynecol	breast, without contrast material;	following genetic testing for breast cancer.; The patient has a lifetime risk score of greater	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ogy Approval	unilateral	than 20.	1 2023 2023
0,00,2020 1,2,2020	5/55/2525 5gy , pp. 51a.	umatera.	This is a request for Breast MRI.; This study is being ordered as a screening examination for	1 2025 2025
			known family history of breast cancer.; No, this is not an individual who has known breast	
			cancer in the contralateral (other) breast.; No, this is not a confirmed breast cancer.; No, this	
			patient does not have axillary node adenocarcinoma.; Yes, there are anatomic factors	
			(deformity or extreme density) that make a simple mammogram impossible.; It is unknown	
		77046 Magnetic resonance imaging,	if there are benign lesions in the breast associated with an increased cancer risk.; There is	
4/1/2023 -	OB/Gynecol	breast, without contrast material;	NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister,	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ogy Approval	unilateral	brother, or children).	1 2023 2023
0,30,2023 4,1,2023	0,30,2023 0gy Approval	umuteral	societ, of dinatery.	1 2023 2023

630/2023 4/1/2023 6/30/203 egy Approval unilateral Approval unilateral Approval (Approval Approval App	4/1/2023 - 0/3/2023 ay Approval A/1/2023 - 0/3/2023 ay Diapproval A/1/2023 - 0/3/2023 ay Diappro	rigin lesions in the f breast cancer (dren). 1 2023 2023 r known breast Apr-Jun 1 2023 2023 r known breast Apr-Jun 1 2023 2023 r known or breast Apr-Jun 1 2023 2023 or Suspected or d above.; This study d PET Scan using Apr-Jun 1 2023 2023 c Echocardiogram.; s is fora routine e the last Apr-Jun 1 2023 2023 onic back pain.; in the past 6 Apr-Jun 1 2023 2023 onic back pain.; Apr-Jun 1 2023 2023
41/2023 - ON/Gymecol berast, without contrast materials before 200 section with press as sociated with an increased cancer risk, 1 there is NOT a pattern of broast cancer (April 200 section 200 sect	### designation of the content and an expectation of the content and an ex	f breast cancer (dren). 1 2023 2023 r known breast Apr-Jun 1 2023 2023 r known breast Apr-Jun 1 2023 2023 r known breast Apr-Jun 1 2023 2023 or Suspected or Apr-Jun 1 2023 2023 or Suspected or Apr-Jun 1 2023 2023 or Suspected or Apr-Jun 1 2023 2023 c Echocardiogram.; S is for a routine et he last Apr-Jun 1 2023 2023 onic back pain.; Apr-Jun 1 2023 2023
4/1/2023 4/1/2023 4/1/2023 6/20/2023 ogy Approval 4/1/2023 - OB/Gymecol 6/20/2023 ogy OB/Gymecol 6/20/20/2023 ogy OB/Gymecol 6/20/2023 ogy OB/Gymecol 6/20/2023 ogy OB/Gymecol 6/20/2023 ogy OB/Gymecol 6/20/2023 ogy OB/Gymecol 6/20/20/2023 ogy OB/Gymecol 6/20/2023 ogy OB/Gymecol 6/20/2023 ogy OB/Gymecol 6/20/2023 ogy OB/Gymecol 6/20/2023 ogy OB/Gymecol 6/20/20/2023 ogy OB/Gymecol 6/20/20/2023 ogy OB/Gymecol 6/20/20/20/20/20/20/20/20/20/20/20/20/20/	Page 2017-2018 Page 2018	dren). 1 2023 2023 r known breast Apr-Jun r known or r
4/1/2023 - 6/38/2023 dy / 2023 dy /	4/1/2023 4/1/2023 6/30/2023 og Approval 7/204 Aggrected creamater imaging, breast, without contrast material, unishower, 1 his is a request for fecast Mill. This study is being ordered for known broast special seasons, There are NOT beingn lessons in the breast associated with an increased cancer risk, which contrast material, unishored a special season, There are NOT beingn lessons in the breast associated with an increased cancer risk, which contrast material, unishored a special season, There are NOT beingn lessons in the breast associated with an increased cancer risk, which contrast material, unishored and an advantage of the control of the properties of the control of the control of the control of the properties of the control of the contr	r known breast Apr-Jun creased cancer risk. 1 2023 2023 r known or ociated with an Apr-Jun 1 2023 2023 or Suspected or d above.; This study d PET Scan using Apr-Jun 1 2023 2023 c Echocardiogram.; s is for a routine e the last Apr-Jun 1 2023 2023 onic back pain.; in the past 6 Apr-Jun 1 2023 2023 onic back pain.; in the past 6 Apr-Jun 1 2023 2023 onic back pain.; in the past 6 Apr-Jun 1 2023 2023 onic back pain.; conic back pain.; in the past 6 Apr-Jun 1 2023 2023 onic back pain.; conic back pain.; in the past 6 Apr-Jun 1 2023 2023 onic back pain.; conic back pain.; in the past 6 Apr-Jun 1 2023 2023 onic back pain.; conic back pain.; in the past 6 Apr-Jun 1 2023 2023 onic back pain.; in the past 6 Apr-Jun 1 2023 2023 onic back pain.; in the past 6 Apr-Jun 1 2023 2023 onic back pain.; in the past 6 Apr-Jun 1 2023 2023 onic back pain.; in the past 6 Apr-Jun 1 2023 2023 onic back pain.; in the past 6 Apr-Jun 1 2023 2023 onic back pain.; in the past 6 Apr-Jun 1 2023 2023 onic back pain.; in the past 6 Apr-Jun 1 2023 2023 onic back pain.; in the past 6 Apr-Jun 1 2023 2023 onic back pain.; in the past 6 Apr-Jun 1 2023 2023 onic back pain.; in the past 6 Apr-Jun 1 2023 2023 onic back pain.; in the past 6 Apr-Jun 1 2023 2023 onic back pain.; in the past 6 Apr-Jun 1 2023 2023 onic back pain.; in the past 6 Apr-Jun 1 2023 2023 onic back pain.; in the past 6 Apr-Jun 1 2023 2023 onic back pain.; in the past 6 Apr-Jun 1 2023 2023 onic back pain.; in the past 6 Apr-Jun 1 2023 2023 onic back pain.; in the past 6 Apr-Jun 1 2023 2023 onic back pain.; in the past 6 Apr-Jun 1 2023 2023 onic back pain.; in the past 6 Apr-Jun 1 2023 2023
Major Majo	Significant	creased cancer risk. 1 2023 2023 r known or ociated with an Apr-Jun 1 2023 2023 or Suspected or d above.; This study d PET Scan using Apr-Jun 1 2023 2023 c Echocardiogram.; s is fora routine e the last Apr-Jun 1 2023 2023 onic back pain.; Apr-Jun 1 2023 2023
4/1/2023 OB/Gynecol of 20/2023 opy Approval unilateral processed cancer risk. 4/1/2023 OB/Gynecol option emission tomography (PET) with concurrently acquired computed tomography (PET) with concurrently acquired tomography (PET) with concurrent processed acquired tomo	4/1/2023 - OB/Gynecol	r known or ociated with an Apr-Jun 1 2023 2023 or Suspected or d above.; This study d PET Scan using Apr-Jun 1 2023 2023 c Echocardiogram.; s is fora routine e the last Apr-Jun 1 2023 2023 onic back pain.; Apr-Jun 1 2023 2023
### Apr-Judy 19/10/23 0/30/2023 ogy Approval unilared 19/23 2023 1/2023	41/2023 - OB/Gynecol Conjunct contracts material; suspected breast lesions. There are NOT benign lesions in the breast associated with an increased carnor. The rare are NOT benign lesions in the breast associated with an increased carnor. The rare are NOT benign lesions in the breast associated with an increased carnor. The rare are NOT benign lesions in the breast associated with an increased carnor. The rare are NOT benign lesions in the breast associated with an increased carnor. The rare are NOT benign lesions in the breast associated with an increased carnor. The rare are NOT benign lesions in the breast associated with an increased carnor. The rare are NOT benign lesions in the breast associated with an increased carnor. The rare are NOT benign lesions in the breast associated with an increased carnor. The rare are NOT benign lesions in the breast associated with an increased carnor. The rare are NOT benign lesions in the breast associated with an increased carnor. The rare are NOT benign lesions in the breast associated with an increased carnor. The rare are NOT benign lesions in the breast associated with an increased carnor. The rare are NOT benign lesions in the breast associated with an increased carnor in increased carnor. The rare are NOT benign lesions in the breast associated with an increased carnor in the part of the above. This study is being ordered for something other than listed above. This study is being ordered for something other than listed above. This is to a flourised carnor. The rare are NOT benign lesions in the breast associated with an increased carnor of the above. This is not a flourised part of the above. This is to a flourised part of the above. This is to a flourised part of the above. This is to a flourised part of the above. This is to a flourised part of the above. This is to a flourised part of the above. This is to a flourised part of the above. This is to a flourised part of the above. This is to a flourised part of the above. This is to a flourised part of the above. T	or Suspected or d above.; This study d PET Scan using Apr-Jun 1 2023 2023 c Echocardiogram.; s is fora routine e the last Apr-Jun 1 2023 2023 conic back pain.; in the past 6 Apr-Jun 1 2023 2023 conic back pain.; Apr-Jun 1 2023 2023
6/30/2023 4/1/2023 6/30/2023 ogy Approval unilateral increased cancer risk. 1 2023 2023 78.816 Positron emission tomography (PPI) with concurrently acquired computed tomography (PPI) with concurrently acquired to compute the advanced to compute the cancer type; This Pet Scan is being requested for Suspected or Sonowine, This is for a Routine/Standard PPI Scan using approach and provided to compute the cancer of the above; This is for a Routine/Standard PPI Scan using approach and provided to compute the cancer of the above; This is for a Routine/Standard PPI Scan using approach and provided to compute the cancer of the above; This is for a Routine/Standard PPI Scan using approach and provided to compute the cancer of the above; This is for a Routine/Standard PPI Scan using approach and provided to compute the cancer of the above; This is for a Routine/Standard PPI Scan using approach and provided to compute the cancer of the above; This is tury is being ordered for None of the above; This is tury is being ordered for None of the above; This is tury is being requested for Susuation of Congential Heart Defect; This is for a Transtoriactic Echocardiogram; This is a request for a nechocardiogram; This is a request for a nechocardiogram. This is a request for a nechocardiogram. This is tury is being requested for Susuatio	### ### ### ### ### ### ### ### ### ##	or Suspected or d above.; This study d PET Scan using Apr-Jun 1 2023 2023 c Echocardiogram.; s is for a routine e the last Apr-Jun 1 2023 2023 conic back pain.; Apr-Jun 1 2023 2023
78816 Positron emission tomography (PET) with concurrently acquired computed tomography (PET) with concurrently acquired computed tomography (PET) with concurrently acquired computed tomography (CPT) for Known Cancer, This study is being ordered for Something other than listed above, This study is not being ordered for None of the above; This is for a Routine/Standard PET Scan using April 1 2023 2023 47/2023 6/30/2023 agy Approval localization inaging; whole body FDG (fluorodeoxyglucose) 1 2023 2023 1 2023 2023 2023 2023 2023	78816 Positron emission tomography (PE) with concurrently acquired computed tomography (PE) with concurrently attenuation correction and anatomical localization managery, whole body (PE) (fluoredocoxyglucoxy) (PE) (fluoredocoxyglucoxyg	or Suspected or d above.; This study d PET Scan using Apr-Jun 1 2023 2023 c Echocardiogram.; s is for a routine e the last Apr-Jun 1 2023 2023 conic back pain.; in the past 6 Apr-Jun 1 2023 2023 conic back pain.; Apr-Jun 1 2023 2023
PET with concurrently acquired computed tomography (CTI for Know Cancer, This study is being ordered for something other than listed above; This study is being ordered for something other than listed above; This study is being ordered for something other than listed above; This study is being ordered for something other than listed above; This study is being ordered for something other than listed above; This study is being ordered for something other than listed above; This study is being ordered for something other than listed above; This study is being ordered for something other than listed above; This study is being ordered for something other than listed above; This study is being ordered for something other than listed above; This study is being ordered for something other than listed above; This study is being ordered for something other than listed above; This study is being ordered for something other than listed above; This study is being ordered for something other than listed above; This study is being ordered for something other than listed above; This study is being ordered for something other than listed above; This study is being ordered for something other than listed above; This is for a Routine/Standard PET Scan using Apr-Jun Cancer This study is being ordered for something other than listed above; This is for a Routine/Standard PET Scan using Apr-Jun Cancer This study is being ordered for something other than listed above; This study is being ordered for something other than listed above; This study is being ordered for something other than listed above; This study is being ordered for something other than listed above; This study is being ordered for something other than listed above; This study is being ordered for something other than listed above; This study is being ordered for something other than listed above; This study is being ordered for something other than listed above; This study is being ordered for something other than listed above; This study is being ordered for somethin	Fig. With concurrently aquitied computed comparably (CF) for attenuation correction and anatomical (sp. 1702) Fig.	d above.; This study d PET Scan using Apr-Jun 1 2023 2023 c Echocardiogram.; s is fora routine e the last Apr-Jun 1 2023 2023 conic back pain.; Apr-Jun 1 2023 2023
4/1/2023 6/30/2023 gy	PET with concurrently acquired computed wompraphy (CT) for attenuation correction and anatomical (5)/17/2023 G/39/2023 ogy Approval	d above.; This study d PET Scan using C Echocardiogram.; s is fora routine e the last Apr-Jun 1 2023 2023 Donic back pain.; in the past 6 Apr-Jun 1 2023 2023 Donic back pain.; in the past 6 Apr-Jun 1 2023 2023 Donic back pain.; Idone of the above Idone
computed tomography (CT) for study is being ordered for something other than listed above; This study is being ordered for something other than listed above; This study is being ordered for something other than listed above; This study is being ordered for something other than listed above; This study is being ordered for something other than listed above; This study is being ordered for something other than listed above; This study is being ordered for something other than listed above; This study is being ordered for something other than listed above; This study is being ordered for something other than listed above; This study is being ordered for something other than listed above; This study is being ordered for something other than listed above; This study is being ordered for something other than listed above; This study is being ordered for something other than listed above; This study is being ordered for something other than listed above; This study is being ordered for something other than listed above; This study is being ordered for something other than listed above; This study is being ordered for something other than listed above; This study is being ordered for something other than listed above; This study is being ordered for something other than listed above; This study is being ordered for something other than listed above; This study is being ordered for something other than listed above; This study is being ordered for something other than listed above; This study is being ordered for something other than listed above; This study is being ordered for something other than listed above; This study is being ordered for something other than listed above; This study is being ordered for something other than listed above; This study is being ordered for something other than listed above; This study is being ordered for something other than listed above; This study is being ordered for something other than listed above; This study is being ordered for something other than listed above; This study i	A/1/2023 6/30/2023 ogy Aproval localization imaging; whole body FDG (fluorodeoxyglucose) A/1/2023 6/30/2023 ogy Aproval localization imaging; whole body FDG (fluorodeoxyglucose) A/1/2023 6/30/2023 ogy Aproval localization imaging; whole body FDG (fluorodeoxyglucose) A/1/2023 6/30/2023 ogy Aproval localization imaging; whole body FDG (fluorodeoxyglucose) A/1/2023 6/30/2023 ogy Aproval (20), include M moder excerding, when follow up of congenital heart Defect; This is for a routine follow up of congenital heart Defect of the section of th	d above.; This study d PET Scan using C Echocardiogram.; s is fora routine e the last Apr-Jun 1 2023 2023 Donic back pain.; in the past 6 Apr-Jun 1 2023 2023 Donic back pain.; in the past 6 Apr-Jun 1 2023 2023 Donic back pain.; Idone of the above Idone
4/1/2023	4/1/2023 6/30/2023 ggy Approval localization imaging: whole body FDG (fluorodeoxyglucose) 4/1/2023 6/30/2023 ggy Approval olocalization imaging: whole body FDG (fluorodeoxyglucose) 5/3307 Echocardiography, transhbracis, creal-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral of color of color Dioppier chocardiography or color Dioppier chocardiography 4/1/2023 6/30/2023 ggy Approval or color Dioppier chocardiography 7/2148 Magnetic resonance (e.g. proton) Radiology Services Imaging, spinal canal and contents, bumbar, without contrast material without contrast material bumbar, without co	d PET Scan using Apr-Jun 1 2023 2023 c Echocardiogram.; s is for a routine e the last Apr-Jun 1 2023 2023 conic back pain.; Apr-Jun 1 2023 2023
6/30/2023 4/1/2023 6/30/2023 ogy Approval localization imaging; whole body FDG (fluorodeoxyglucose) 1 2023 2023 4/1/2023 6/30/2023 ogy Approval page documentation (2D), includes M-mode recording, when formed, complete, without spectral formed, completed, without spectral for a bodomen and pelvic CT; A urinalysis ha	6/30/2023 4/1/2023 6/30/2023 ogy Approval localization imaging: whole body FDG (fluorodeoxyglucose)	c Echocardiogram.; s is fora routine e the last Apr-Jun 1 2023 2023 conic back pain.; in the past 6 Apr-Jun 1 2023 2023 conic back pain.; Idone of the above Apr-Jun 1 2023 2023
93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral follow up of congenital heart of Congenital Heart Defect.; This is for a routine follow up of congenital heart disease; It has been at least 24 months since the last 4 par-Jur dechocardiography or color Doppler echocardiography or color Doppler echocardiography and control to performed, complete, without spectral follow up of congenital heart disease; It has been at least 24 months since the last 4 par-Jur dechocardiography or color Doppler echocardiography and control to performed, complete, without spectral follow up of congenital heart disease; It has been at least 24 months since the last 4 par-Jur dechocardiography and control to performed, complete, without spectral follow up of congenital heart disease; It has been at least 24 months since the last 4 par-Jur dechocardiogram was performed. 72148 Magnetic resonance (eg. proton) finaging, spinal canal and contents, lumbar, without contrast material finaging, spinal canal and contents, lumbar, without contrast material finaging, spinal canal and contents, lumbar, without contrast material finaging, spinal canal and contents, lumbar, without contrast material finaging, spinal canal and contents, lumbar, without contrast material finaging, spinal canal and contents, lumbar, without contrast material finaging, spinal canal and contents, lumbar, without contrast material finaging, spinal canal and contents, lumbar, without contrast material finaging, spinal canal and contents, lumbar, without contrast material finaging, spinal canal and contents, lumbar, without ontrast material finaging, spinal canal and contents, lumbar, without ontrast material finaging, spinal canal and contents, lumbar, without ontrast material finaging, spinal canal and contents, lumbar, without produced for something of the study requested for Neurological deficitly); the patient has acute or chronic back pain; his study is being ordered fo	93307 Echocardiography, transthoracic, real time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Depoler echocardiography and performed, complete, without spectral or color Depoler echocardiography and performed, complete, without spectral or color Depoler echocardiography and performed. (2D), includes M-mode recording, when performed, complete, without spectral or color Depoler echocardiography and performed. (2D), includes M-mode recording, when performed, complete, without spectral or color Depoler echocardiography and performed. (2D), includes M-mode recording, when performed, complete, without spectral or color Depoler echocardiography and performed. (2D), includes M-mode recording, when performed, complete, without spectral or color Depoler echocardiography and performed. (2D), includes M-mode recording, when performed, complete, without spectral or color Depoler echocardiography, and performed in a study is being requested for a Transthoracic Echocardiogram; This study is being requested for a Medically Necessary months: This a request for an echocardiogram; This is a request for an echocardiogram was performed. This study is being requested for for evels of completed conservative care in the past 6 follows per requested for for weeks of completed conservative care in the past 6 medically Necessary months: This study is being requested for 6 weeks of completed onservative care in the past 6 medically Necessary months: The study requested for 6 weeks of completed onservative care in the past 6 medically Necessary months: The study requested for 6 weeks of completed for 6 weeks of completed for 6 weeks of completed onservative care in the past 6 medically Necessary months: The study requested for 6 weeks of completed for 6 weeks of conservative care in the past 6 medically Necessary months: This study is being requested for 6 weeks of conservative care in the past	c Echocardiogram.; s is fora routine e the last Apr-Jun 1 2023 2023 Donic back pain.; in the past 6 Apr-Jun 1 2023 2023 Donic back pain.; Apr-Jun 1 2023 2023
real-lime with image documentation (2D), includes M-mode recording, when performed, complete, without spectral of complete, without spectral follow p of congenital heart disease.; It has been at least 24 months since the last Apr-Jur follow p of congenital heart disease.; It has been at least 24 months since the last Apr-Jur follow p of congenital heart disease.; It has been at least 24 months since the last Apr-Jur follow p of congenital heart disease.; It has been at least 24 months since the last Apr-Jur follow p of congenital heart disease.; It has been at least 24 months since the last Apr-Jur follow p of congenital heart disease.; It has been at least 24 months since the last Apr-Jur follow p of congenital heart disease.; It has been at least 24 months since the last Apr-Jur follow p of congenital heart disease.; It has been at least 24 months since the last Apr-Jur follow p of congenital heart disease.; It has been at least 24 months since the last Apr-Jur follow p of congenital heart disease.; It has been at least 24 months since the last Apr-Jur follow p of congenital heart disease.; It has been at least 24 months since the last Apr-Jur follow p of congenital heart disease.; It has been at least 24 months since the last Apr-Jur follows per disease.; It has been at least 24 months since the last Apr-Jur follows per disease.; It has been at least 24 months since the last Apr-Jur follows per disease.; It has been at least 24 months since the last Apr-Jur follows per disease.; It has been at least 24 months since the last Apr-Jur follows per disease.; It has been at least 24 months since the last Apr-Jur follows per disease.; It has been at least 24 months since the last Apr-Jur follows per disease.; It has been at least 24 months since the last Apr-Jur follows per disease.; It has been at least 24 months since the last Apr-Jur follows per disease.; It has been at least 24 months since the last Apr-Jur follows per disease.; It has been at least 24 months since the last approach to recording may per disease	real-time with image documentation (2D), includes H-mode cording, when performed, complete, without spectral or color Doppler echocardiogram); (2D), includes H-mode cording, when performed, complete, without spectral or color Doppler echocardiogram by a construction of S03/2023 or S08/Gynecol (5/30/2023 or S08/Gynecol S08/Gynecol S03/2023 or S08/Gynecol S08/Gynecol S03/2023 or S03/2023 or S03/2023 or S03/2023 o	sis fora routine e the last Apr-Jun 1 2023 2023 Donic back pain.; in the past 6 Apr-Jun 1 2023 2023 Donic back pain.; In the past 6 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 2 2023
real-lime with image documentation 4/1/2023 - OB/Gynecol 6/30/2023 dy 4/1/2023 ogy Approval 7/2148 Magnetic resonance (eg. proton) 1/2148 Magnetic resonance (eg. proton) 1/2	real-time with limage documentation [2D], includes M-mode corroding, when performed, complete, without spectral or color Doppler echocardiogram; performed, complete, without spectral or color Doppler echocardiography or color Doppler echocardio	sis fora routine e the last 1 2023 2023 poinc back pain.; in the past 6 Apr-Jun 1 2023 2023 poinc back pain.; In the past 6 Apr-Jun 1 2023 2023 poinc back pain.; Apr-Jun 2 2023 2023 poinc back pain.; Apr-Ju
4/1/2023 - OB/Gynecol performed, complete, without spectral or color Doppler echocardiography echocardiograph wethocardiograph wethocardiogram was performed. 72148 Magnetic resonance (eg. proton) Radiology Services imaging, spinal canal and contents, lumbar; without contrast material without spectral of (all only of congenital heart disease,; it has been at least 24 months since the last 1 Apr-Jur echocardiogram was performed. 72148 Magnetic resonance (eg. proton) Radiology Services imaging, spinal canal and contents, lumbar; without contrast material wedically Necessary with a proton of the pro	4/1/2023 - 08/Gynecol 6/30/2023 ayr Approval 4/1/2023 - 6/30/2023 ayr Disapproval 4/1/2024 - 6/30/2023 ayr Disapproval 4/1/2024 - 6/30/2023 ayr Disapproval 4/1/2025 - 6/30	sis fora routine e the last 1 2023 2023 Donic back pain.; in the past 6 Apr-Jun 1 2023 2023 Donic back pain.; in the past 6 Apr-Jun 1 2023 2023 Donic back pain.; Apr-Jun 2 2023 Donic back pain.;
4/1/2023 - 6/30/2023 ay Approval or cofor Doppler echocardiography or cofor Doppler echocardiography echocardiogram was performed. 1 2023 2023 2023 2023 2023 2023 2023 20	41/2023 6/30/2023 ogy Aproval OB/Gynecol 6/30/2023 ogy Aproval OB/Gynecol 6/30/2023 ogy Aproval OB/Gynecol 6/30/2023 ogy OB/Gynecol 6/30/2023 o	e the last 1 2023 2023 Donic back pain.; in the past 6 Apr-Jun 1 2023 2023 Donic back pain.; In the past 6 Apr-Jun 1 2023 2023 Donic back pain.; In the past 6 Apr-Jun 1 2023 2023 Donic back pain.; In the past 6 Apr-Jun 1 2023 2023 Donic back pain.; In the past 6 Apr-Jun 1 2023 2023 Donic back pain.; In the pain is the patient had an Apr-Jun 1 2023 2023
6/30/2023 4/1/2023 6/30/2023 ogy Disapproval or color Doppler echocardiography echocardiogram was performed. 1 2023 2023 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; without contrast material of 30/2023 4/1/2023 6/30/2023 ogy Disapproval or color Doppler echocardiography echocardiography echocardiogram was performed. 1 2023 2023 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; without contrast material or contrast ma	6/30/2023 4/1/2023 6/30/2023 ogy Disapproval or color Doppler echocardiography echocardiogram was performed. 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar, without contrast material follows: 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar, without contrast material follows: 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar, without contrast material follows: 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar, without contrast material follows: 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar, without contrast material follows: 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar, without contrast material follows: 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar, without contrast material follows: 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar, without contrast material follows: 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar, without contrast material follows: 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar, without contrast material follows: 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar, without contrast material follows: 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar, without contrast material follows: 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar without contrast material follows: 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar, without contrast material follows: 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar without contrast material follows: 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar without contrast material follows: 72148 Magnetic resonance (eg. proton) imaging, spin	tonic back pain.; in the past 6 Apr-Jun 1 2023 2023
72148 Magnetic resonance (eg. proton) Medically Necessary Medicall	4/1/2023	onic back pain.; in the past 6 1 2023 2023 onic back pain.; In the past 6 Apr-Jun 1 2023 2023 onic back pain.; In the past 6 Apr-Jun 1 2023 2023 ortum; This study is atic disease, a maly, or vascular therapy.; There are gist/Oncologist, s case was created Apr-Jun 1 2023 2023 oppy, Colonoscopy, Yes this is a request Apr-Jun 1 2023 2023 oppleted.; This study finallysis were for this complaint.; If or a Diagnostic CT 1 2023 2023 completed.; This in if the pain is the patient had an Apr-Jun Apr-Jun Apr-Jun
4/1/2023 OB/Gynecol imaging, spinal canal and contents, 6/30/2023 ogy Disapproval iumbar; without contrast material Medically Necessary months 1 2023 2023 4/1/2023 OB/Gynecol	4/1/2023 - 6/30/2023 ogy Disapproval lumbar; without contrast material (sp. 2) Disapproval lumbar; without contrast material (sp. 2) Disapproval (in the past 6 Apr-Jun 1 2023 2023 Incomic back pain.; Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Incomic back pain.; Apr-Jun 1 2023 2023 Incomic back pain.; Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Incomic back pain.; Incomic back pa
4/1/2023 OB/Gynecol imaging, spinal canal and contents, 6/30/2023 ogy Disapproval iumbar; without contrast material Medically Necessary months 1 2023 2023 4/1/2023 OB/Gynecol	4/1/2023 - 6/30/2023 ogy Disapproval lumbar; without contrast material (sp. 2) Disapproval lumbar; without contrast material (sp. 2) Disapproval (in the past 6 Apr-Jun 1 2023 2023 Incomic back pain.; Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Incomic back pain.; Apr-Jun 1 2023 2023 Incomic back pain.; Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Incomic back pain.; Incomic back pa
6/30/2023 ogy Disapproval lumbar; without contrast material Medically Necessary months 1 2023 2023 4/1/2023 6/30/2023 ogy Disapproval lumbar; without contrast material Medically Necessary months 1 2023 2023 4/1/2023 4/1/2023 6/30/2023 ogy Disapproval lumbar; without contrast material Medically Necessary This study is being requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; Apr-Jur Chronic Postpartum; This study is being requested for Neurological deficit(s); The patient has None of the above 1 2023 2023 Bicornate uterus Longitudinal vaginal septum without obstruction/Postpartum; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease, it is not known if there has been any treatment or conservative therapy; There are 2 exams are being ordered. The ordering MDs specialty is NOT Hematologist/Oncologist, 14/1/2023 6/30/2023 ogy Disapproval material(s) Medically Necessary in Radiology Services 2 exams are being ordered. The ordering MDs specialty is NOT Hematologist/Oncologist, 14/1/2023 15 a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, 12/2023 14/1/2023 14	6/30/2023 4/1/2023 6/30/2023 ogy Disapproval lumbar; without contrast material Medically Necessary wonths 72148 Magnetic resonance (eg. proton) imaging, spinal canal and contents, lumbar; without contrast material Denied Not Medically Necessary This study is being requested for Neurological deficit(s); The patient has Acute or chronic back pain.; Medically Necessary This study is being ordered for Neurological deficit(s); The patient has None of the above Denied Not Medically Necessary This study is being requested for Neurological deficit(s); The patient has None of the above Denied Not Medically Necessary This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease, it is not known if the patient has None of the above Denied Not Medically Necessary or Medically Necessary State of State o	tonic back pain.; Apr-Jun Jone of the above 1 2023 2023 Apr-Jun 1 2023 2023
72148 Magnetic resonance (eg. proton) Adiology Services imaging, spinal canal and contents, Beriad Not The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; Apr-Jur Abdically Necessary Apr-Ju	72148 Magnetic resonance (eg. proton) 6/30/2023 d/1/2023 6/30/2023 ogy Disapproval 72148 Magnetic resonance (eg. proton) 1/2024 6/30/2023 ogy Disapproval 72196 Magnetic resonance (eg. proton) 1/2025 6/30/2023 ogy Disapproval 72196 Magnetic resonance (eg. proton) 1/2026 Magnetic resonance (eg. proton) 1/2027 6/30/2023 ogy Disapproval 72196 Magnetic resonance (eg. proton) 1/2028 6/30/2023 ogy Disapproval 72196 Magnetic resonance (eg. proton) 1/2028 6/30/2023 ogy Disapproval 72196 Magnetic resonance (eg. proton) 1/2029 6/30/2023 ogy Disapproval 72196 Magnetic resonance (eg. proton) 1/2029 6/30/2023 ogy Disapproval 72196 Magnetic resonance (eg. proton) 1/2029 6/30/2023 ogy Disapproval 72196 Magnetic resonance (eg. proton) 1/2029 6/30/2023 ogy Disapproval 72196 Magnetic resonance (eg. proton) 1/2029 6/30/2023 ogy Disapproval 72196 Magnetic resonance (eg. proton) 1/2029 6/30/2023 ogy Disapproval 72196 Magnetic resonance (eg. proton) 1/2029 6/30/2023 ogy Disapproval 72196 Magnetic resonance (eg. proton) 1/2029 6/30/2023 ogy Disapproval 72196 Magnetic resonance (eg. proton) 1/2029 6/30/2023 ogy Disapproval 72196 Magnetic resonance (eg. proton) 1/2029 6/30/2023 ogy Disapproval 72196 Magnetic resonance (eg. proton) 1/2029 6/30/2023 ogy Disapproval 72196 Magnetic resonance (eg. proton) 1/2029 6/30/2023 ogy Disapproval 72196 Magnetic resonance (eg. proton) 1/2029 6/30/2023 ogy Disapproval 72196 Magnetic resonance (eg. proton) 1/2029 6/30/2023 ogy Disapproval 72196 Magnetic resonance (eg. proton) 1/2029 6/30/2023 ogy Disapproval 72196 Magnetic resonance (eg. proton) 1/2029 6/30/2023 ogy Disapproval 72196 Magnetic resonance (eg. proton) 1/2029 6/30/2023 ogy Disapproval 72196 Magnetic resonance (eg. proton) 1/2029 6/30/2023 ogy Disapproval 72196 Magnetic resonance (eg. proton) 1/2029 6/30/2023 ogy Disapproval 72196 Magnetic resonance (eg. proton) 1/2029 6/30/2023 ogy Disapproval 72196 Magnetic resonance (eg. proton) 1/2029 6/30/2023 ogy Disapproval 72196 Magnetic resonance (eg. proton) 1/2029 6/30/2	onic back pain.; Idone of the above 1 2023 2023 Intum; This study is stitic disease, a maly, or vascular therapy.; There are gist/Oncologist, s case was created 1 2023 2023 Spicious mass or opp, Colonoscopy, Yes this is a request 1 2023 2023 Impleted.; This study rinalysis were for this complaint.; If or a Diagnostic CT 1 2023 2023 Completed.; This is if the pain is the patient had an Apr-Jun Apr-Jun Apr-Jun Apr-Jun Apr-Jun
4/1/2023 - OB/Gynecol imaging, spinal canal and contents, 6/30/2023 ogy Disapproval lumbar; without contrast material Denied Not Medically Necessary This study is being requested for Neurological deficit(s); The patient has Aone of the above 1 2023 2023	4/1/2023 OB/Gynecol G/30/2023 ogy Disapproval Disappro	artum; This study is atic disease, a maly, or vascular therapy.; There are gist/Oncologist, s case was created Apr-Jun 1 2023 2023 Apricious mass or opy, Colonoscopy, Yes this is a request Apr-Jun 1 2023 2023 Apricious mass or opy, Colonoscopy, Yes this is a request Apr-Jun 1 2023 2023 Apricious mass or opy, Colonoscopy, Yes this is a request Apr-Jun 1 2023 2023 Apricious mass or opy, Colonoscopy, Yes this is a request Apr-Jun 1 2023 2023 Apricious mass or opy, Colonoscopy, Yes this is a request Apr-Jun 1 2023 2023 Apricious mass or opy, Colonoscopy, Yes this is a request Apr-Jun 1 2023 2023 Apricious mass or opy, Colonoscopy, Yes this is a request Apr-Jun 1 2023 2023 Apricious mass or opy, Colonoscopy, Yes this is a request Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023
4/1/2023 - OB/Gynecol bimaging, spinal canal and contents, 6/30/2023 ogy Disapproval bimaging, spinal canal and contents, 6/20/2023 ogy Disapproval bimaging	4/1/2023 OB/Gynecol 6/30/2023 ogy Disapproval Disappro	artum; This study is atic disease, a maly, or vascular therapy.; There are gist/Oncologist, s case was created Apr-Jun 1 2023 2023 Apricious mass or opy, Colonoscopy, Yes this is a request Apr-Jun 1 2023 2023 Apricious mass or opy, Colonoscopy, Yes this is a request Apr-Jun 1 2023 2023 Apricious mass or opy, Colonoscopy, Yes this is a request Apr-Jun 1 2023 2023 Apricious mass or opy, Colonoscopy, Yes this is a request Apr-Jun 1 2023 2023 Apricious mass or opy, Colonoscopy, Yes this is a request Apr-Jun 1 2023 2023 Apricious mass or opy, Colonoscopy, Yes this is a request Apr-Jun 1 2023 2023 Apricious mass or opy, Colonoscopy, Yes this is a request Apr-Jun 1 2023 2023 Apricious mass or opy, Colonoscopy, Yes this is a request Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023
6/30/2023 d/1/2023 ogy Disapproval lumbar; without contrast material Medically Necessary This study is being requested for Neurological deficit(s); The patient has None of the above 1 2023 2023 Bicornate uterus Longitudinal vaginal septum without obstruction/Postpartum; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease;, it is not known if there has been any treatment or conservative therapy. There are 2 exams are being ordered; The ordering MDs specialty is NOT Hematologist/Oncologist, 10/2023 of 30/2023 ogy Disapproval material(s) Medically Necessary via RadMD.; The primary symptoms began 6 months to 1 year 1 2023 2023 4/1/2023 - OB/Gynecol O	6/30/2023 4/1/2023 6/30/2023 ogy Disapproval lumbar; without contrast material Medically Necessary This study is being requested for Neurological deficit(s); The patient has None of the above Bicornate uterus Longitudinal vaginal septum without obstruction/Postpartum; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; it is not known if there has been any treatment or conservative therapy; There are 2 exams are being ordered. The ordering MDs specialty is NOT Hematologist/Oncologist, 1 maging, pelvis; with contrast material simple pelvis; without contrast material simple pelvis pelvis pelvis pelvis pelvis pelvis; without contrast material simple pelvis pelvis pelvis pelvis; without contrast material simple pelvis pelvis pelvis pelvis pelvis; without contrast material simple pelvis pelvis; without contrast material simple pelvis pelvis pelvis pelvis; without contrast material simple pelvis pelvis; without contrast material simple pelvis pelvis pelvis pelvis pelvis pelvis pelvis; without contrast material simple pelvis pelvis pelvis pelvis pelvis pelvis; without contrast material simple pelvis pelvis pelvis pelv	artum; This study is atic disease, a maly, or vascular therapy.; There are gist/Oncologist, s case was created Apr-Jun 1 2023 2023 Apricious mass or opy, Colonoscopy, Yes this is a request Apr-Jun 1 2023 2023 Apricious mass or opy, Colonoscopy, Yes this is a request Apr-Jun 1 2023 2023 Apricious mass or opy, Colonoscopy, Yes this is a request Apr-Jun 1 2023 2023 Apricious mass or opy, Colonoscopy, Yes this is a request Apr-Jun 1 2023 2023 Apricious mass or opy, Colonoscopy, Yes this is a request Apr-Jun 1 2023 2023 Apricious mass or opy, Colonoscopy, Yes this is a request Apr-Jun 1 2023 2023 Apricious mass or opy, Colonoscopy, Yes this is a request Apr-Jun 1 2023 2023 Apricious mass or opy, Colonoscopy, Yes this is a request Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023
being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, SNOT Hematologist/Oncologist, Denied Not Thoracic Surgery, Oncology, Surgical Oncology, This case was created Apr-Jur (6/30/2023 d/1/2023 6/30/2023 ogy Disapproval Medically Necessary via RadMD.; The primary symptoms began 6 months to 1 year 1 2023 2023 This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, Office of a Disapproval abdomen; without contrast material Medically Necessary for a Diagnostic CT This is a request for an Abdomen and Pelvis CT.; A urinallysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinallysis were	being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; it is not known if there has been any treatment or conservative therapy. There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created material which are a proposed of 30/2023 ogy Disapproval which will be a provided to mography, abdomen and pelvis; without contrast material which are a material which are a mylase or lipase lab test; yes this is a request for a Dadomen and pelvis; without contrast material which are a mylase or lipase lab test; yes this is a request for a Dadomen and pelvis; without contrast material which are a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being ordered for chronic pain.; This is the first visit for this complaint; the study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy; The patient has new symptoms including hematuria.; Yes this is a request for a Diagnostic CT. This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being ordered for chronic pain.; This is the first visit for this complaint; the patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT. This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being ordered for chronic pain.; It is not known if the pain is acute or chronic.; It is not known if the pain is a request for a Diagnostic CT. This is a request for an Abdomen and Pelvis CT.; It is not known if the pain is acute or chronic.; It is not known if this complaint; It is not known if the pain i	atic disease, a maly, or vascular therapy.; There are gist/Oncologist, s case was created 1 2023 2023 spicious mass or the policy of the series of this study rinalysis were for this complaint.; for a Diagnostic CT 1 2023 2023 completed.; This if the pain is the patient had an Apr-Jun Apr-Jun Apr-Jun Apr-Jun
being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, SNOT Hematologist/Oncologist, Denied Not Thoracic Surgery, Oncology, Surgical Oncology, This case was created Apr-Jur default of the primary symptoms began 6 months to 1 year 1 2023 2023 This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; The patient has new symptoms including hematuria.; Yes this is a request for a Diagnostic CT 1 2023 2023 This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were	being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; it is not known if there has been any treatment or conservative therapy. There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created material which are a proposed or disease. It is not known if there has been any treatment or conservative therapy. There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created Modified Not Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created Modified Not Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created Modified Not Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created Modified Not Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created Modified Not Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass for tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, The patient has new symptoms including hematuria.; Yes this is a request or a Diagnostic CT This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being ordered for chronic pain.; This is the first visit for this complaint; it is not known if the pain is acute or chronic.; It is not known if the pain in the patient had an Medically Necessary Anylase or Lipase lab test.; Yes this is a request for a Diagnostic CT This is a request for an Abdomen and Pelvis CT.; A urinalysis	atic disease, a maly, or vascular therapy.; There are gist/Oncologist, s case was created 1 2023 2023 spicious mass or the policy of the series of this study rinalysis were for this complaint.; for a Diagnostic CT 1 2023 2023 completed.; This if the pain is the patient had an Apr-Jun Apr-Jun Apr-Jun Apr-Jun
neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; it is not known if there has been any treatment or conservative therapy.; There are 72196 Magnetic resonance (eg, proton) Radiology Services 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, 4/1/2023 - OB/Gynecol imaging, pelvis; with contrast Denied Not Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created Apr-Jur 6/30/2023 dyl/2023 ogy Disapproval material(s) Medically Necessary via RadMD.; The primary symptoms began 6 months to 1 year 1 2023 2023 This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; The patient has new symptoms including hematuria.; Yes this is a request Apr-Jur 6/30/2023 dyl/2023 ogy Disapproval abdomen; without contrast material Medically Necessary for a Diagnostic CT This is a request for an Abdomen and Pelvis CT.; A urinallysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinallysis were	neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease;. It is not known if there has been any treatment or conservative therapy; There are 2 earms are being ordered; The ordering MDs specially is NOT Hematologisty. (Inclosing Services imaging, pelvis; with contrast material Seams; It is not known if there has been any treatment or conservative therapy; There are 2 earms are being ordered; The ordering MDs specially is NOT Hematologisty. (Inclosing Services imaging, pelvis; with contrast material Seams are being ordered. The ordering MDs specially is NOT Hematologisty. (Inclosing Services was created material Seams are seams are being ordered. The ordering MDs specially is NOT Hematologisty. (Inclosing Services was are being ordered. The ordering MDs specially is NOT Hematologisty. (Inclosing Services was created material Seams are with a fall order or suspicious mass or tumor; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoldoscopy; The patient has new symptoms including hematuria; Yes this is a request for a Diagnostic CT This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being ordered for chronic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint; the patient did not have a amylase or lipase lab test; Yes this is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This is a request for an Abdomen and Pelvis CT.; It is not known if the pain is active or chronic.; This is the first visit for this complaint; it is not known if the pain is active or chronic.; It is not known if the pain is not pelvis pain; It is not known if the pain is not possible to the pain is active or chronic.; It is not known if the pain is the first visit for this complaint; It is not known if the pain is	maly, or vascular therapy.; There are gist/Oncologist, s case was created 1 2023 2023 2023 2023 2023 2023 2023 20
disease.; It is not known if there has been any treatment or conservative therapy.; There are 72196 Magnetic resonance (eg, proton) Radiology Services 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, 4/1/2023 - OB/Gynecol imaging, pelvis; with contrast Denied Not Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created Apr-Jur 6/30/2023 dyl/2023 ogy Disapproval material(s) Radiology Services Radiology Services Radiology Services There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, 4/1/2023 - OB/Gynecol OB/Gy	disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist./Oncologist, imaging, pelvis; with contrast material(s) OB/Gynecol 6/30/2023 ogy OB/Gynecol 6/30/2023	therapy.; There are gist/Oncologist, s case was created 1 2023 2023 2023 2023 2023 2023 2023 20
72196 Magnetic resonance (eg, proton) Radiology Services 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, 4/1/2023 - OB/Gynecol imaging, pelvis; with contrast Denied Not Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created Apr-Jur 6/30/2023 dyl/2023 ogy Disapproval material(s) Medically Necessary via Radiology Services This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; The patient has new symptoms including hematuria.; Yes this is a request 6/30/2023 dyl/2023 ogy Disapproval abdomen; without contrast material Medically Necessary for a Diagnostic CT This is a request for an Abdomen and Pelvis CT.; A urinallysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinallysis were	72196 Magnetic resonance (eg, proton) 4/1/2023 - OB/Gynecol 6/30/2023 4/1/2023 6/30/2023 ogy Disapproval 72196 Magnetic resonance (eg, proton) 1/2024 6/30/2023 ogy Disapproval 72196 Magnetic resonance (eg, proton) 1/2025 6/30/2023 ogy Disapproval 72196 Magnetic resonance (eg, proton) 1/2026 Medically Necessary 1/2027 Medically Necessary 1/2028 Al/2023 ogy Disapproval 72196 Magnetic resonance (eg, proton) 1/2028 Medically Necessary 1/2028 Medically Necessary 1/2028 Medically Necessary 1/2028 Medically Necessary 1/2029 Medically Necessary 2/2029 Medical	gist/Oncologist, s case was created 1 2023 2023 spicious mass or opy, Colonoscopy, Yes this is a request 1 2023 2023 spicious mass or opy, Colonoscopy, Yes this is a request 1 2023 2023 spicious mass or opy, Colonoscopy, Yes this is a request 1 2023 2023 spicious mass or opy, Colonoscopy, Apr-Jun 1 2023 2023 completed.; This or a Diagnostic CT 1 2023 2023 completed.; This or if the pain is the patient had an Apr-Jun
4/1/2023 - OB/Gynecol imaging, pelvis; with contrast 6/30/2023 dy Disapproval material(s) Medically Necessary via Radiology Services 1 2023 2023 This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; The patient has new symptoms including hematuria.; Yes this is a request for a Diagnostic CT This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; The patient has new symptoms including hematuria.; Yes this is a request for a Diagnostic CT This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were	4/1/2023 - OB/Gynecol of/30/2023 ay Disapproval material(s) Denied Not Medically Necessary via RadMD.; The primary symptoms began 6 months to 1 year This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; The patient has new symptoms including hematuria.; Yes this is a request for a Disapproval abdomen; without contrast material 4/1/2023 - OB/Gynecol of/30/2023 ay Disapproval abdomen and pelvis; without contrast material 4/1/2023 - OB/Gynecol of/30/2023 ogy Disapproval abdomen and pelvis; without contrast material of solvential of solvential or solven	scase was created Apr-Jun 1 2023 2023 spicious mass or opp, Colonoscopy, Yes this is a request Apr-Jun 1 2023 2023 spleted.; This study rinalysis were for this complaint.; Apr-Jun 1 2023 2023 completed.; This study rinalysis were for the complaint of a Diagnostic CT 1 2023 2023 2023 completed.; This shift the pain is the patient had an Apr-Jun 1 2024 2024
6/30/2023 ogy Disapproval material(s) Medically Necessary via RadMD.; The primary symptoms began 6 months to 1 year 1 2023 2023 This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, 4/1/2023 - OB/Gynecol OB/Gyneco	6/30/2023 ogy Disapproval material(s) Medically Necessary via RadMD; The primary symptoms began 6 months to 1 year This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; The patient has new symptoms including hematuria.; Yes this is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abdomen and pelvis; without contrast material materia	the patient had an Apr-Jun 1 2023 2023 1 2023 2023 1 2023 2023 1 2023 2023 Apr-Jun Apr-Jun Apr-Jun
This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, 4/1/2023 - OB/Gynecol 74150 Computed tomography, Denied Not or Sigmoidoscopy.; The patient has new symptoms including hematuria.; Yes this is a request Apr-Jur for a Diagnostic CT 1 2023 2023 This is a request for an Abdomen and Pelvis CT.; A urinallysis has been completed.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; The patient has new symptoms including hematuria.; Yes this is a request Apr-Jur for a Diagnostic CT 1 2023 2023 This is a request for an Abdomen and Pelvis CT.; A urinallysis has been completed.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; The patient has new symptoms including hematuria.; Yes this is a request Apr-Jur for a Diagnostic CT 1 2023 2023	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; The patient has new symptoms including hematuria; Yes this is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being ordered for a suspicious mass or tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or Sigmoidoscopy.; The patient has new symptoms including hematuria; Yes this is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being ordered for abdominal and/or pelvic pain.; The results of the urinalysis were abdomen and pelvis; without contrast material Medically Necessary The patient has new symptoms including hematuria; Yes this is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; The results of the urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis has been completed.; This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This is a request for a Diagnostic CT This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is unknown if the pain is acute or chronic.; This is the first visit for this complaint.; It is not known if the pain is acute or chronic.; It is not known if this is the first visit for this complaint.; It is not known if the pain is acute or chronic.; It is not known if this is the first visit for this complaint.; It is	spicious mass or opy, Colonoscopy, Yes this is a request Apr-Jun 1 2023 2023 Inpleted.; This study rinalysis were for this complaint.; Apr-Jun 1 2023 2023 2023 2023 2023 2023 2023 20
Radiology Services tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, 4/1/2023 - OB/Gynecol 74150 Computed tomography, 6/30/2023 4/1/2023 6/30/2023 ogy Disapproval abdomen; without contrast material Medically Necessary for a Diagnostic CT 1 2023 2023 This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study 74176 Computed tomography, Radiology Services is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were	Radiology Services 4/1/2023 - OB/Gynecol 6/30/2023 d/1/2023 ogy Disapproval Alto Computed tomography, abdomen; without contrast material Alto Computed tomography, abdomen and pelvis; without contrast Alto Computed tomography, abdomen and pelvis; without contrast Badiology Services Denied Not Medically Necessary Alto Computed tomography, abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were Denied Not Normal; The study is being ordered for chronic pain; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test; Yes this is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is unknown if the pain is acute or chronic; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test; Yes this is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is unknown if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Medically Necessary Alto Computed tomography, Alto C	py, Colonoscopy, Yes this is a request Apr-Jun 1 2023 2023 Inpleted.; This study rinalysis were for this complaint.; Apr-Jun for a Diagnostic CT 1 2023 2023 completed.; This in if the pain is the patient had an Apr-Jun
4/1/2023 - OB/Gynecol 74150 Computed tomography, Denied Not or Sigmoidoscopy.; The patient has new symptoms including hematuria.; Yes this is a request Apr-Jur 6/30/2023 4/1/2023 6/30/2023 ogy Disapproval abdomen; without contrast material Medically Necessary for a Diagnostic CT 1 2023 2023 This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were	4/1/2023 - OB/Gynecol 6/30/2023 ogy Disapproval 74150 Computed tomography, abdomen; without contrast material 7416 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast 74176 Computed tomography, abdomen and 94172023 6/30/2023 ogy 74172023 6/30/2023 ogy 74172023 6/30/2023 ogy 74172023 6/30/2023 ogy 74172023 6/30/2023	Yes this is a request Apr-Jun 1 2023 2023 Inpleted.; This study rinalysis were for this complaint.; Apr-Jun 1 2023 2023 2023 2023 2023 2023 2023 20
6/30/2023 4/1/2023 6/30/2023 ogy Disapproval abdomen; without contrast material Medically Necessary for a Diagnostic CT 1 2023 2023 This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were	6/30/2023 dy/1/2023 ogy Disapproval abdomen; without contrast material Medically Necessary for a Diagnostic CT This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; Medically Necessary The patient did not have a amylase or lipase lab test.; Yes this is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been complaint.; It is not known if the pain.; It is not known if the pain is accurate or chronic.; It is not known if the pain.; It is not known if the pain is accurate or chronic.; It is not known if the pain is accurate or chronic.; It is not known if the pain.; It is not known if the pain is accurate or chronic.; It is not known if the pain is accurate or chronic.; It is not known if the pain.; It is not kno	npleted.; This study rinalysis were for this complaint.; Apr-Jun for a Diagnostic CT 1 2023 2023 completed.; This n if the pain is the patient had an Apr-Jun
This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study 74176 Computed tomography, Radiology Services is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT This is a request for an Ab	npleted.; This study rinalysis were for this complaint.; Apr-Jun for a Diagnostic CT 1 2023 2023 completed.; This n if the pain is the patient had an Apr-Jun
74176 Computed tomography, Radiology Services is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were	74176 Computed tomography, abdomen and pelvis; without contrast position of the patient did not have a amylase or lipase lab test.; Yes this is a request for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being requested for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT and Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; It is not known if the pain is acute or chronic.; It is not known if the pain is acute or chronic.; It is not known if the pain is acute or chronic.; It is not known if the pain is acute or chronic.; It is not known if the pain is acute or chronic.; It is not known if the pain is acute or chronic.; It is not known if the first visit for this complaint.; It is not known if the pain is acute or chronic.; It is not known if the pain is acute or chronic.; It is not known if the pain is acute or chronic.; It is not known if the pain is acute or chronic.; It is not known if the pain is acute or chronic.; It is not known if the pain is acute or chronic.; It is not known if the pain is acute or chronic.; It is not known if the pain is acute or chronic.; It is not known if the pain is acute or chronic.; It is not known if the pain is acute or chronic.; It is not known if the pain is acute or chronic.; It is not know	rinalysis were for this complaint.; Apr-Jun for a Diagnostic CT 1 2023 2023 completed.; This n if the pain is the patient had an Apr-Jun
74176 Computed tomography, Radiology Services is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were	74176 Computed tomography, abdomen and pelvis; without contrast waterial 74176 Computed tomography, abdomen and pelvis; without contrast waterial 74176 Computed tomography, abdomen and pelvis; without contrast waterial 74176 Computed tomography, abdomen and pelvis; without contrast waterial 74176 Computed tomography, abdomen and pelvis; without contrast waterial 74176 Computed tomography, abdomen and pelvis; without contrast waterial 74176 Computed tomography, abdomen and pelvis CT; A urinalysis has not been completed.; This is a request for an Abdomen and Pelvis CT; A urinalysis has not been completed.; This waterial w	rinalysis were for this complaint.; Apr-Jun for a Diagnostic CT 1 2023 2023 completed.; This n if the pain is the patient had an Apr-Jun
	4/1/2023 - OB/Gynecol Disapproval abdomen and pelvis; without contrast Medically Necessary The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the patient had an Medically Necessary Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the patient had an Medically Necessary Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is a cute or chronic.; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This is a request for an Abdomen and Pelvis CT.; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is accute or chronic.; It is not known if the pain is accute or chronic.; It is not known if the pain is accute or chronic.; It is not known if the pain is accute or chronic.; It is not known if the pain is accute or chronic.; It is not kn	for this complaint.; Apr-Jun for a Diagnostic CT 1 2023 2023 completed.; This n if the pain is the patient had an Apr-Jun
	6/30/2023 dyl/2023 ogy Disapproval material Medically Necessary The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is not known if a urinalysis has been completed.; This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the patient had an Medically Necessary Medically Necessary The patient did not have a amylase or lipase lab test.; Yes this is a request for an Abdomen and Pelvis CT.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is not known if the pain is acute or chronic.	for a Diagnostic CT 1 2023 2023 completed.; This n if the pain is the patient had an Apr-Jun
6/30/2023 4/1/2023 6/30/2023 ogy Disapproval material Medically Necessary The patient did not have a amylase or lipase lab test; Yes this is a request for a Diagnostic CT 1 2023 2023	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the patient had an decidence of the patient had an material materi	completed.; This n if the pain is the patient had an Apr-Jun
	74176 Computed tomography, abdomen and pelvis; without contrast penied Not penied Not acute or chronic.; This is the first visit for this complaint.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is the first visit for this complaint.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; It is not kno	n if the pain is the patient had an Apr-Jun
	6/30/2023 6/30/2023 ogy Disapproval material Medically Necessary Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known 74176 Computed tomography, Radiology Services if the pain is acute or chronic.; It is not known if this is the first visit for this complaint.; It is	·
4/1/2023 - OB/Gynecol abdomen and pelvis; without contrast Denied Not acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an Apr-Jur	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known 74176 Computed tomography, Radiology Services if the pain is acute or chronic.; It is not known if this is the first visit for this complaint.; It is	1 2023 2023
, , , , , , , , , , , , , , , , , , , ,	completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known 74176 Computed tomography, Radiology Services if the pain is acute or chronic.; It is not known if this is the first visit for this complaint.; It is	
	74176 Computed tomography, Radiology Services if the pain is acute or chronic.; It is not known if this is the first visit for this complaint.; It is	*
	4/1/2023 - OB/Gynecol abdomen and pelvis; without contrast Denied Not unknown if there has been a physical exam.; It is unknown if the patient had an Amvlase or	•
4/1/2023 - UB/Gynecol abdomen and pelvis; without contrast Denied Not unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Apr-Jur		·
	6/30/2023 4/1/2023 6/30/2023 ogy Disapproval material Medically Necessary Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2023 2023

This is a request for a Advisorme and Peblic CT. This is not known if a uninary's has been a physical registery of the study in the registery of the study is being requested for abbornation and registery without contrast and peblic without contrast and p								
							·	
Medically Necessary Select Normalized Computed Connegraphy Selection of Amount of Selection Computed Connegraphy Selection Connegraphy								
This is a request for an Advanceme and Perion CT. This study is being prequested for abbornment and advancement and Perion CT. This study is being advanced for account part of the patients of the exam were recommendable and provided to the exam were recommendable and the exam were recommendable and provided to the exam were reco					abdomen and pelvis; without contrast			
### A176 Computed tomography, abdomen and pelvis, without contrast. Denied Not normal; it is unknown if the pattern that an Ultrasound, yet ability is the group ordered for eache pain; there has been a physical computer or normal; it is unknown if the pattern that an Ultrasound, yet this is a request for a Diagnostic Apri-vin ordered in a pattern or normal; it is unknown if the pattern that an Ultrasound, yet this is a request for a Diagnostic Apri-vin ordered in a pattern or normal; it is unknown if the pattern that an Ultrasound, yet this is a request for a Diagnostic Apri-vin ordered in a pattern or normal; it is unknown if the pattern that an Ultrasound, yet this is a request for a Diagnostic Apri-vin or normal; it is unknown if the pattern that an Ultrasound, yet this is a request for a Diagnostic Apri-vin or normal; in unknown if the pattern that an Ultrasound, yet this is a request for a Diagnostic Apri-vin or normal; in the start of the pattern that an Ultrasound, yet this is a request for a Diagnostic Apri-vin or normal; in the start of the pattern that an Ultrasound, yet this is a request for a Diagnostic Apri-vin or normal; in the start of the pattern that an Ultrasound, the Ultrasound was normal; A contrast/pathiam and pattern or normal; in the start of the pattern that an Ultrasound, the unknown ormal pattern or normal; in the start of the pattern that an Ultrasound, the unknown ormal, and the pattern of the pattern that an Ultrasound, the unknown ormal, and the pattern of the pattern of the pattern or normal; in the start of the pattern or normal; in the start of the pattern or normal; in the pattern that an Ultrasound, yet this is a request for a Diagnostic CT and pattern or normal; in the pattern that an Ultrasound, yet this is a request for a Diagnostic CT and pattern or normal; in the pattern that an Ultrasound, yet this is a request for a Diagnostic CT and pattern or normal; in the pattern that an Ultrasound, yet this is a request for a Diagnostic CT and pattern or normal; in the pattern that	6/30/2023	4/1/2023	6/30/2023 ogy	Disapproval	material	Medically Necessary	patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2023 2023
Affiliary Affi							This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
### APPLIANS - GRIGONOME AND PROVINCE OF THE STATE OF THE							and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical	
Sp07023 47/2					74176 Computed tomography,	Radiology Services	exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were	
This is a request for an Abdomen and Pelvis CT. This study is being requested for abdominal and/or pelvic pain. The study is being ordered for acute pain. Per has been an pylosical exam. The patients of female., A pelvic exam was performed. The results of the sam were normal. The patients of make the public exam. The patients of make pelvic exam. The patients of make, a pelvic exam. The patients of make, a pelvic exam was performed. The results of the sam were normal. The patients of make, a pelvic exam was performed. The results of the sam were normal. The patients of make of the pelvic exam. The patient did not have an endoscopy, Yes this is a request for abdominal and/or pelvic pain. This is not the first visit for the performed. The results of the exam are unknown. Yes this is a request for abdominal and/or pelvic pain. The study is being requested for abdominal and/or pelvic pain. The study is being requested for abdominal and/or pelvic pain. The study is being requested for abdominal and/or pelvic pain. The study is being requested for abdominal and/or pelvic pain. The study is being requested for abdominal and/or pelvic pain. The study is being requested for abdominal and/or pelvic pain. The study is being requested for abdominal and/or pelvic pain. The study is being requested for abdominal and/or pelvic pain. The study is being requested for abdominal and/or pelvic pain. The study is being requested for abdominal and/or pelvic pain. The study is being requested for abdominal and/or pelvic pain. The study is being requested for abdominal and/or pelvic pain. The study is being requested for abdominal and/or pelvic pain. The study is being requested for abdominal and/or pelvic pain. The study is being requested for abdominal and/or pelvic pain. The study is being requested for abdominal and/or pelvic pain. The study is being requested for abdominal and/or pelvic pain. The study is being requested for abdominal and/or pelvic pain. The study is being requested for abdominal and/or pelvic pain. The study is	4/1/2023 -		OB/Gynecol		abdomen and pelvis; without contrast	Denied Not	normal.; It is unknown if the patient had an Ultrasound.; Yes this is a request for a Diagnostic	Apr-Jun
4/1/2023 - OB/Gymcol of Solution of Soluti	6/30/2023	4/1/2023	6/30/2023 ogy	Disapproval	material	Medically Necessary	СТ	1 2023 2023
A1/2023 - 08/Gynecol addomen and pelvis; without contrast and pelvis without contrast							This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
Al/2023 - OB/Gynecol adomain and pelvis; without contrast bening of pelvis, without contrast bening ordered for sometime of the completed; the patient field and ultrasounds, The ultrasound vas normal; A contrast/Parium × Aprium (Al/2023 of 30/2023 og y) Disapproval material Medically Necessary (or a Diagnostic CT This is a request for an Abdomen and Pelvis CT, This study is being requested for abdominal and pelvis; without contrast bening ordered for chronic pain, This is not the first visit for this complaint. There has been a physical exam. The patient is fermale; A polvic exam was profit pelvis pain. The results of the same are unknown; yes this is a request for a Bolgmostic CT This is a request for an Abdomen and Pelvis CT, This study is being requested for abdominal and pelvis; without contrast bening ordered for chronic pain, This is not the first visit for this complaint. There has been a physical exam. The patient is fermale; A polvic exam was and/or pelvis pain. The results of the exam are unknown; yes this is a request for abdominal and ordered for pelvis pain. The study is being requested for abdominal and ordered for pelvis pain. The results of the exam are unknown; yes this is a request for abdominal and ordered for pelvis pain. The results of the exam are unknown; yes this is a request for a Bolgmostic CT This is a request for an Abdomen and Pelvis CT; This study is being requested for abdominal and ordered for pelvis pain. The results of the exam are unknown; yes the is a request for a Bolgmostic CT This is a request for an Abdomen and Pelvis CT; This study is being requested for abdominal and/or pelvis pain. The study is being requested for abdominal and/or pelvis pain. The study is being requested for abdominal and/or pelvis pain. The study is being requested for abdominal and/or pelvis pain. The study is being requested for abdominal and/or pelvis pain. The study is being requested for abdominal and/or pelvis pain. The study is being requested for abdominal and/or pelvis pain. The study is							and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical	
41/2023 - OB/Gynecol biother and pelvis; without contrast (Ap-Jun-Gallow) and pelvis; without contrast (Ap-Jun-							exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were	
6/20/2023 4/1/2023 6/30/2023 ogy Disapproval material Medically Necessary for a Diagnostic CT 74.176 Computed tomography, abdomen and pelvis; without contrast of the second pelvis complaint, There has been a physical exam. The patient is female, A pelvic exam was performed, The study is being ordered for chronic pain, This is not the first visit for this complaint, There has been a physical exam. The patient is female, A pelvic exam was performed, The study is being ordered for chronic pain, This is not the first visit for this complaint, There has been a physical exam, The patient is female, A pelvic exam was performed, The study is being ordered for chronic pain, This is not the first visit for this complaint, There has been a physical exam, The patient is female, A pelvic exam was performed, The study is being ordered for chronic pain, This is not the first visit for this complaint, There has been a physical exam, The patient is female, A pelvic exam was performed, The study is being ordered for chronic pain, This is not the first visit for this complaint, There has been a physical exam, The patient is female, A pelvic exam was applying the exam are unknown. Yes this is a request for a Diagnostic CT 1 2023 2023 and possibly and provided this complaint, There has been a physical exam, The patient is female, A pelvic exam was applying the exam are unknown. Yes this is a request for a Diagnostic CT 1 2023 2023 and possibly and provided this complaint, There has been a physical exam, The patient is female, A pelvic exam was applying the vision of the exam was exampled to the provided pro					74176 Computed tomography,	Radiology Services	normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-	
This is a request for an Abdomen and Pelvis CT. This study is being requested for abdominal and/or pelvic pain. The study is being ordered for chronic pain. This is not the first visit for abdominal and/or pelvic pain. The study is being ordered for chronic pain. This is not the first visit for this complaint. There has been a physical exam. The patient is fernale, A pelvic exam was analyze performed; The results of the exam are unknown. Yes this is a request for a Diagnostic CT 1 2023 2023 This is a request for an Abdomen and Pelvis CT. This study is being ordered for chronic pain. This is not the first visit for this complaint. There has been a physical exam. The patient is fernale, A pelvic exam was performed; The results of the exam are unknown. Yes this is a request for a Diagnostic CT 1 2023 2023 This is a request for an Abdomen and Pelvis CT. This study is being ordered for chronic pain. This is not the first visit for this complaint. There has been a physical exam. The patient is fernale, A pelvic exam was performed; The results of the exam are unknown. Yes this is a request for a Diagnostic CT 1 2023 2023 This is a request for an Abdomen and Pelvis CT. This study is being ordered for chronic pain. This is not the first visit for this complaint, There has been a physical exam. The patient is fernale, A pelvic exam was performed; The results of the exam are unknown. Yes this is a request for a Diagnostic CT 1 2023 2023 This is a request for an Abdomen and Pelvis CT. This study is being ordered for chronic pain. This is not the first visit for this complaint, There has been any treatment or conservative therapy. There are a performed, a performed, and the performed part than the performed performed performed performed. The results of the exam are unknown. Yes this is a request for a Diagnostic CT 1 2023 2023 This is a request for an Abdomen and Pelvis CT. This study is being ordered for conclusion. This is not the first visit for the performed, the performed performed performed performed performed pe	4/1/2023 -		OB/Gynecol		abdomen and pelvis; without contrast	Denied Not	ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request	Apr-Jun
4/1/2023 OB/Gynecol OB	6/30/2023	4/1/2023	6/30/2023 ogy	Disapproval	material	Medically Necessary	for a Diagnostic CT	1 2023 2023
4/1/2023 OB/Gynecol OB			, , ,,					
4/1/2023 OB/Gynecol OB							This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
4/1/2023 OB/Gynecol oB					74176 Computed tomography,	Radiology Services	· · · · · · · · · · · · · · · · · · ·	
6/30/2023 4/1/2023 6/30/2023 ogy Disapproval This is a request for an Abdomen and Pelvis CT.; This study is being ordered for rhomo pain., This is not the first visit for abdominal and pelvis, without contrast material This is a request for an Abdomen and Pelvis CT.; This study is being ordered for rhomo pain., This is not the first visit for abdominal and pelvis complaints. There has been a phylical exam. The pastent is female., A pelvic exam was Aprilum decically Necessary performed. The results of the exam were abnormal; Yes this is a request for a Diagnostic CT 3 2023 2023 Aprilum decically Necessary performed. The results of the exam are unknown.; Yes this is a request for a Diagnostic CT This is a request for an Abdomen and Pelvis CT. This study is being ordered for rhomo pain. This is not the first visit for abdominal and pelvis, without contrast material Aprilum decically Necessary performed. The results of the exam are unknown.; Yes this is a request for a Diagnostic CT This is a request for an Abdomen and Pelvis CT. This study is being ordered for rhomo pain. This is not the first visit for abdominal and pelvis, without contrast this complaints, there has been a phylical exam. The patient is female., A pelvic exam was Aprilum decically Necessary performed. The results of the exam were abnormal; Yes this is a request for a Diagnostic CT 3 2023 2023 2023 2023 2023 2023 2023 2	4/1/2023 -		OB/Gvnecol					Apr-Jun
4/1/2023 - OB/Gynecol 6/30/2023 ogy Disapproval 5/30/2023 ogy Disapproval 5/30/2		4/1/2023		Disapproval	•			·
4/1/2023 - 08/Gynecol obsorptional domain and pelvis, without contrast material of season and pelvis, without contrast follows and pelvis, without contrast material of season and pelvis season and pelvis and pelvis season and pelvis season and pelvis season and pelvis	0,00,000	., _,	-,,			, , , , , , , , , , , , , , , , , , , ,		
4/1/2023 - 08/Gynecol obsorptional domain and pelvis, without contrast material of season and pelvis, without contrast follows and pelvis, without contrast material of season and pelvis season and pelvis and pelvis season and pelvis season and pelvis season and pelvis							This is a request for an Ahdomen and Pelvis CT : This study is being requested for ahdominal	
4/1/2023 - OB/Gynecol of 30/2023 ogy Disapproval material bednem and pelvis; without contrast of 30/2023 ogy Disapproval material bednem and pelvis; without contrast of 30/2023 ogy Disapproval material bednem and pelvis; without contrast of 30/2023 ogy Disapproval material bednem and pelvis; without contrast of 30/2023 ogy Disapproval material bednem and pelvis; without contrast of 30/2023 ogy Disapproval material bednem and pelvis; without contrast of 30/2023 ogy Disapproval materials bednem and pelvis; without contrast of 30/2023 ogy Disapproval materials bednem and pelvis; without contrast of 30/2023 ogy Disapproval materials bednem and pelvis; without contrast of 30/2023 ogy Disapproval materials bednem and pelvis; without contrast of 30/2023 ogy Disapproval materials bednem and pelvis; without contrast of 30/2023 ogy Disapproval materials bednem and pelvis; without contrast of 30/2023 ogy Disapproval materials bednem and pelvis; without contrast of 30/2023 ogy Disapproval materials bednem and pelvis; without contrast of 30/2023 ogy Disapproval materials bednem and pelvis; without contrast of 30/2023 ogy Disapproval materials bednem and pelvis; without contrast of 30/2023 ogy Disapproval materials bednem and pelvis; without contrast of 30/2023 ogy Disapproval materials bednem and pelvis; without contrast of 30/2023 ogy Disapproval materials bednem and pelvis; without contrast of 30/2023 ogy Disapproval materials bednem and pelvis without contrast of 30/2023 ogy Disapproval materials bednem and pelvis without contrast of 30/2023 ogy Disapproval materials bednem and pelvis without contrast of a bednem and pelvis without contrast of a bednem and pelvis or confidence of a propriet on conservative therapy; The real subject of a propriet on conservative therapy; The real subject of a propriet on conservative therapy; The real sease, The patient's not conservative therapy or fixed for a propriet on conservative therapy; The real conservative therapy or fixed of a propriet on conservative therapy; The real conserva					74176 Computed tomography	Radiology Services	· · · · · · · · · · · · · · · · · · ·	
6/30/2023 ogy Disapproval material Medically Necessary performed.; The results of the exam were abnormal; Yes this is a request for a Diagnostic CT 3 2023 2023 2023 2023 2023 2023 2023 2	4/1/2023 -		OR/Gynecol				· · · · · · · · · · · · · · · · · · ·	Δnr-lun
Bicornate uterus Longitudinal vaginal septum without obstruction/Postpartum; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease, it is not known if there has been any treatment therapy. There are 2 exams are being ordered. The ordering MDs specially is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical On	1	4/1/2023		Disannroval	•			·
being ordered for something other thank known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease,; it is not known if there has been any treatment or conservative therapy; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, NOT Hematologist/Oncology, This case was created Apr-Jun disease; it is not known if there has been any treatment or conservative therapy; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, NOT Hematologist/Oncologist, NOT Hematologist/Oncologist, NOT Hematologist/Oncologist, NOT Hematologist/Oncology, This case was created Apr-Jun via RadMD; The primary symptoms began 6 months to 1 year 1 2023 2023 4/1/2023 6/30/2023 ogy Disapproval material(s) Radiology Services imaging, abdomen; without contrast material(s) Radiology Services material(s) Radiology Services benied Not material(s) Radiology Services hereason for this procedure.; The patient's Apr-Jun Radiology Services hereason for this procedure.; The patient's Apr-Jun Radiology Services hereason for this procedure. The patient's Apr-Jun Radiology Services hereason for this procedure. The patient's Apr-Jun Radiology Services hereason for this procedure. The patient's Apr-Jun Radiology Services hereason for this procedure. The patient's Apr-Jun Radiology Services hereason for this procedure. The patient's Apr-Jun Radiology Services hereason for this procedure. The patient's Apr-Jun Radiology Services hereason for this procedure. The patient's Apr-Jun Radiology Services hereason for this procedure. The patient's Apr-Jun Radiology Services hereason for this procedure. The patient's Apr-Jun Radiology Services hereason for this procedure. The patient's Apr-Jun Radiology Services hereason for this procedure. The patient's Apr-Jun Radiology Services hereason for this procedure. The patient's Apr-Jun Radiology Services hereason for this procedure. The patient's Apr-Jun R	0/30/2023	4/1/2023	0/30/2023 064	Disapprovai	material	Wicarcany recessary	performed., The results of the exam were ashormall, results is a requestion a biognostic er	3 2023 2023
being ordered for something other thank known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease,; it is not known if there has been any treatment or conservative therapy; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, NOT Hematologist/Oncology, This case was created Apr-Jun disease; it is not known if there has been any treatment or conservative therapy; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, NOT Hematologist/Oncologist, NOT Hematologist/Oncologist, NOT Hematologist/Oncologist, NOT Hematologist/Oncology, This case was created Apr-Jun via RadMD; The primary symptoms began 6 months to 1 year 1 2023 2023 4/1/2023 6/30/2023 ogy Disapproval material(s) Radiology Services imaging, abdomen; without contrast material(s) Radiology Services material(s) Radiology Services benied Not material(s) Radiology Services hereason for this procedure.; The patient's Apr-Jun Radiology Services hereason for this procedure.; The patient's Apr-Jun Radiology Services hereason for this procedure. The patient's Apr-Jun Radiology Services hereason for this procedure. The patient's Apr-Jun Radiology Services hereason for this procedure. The patient's Apr-Jun Radiology Services hereason for this procedure. The patient's Apr-Jun Radiology Services hereason for this procedure. The patient's Apr-Jun Radiology Services hereason for this procedure. The patient's Apr-Jun Radiology Services hereason for this procedure. The patient's Apr-Jun Radiology Services hereason for this procedure. The patient's Apr-Jun Radiology Services hereason for this procedure. The patient's Apr-Jun Radiology Services hereason for this procedure. The patient's Apr-Jun Radiology Services hereason for this procedure. The patient's Apr-Jun Radiology Services hereason for this procedure. The patient's Apr-Jun Radiology Services hereason for this procedure. The patient's Apr-Jun R							Bicornate uterus Longitudinal vaginal centum without obstruction/Postpartum: This study is	
neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease. It is not known if there has been any treatment or conservative therapy. There are being ordered, The ordering MDs specialty is NOT Hematologisty (Chocologist, imaging, abdomen; without contrast imaging, abdomen; without contrast material(s) 74181 Magnetic resonance (eg. proton) imaging, abdomen; without contrast material(s) 74181 Magnetic resonance (eg. proton) imaging, abdomen; without contrast material(s) 74181 Magnetic resonance (eg. proton) imaging, abdomen; without contrast material(s) 74181 Magnetic resonance (eg. proton) imaging, abdomen; without contrast material(s) 74181 Magnetic resonance (eg. proton) imaging, abdomen; without contrast material(s) 74181 Magnetic resonance (eg. proton) imaging, abdomen; without contrast material(s) 74181 Magnetic resonance (eg. proton) imaging, abdomen; without contrast material(s) 74181 Magnetic resonance (eg. proton) imaging, abdomen; without contrast material(s) 74181 Magnetic resonance (eg. proton) Medically Necessary via RadMD.; The primary symptoms began 6 months to 1 year 1 2023 2023 1 is in whown if previous diagnostic imaging has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's neoplasm, or metastatic disease best describes the								
disease; It is not known if there has been any treatment or conservative therapy; There are 2 2 zams are being ordered; The ordering MDs specialty is NOT Hematologist/Oncologist, 1 Provided Surgery, Oncology, Surgical Onco							7 11	
74181 Magnetic resonance (eg. proton) Radiology Services 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Apr-Jun Apr-Ju								
4/1/2023 OB/Gynecol of material(s) Medically Necessary via RadMD.; The primary symptoms began 6 months to 1 year 1 2023 2023 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast of material(s) Medically Necessary via RadMD.; The primary symptoms began 6 months to 1 year 1 2023 2023 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast of material(s) Medically Necessary via RadMD.; The primary symptoms began 6 months to 1 year 1 2023 2023 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast of material(s) Medically Necessary via RadMD.; The primary symptoms began 6 months to 1 year 1 2023 2023 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast of material(s) Medically Necessary via RadMD.; The primary symptoms began 6 months to 1 year 1 2023 2023 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast of maging, abdomen; without spectrial of period Mot on the primary symptoms began 6 months to 1 year 1 2023 2023 74181 Magnetic resonance (eg, proton) Radiology Services of maging, abdomen; without spectrial of period Mot on the period of Radiology Services of Period Mot on the period of Radiology Services of Radiology					7/191 Magnetic reconance (eg. proten)	Padiology Sonvices		
6/30/2023 dy 1/2023 ogy Disaproval material(s) Medically Necessary via RadMD.; The primary symptoms began 6 months to 1 year 1 2023 2023 74181 Magnetic resonance (eg. proton) imaging, abdomen; without contrast of 6/30/2023 dy 1/2023 ogy Disaproval material(s) Medically Necessary Denied Not neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's Apr-Jun cancer is suspected; The type of suspected cancer is not listed. 1 2023 2023 74181 Magnetic resonance (eg. proton) imaging, abdomen; without contrast material(s) Medically Necessary Cancer is suspected; The type of suspected cancer is not listed. 1 2023 2023 74181 Magnetic resonance (eg. proton) imaging, abdomen; without contrast Medically Necessary Cancer is suspected; The type of suspected cancer is not listed. 1 2023 2023 74181 Magnetic resonance (eg. proton) imaging, abdomen; without contrast Medically Necessary Cancer is suspected; The type of suspected cancer is not listed. 1 2023 2023 75 Medically Necessary Cancer is suspected; The type of suspected cancer is not listed. 1 2023 2023 76 Medically Necessary Cancer is suspected; The type of suspected cancer is not listed. 1 2023 2023 76 Medically Necessary Cancer is suspected; The type of suspected cancer is not listed. 1 2023 2023 76 Medically Necessary Cancer is suspected; The type of suspected cancer is not listed. 1 2023 2023 76 Medically Necessary Cancer is suspected; The type of suspected cancer is not listed. 1 2023 2023 77 Medically Necessary Cancer is suspected; The type of suspected cancer is not listed. 1 2023 2023 77 Medically Necessary Cancer is suspected; The type of suspected cancer is not listed. 1 2023 2023 78 Medically Necessary Cancer is suspected; The type of suspected cancer is not listed. 1 2023 2023 78 Medically Necessary Cancer is suspected; The type of suspected cancer is not listed. 1 2023 2023 78 Medically Necessary Cancer is suspected; The type of suspected cancer is not listed. 1 2023 2023 78 Medically Necessary Cancer is suspect	4/1/2022		OR/Cynosol					Anglun
74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast benied Not neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's Apr-Jun neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's Apr-Jun neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's Apr-Jun neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's Apr-Jun neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's Apr-Jun neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's Apr-Jun neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's Apr-Jun neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's Apr-Jun neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's Apr-Jun neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's Apr-Jun neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's Apr-Jun neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's Apr-Jun neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's Apr-Jun neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's Apr-Jun neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's Apr-Jun neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's neoplasm, or metastatic disease hest describes the reason for his procedure		4/4/2022		Disamenanal				
4/1/2023 - OB/Gynecol of Jisapproval material(s) Medically Necessary Medically Necessary cancer is suspected; The type of suspected cancer is not listed. 1 2023 2023 4/1/2023 6/30/2023 ogy Disapproval material(s) Medically Necessary cancer is suspected; The type of suspected cancer is not listed. 1 2023 2023 7 OB/Gynecol of Jisapproval or color Doppler echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when Radiology Services of Jisapproval or color Doppler echocardiography or color Doppler echocardiography or color Doppler echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when Radiology Services of Jisapproval or color Doppler echocardiography or color Doppler echocardiography or color Doppler echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when Radiology Services of Jisapproval or color Doppler echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when Radiology Services of Services of Services or Servic	6/30/2023	4/1/2023	6/30/2023 Ogy	Disapprovai	material(s)	Medically Necessary	via RadiviD.; The primary symptoms began 6 months to 1 year	1 2023 2023
4/1/2023 - OB/Gynecol of Jisapproval material(s) Medically Necessary Medically Necessary cancer is suspected; The type of suspected cancer is not listed. 1 2023 2023 4/1/2023 6/30/2023 ogy Disapproval material(s) Medically Necessary cancer is suspected; The type of suspected cancer is not listed. 1 2023 2023 7 OB/Gynecol of Jisapproval or color Doppler echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when Radiology Services of Jisapproval or color Doppler echocardiography or color Doppler echocardiography or color Doppler echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when Radiology Services of Jisapproval or color Doppler echocardiography or color Doppler echocardiography or color Doppler echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when Radiology Services of Jisapproval or color Doppler echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when Radiology Services of Services of Services or Servic					74101 Magnetic recognition (e.g. protect)	Dadialas, Camiasa	It is unlineaure if any items discussible investors has been any items to send usted. Turner and	
6/30/2023 d/1/2023 ogy Disapproval material(s) Medically Necessary cancer is suspected; The type of suspected cancer is not listed. 1 2023 2023 93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when 6/30/2023 d/1/2023 ogy Disapproval or color Doppler echocardiography beformed, complete, without spectral of 30307 Echocardiography beformed, complete, without spectral or color Doppler echocardiography beformed, complete with image documentation (2D), includes M-mode recording, when 8 addiology Services or color Doppler echocardiography beformed, complete, without spectral or color Doppler echocardiography beart valve disease This a request for a Cancer is suspected; The type of suspected cancer is not listed. 1 2023 2023 This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This is a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The 9 and 10 and	4/1/2022		OR/Compani					Ame I.in
93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when Radiology Services (2D), includes M-mode recording, w		4/4/2022		Discount			·	
real-time with image documentation (2D), includes M-mode recording, when 6/30/2023 4/1/2023 G/30/2023 ogy Disapproval OB/Gynecol 6/30/2023 4/1/2023 G/30/2023 ogy Disapproval OB/Gynecol 6/30/2023 6/30/2023 ogy Disapproval OB/Gynecol CD/Dypler echocardiography OB/Gynecol OB/Gyne	6/30/2023	4/1/2023	6/30/2023 Ogy	Disapprovai	material(s)	Medically Necessary	cancer is suspected; The type of suspected cancer is not listed.	1 2023 2023
real-time with image documentation (2D), includes M-mode recording, when 6/30/2023 4/1/2023 G/30/2023 ogy Disapproval OB/Gynecol 6/30/2023 4/1/2023 G/30/2023 ogy Disapproval OB/Gynecol 6/30/2023 6/30/2023 ogy Disapproval OB/Gynecol CD/Dypler echocardiography OB/Gynecol OB/Gyne								
real-time with image documentation (2D), includes M-mode recording, when 6/30/2023 4/1/2023 G/30/2023 ogy Disapproval OB/Gynecol 6/30/2023 4/1/2023 G/30/2023 ogy Disapproval OB/Gynecol 6/30/2023 6/30/2023 ogy Disapproval OB/Gynecol CD/Dypler echocardiography OB/Gynecol OB/Gyne					02207 Februard's seeds to the			
(2D), includes M-mode recording, when de recording, when de recording, when de recording, when default spectral or color Doppler echocardiography or color Doppler echocardiography Medically Necessary Holically Necessary This a request for an echocardiogram.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are NO new symptoms suggesting worsening of Apr-Jun heart valve disease 1 2023 2023 This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed Apr-Jun patient has shortness of breath; Shortness of breath is not related to any of the leart's The member is 15 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are NO new symptoms suggesting worsening of Apr-Jun heart valve disease 1 2023 2023 This a request for an echocardiogram.; This study is being ordered for a round symptoms, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed Apr-Jun							This are not for an about the same This is a second for a Toronth and To I	
4/1/2023 - OB/Gynecol performed, complete, without spectral Denied Not response to high blood pressure.; There are NO new symptoms suggesting worsening of Apr-Jun 6/30/2023 dyl/2023 ogy Disapproval or color Doppler echocardiography Medically Necessary heart valve disease This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The 4/1/2023 - OB/Gynecol OB/Gynecol Dospher echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral Denied Not Personse to high blood pressure.; There are NO new symptoms suggesting worsening of Apr-Jun Personse to high blood pressure.; There are NO new symptoms suggesting worsening of Apr-Jun Personse to high blood pressure.; There are NO new symptoms suggesting worsening of Apr-Jun Personse to high blood pressure.; There are NO new symptoms suggesting worsening of Apr-Jun Personse to high blood pressure.; There are NO new symptoms suggesting worsening of Apr-Jun Personse to high blood pressure.; There are NO new symptoms suggesting worsening of Personse to high blood pressure.; There are NO new symptoms suggesting worsening of Personse to high blood pressure.; There are NO new symptoms suggesting worsening of Personse to high blood pressure.; There are NO new symptoms suggesting worsening of Personse to high blood pressure.; There are NO new symptoms suggesting worsening of Personse to high blood pressure.; There are NO new symptoms suggesting worsening of Personse to high blood pressure.; The eract valve disease. This a request for a redocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms. This is a request for a Personse to P					· · · · · · · · · · · · · · · · · · ·			
6/30/2023 6/30/2023 ogy Disapproval or color Doppler echocardiography Medically Necessary heart valve disease 1 2023 2023 This a request for an echocardiogram.; This is a request for an echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) real-time with image documentation (2D), includes M-mode recording, when Radiology Services (2D), includes M-mode recording, when Radiology Services of Denied Not performed, complete, without spectral Denied Not patient has shortness of breath; Shortness of breath is not related to any of the listed Apr-Jun	. /. /						· · · · · · · · · · · · · · · · · · ·	
This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of 93307 Echocardiography, transthoracic, abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) real-time with image documentation indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical (2D), includes M-mode recording, when Radiology Services (2D), includes M-mode recording, when Radiology Services performed, complete, without spectral Denied Not patient has shortness of breath; Shortness of breath is not related to any of the listed Apr-Jun		. / . /						
This study is being ordered for another reason; This study is being ordered for evaluation of 93307 Echocardiography, transthoracic, abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) real-time with image documentation indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical (2D), includes M-mode recording, when Radiology Services (2D), includes M-mode recording, when Radiology Services performed, complete, without spectral Denied Not patient has shortness of breath; Shortness of breath is not related to any of the listed Apr-Jun	6/30/2023	4/1/2023	6/30/2023 ogy	Disapproval	or color Doppler echocardiography	Medically Necessary		1 2023 2023
93307 Echocardiography, transthoracic, abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) real-time with image documentation indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical (2D), includes M-mode recording, when Radiology Services (2D), includes M-mode recording, without spectral Denied Not performed, complete, without spectral Denied Not patient has shortness of breath; Shortness of breath is not related to any of the listed Apr-Jun							• • • • • • • • • • • • • • • • • • • •	
real-time with image documentation indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical (2D), includes M-mode recording, when Radiology Services exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The 4/1/2023 - OB/Gynecol performed, complete, without spectral Denied Not patient has shortness of breath; Shortness of breath is not related to any of the listed Apr-Jun								
(2D), includes M-mode recording, when Radiology Services exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The 4/1/2023 - OB/Gynecol performed, complete, without spectral Denied Not patient has shortness of breath; Shortness of breath is not related to any of the listed Apr-Jun								
4/1/2023 - OB/Gynecol performed, complete, without spectral Denied Not patient has shortness of breath; Shortness of breath is not related to any of the listed Apr-Jun					_			
	l				-		, , ,	
6/30/2023 4/1/2023 6/30/2023 ogy Disapproval or color Doppler echocardiography Medically Necessary indications. 1 2023 2023	1 ' '		. ,				•	
	6/30/2023	4/1/2023	6/30/2023 ogy	Disapproval	or color Doppler echocardiography	Medically Necessary	indications.	1 2023 2023

					This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	
			02207 Echacardiagraphy transthoracia		This study is being ordered for another reason; This study is being ordered for evaluation of	
			93307 Echocardiography, transthoracic,		abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG)	
			real-time with image documentation	Dadislam Carden	indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical	
4/4/2022	00/6		(2D), includes M-mode recording, when		exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The	A 1
4/1/2023 -	OB/Gynecol	n: .	performed, complete, without spectral	Denied Not	patient has shortness of breath; Shortness of breath is not related to any of the listed	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ogy	Disapproval	or color Doppler echocardiography	Medically Necessary		1 2023 2023
			7055444		This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
. /. /			70551 Magnetic resonance (eg, proton)		headache.; It is unknown why this study is being ordered.; The patient does not have	
4/1/2023 -	Obstetrics &		imaging, brain (including brain stem);		dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Gynecology /	Approval	without contrast material		abnormality, loss of smell, hearing loss or vertigo.	1 2023 2023
. /. /			72196 Magnetic resonance (eg, proton)		The patient had a pathology report that came back with Endometrial adenocarcinoma.; This	
4/1/2023 -	Obstetrics &		imaging, pelvis; with contrast	Denied Not	is a request for a Pelvis MRI.; It is not known if surgery is planned for within 30 days.; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Gynecology I	Disapproval	material(s)	Medically Necessary	study is being ordered for Evaluation of the pelvis prior to surgery or laparoscopy.	1 2023 2023
4/1/2023 -			70490 Computed tomography, soft			Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Oncology	Approval	tissue neck; without contrast material		There are 2 exams are being ordered.; The ordering MDs specialty is Oncology	1 2023 2023
			70551 Magnetic resonance (eg, proton)			
4/1/2023 -			imaging, brain (including brain stem);		; There are 4 exams are being ordered.; The ordering MDs specialty is Oncology; This case	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Oncology	Approval	without contrast material		was created via RadMD.	1 2023 2023
			70551 Magnetic resonance (eg, proton)			
4/1/2023 -			imaging, brain (including brain stem);			Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Oncology	Approval	without contrast material		There are 2 exams are being ordered.; The ordering MDs specialty is Oncology	1 2023 2023
					This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
			70551 Magnetic resonance (eg, proton)		headache.; This study is being ordered for follow-up.; The patient completed a course of	
4/1/2023 -			imaging, brain (including brain stem);		chemotherapy or radiation therapy within the past 90 days.; This study is being ordered for a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Oncology	Approval	without contrast material		tumor.; The patient has a biopsy proven cancer	1 2023 2023
4/1/2023 -		••	71250 Computed tomography, thorax;		; There are 4 exams are being ordered.; The ordering MDs specialty is Oncology; This case	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Oncology	Approval	without contrast material		was created via RadMD.	1 2023 2023
					'None of the above' describes the reason for this request.; Surveillance of a known cancer	
					following treatment is related to this request for imaging of a known cancer or tumor; This is	
4/1/2023 -			71250 Computed tomography, thorax;		a request for a Chest CT.; This study is beign requested for known cancer or tumor; Yes this	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Oncology	Approval	without contrast material		is a request for a Diagnostic CT	1 2023 2023
1,272020	1,10,111 1	фриста			'None of the above' describes the reason for this request.; This study is being requested for	
4/1/2023 -			71250 Computed tomography, thorax;		'none of the above'.; This is a request for a Chest CT.; This study is being requested for none	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Oncology	Approval	without contrast material		of the above.; Yes this is a request for a Diagnostic CT	1 2023 2023
, ,	, - , ,				,	
4/1/2023 -			71250 Computed tomography, thorax;		Abnormal finding on examination of the chest, chest wall and or lungs describes the reason	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Oncology	Approval	without contrast material		for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1 2023 2023
4/1/2023 -	-, -0, 2020 G.100.0By		71250 Computed tomography, thorax;		Abnormal imaging test describes the reason for this request; This is a request for a Chest	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Oncology	Approval	without contrast material		CT.; Yes this is a request for a Diagnostic CT	1 2023 2023
-, 50, 2025 4, 1, 2025	5,55,2525 OHOOOBY 7	p. 0 - 01			The ordering MDs specialty is Oncology; This is a request for CT of the Abdomen/Pelvis and	1 2023 2023
4/1/2023 -			71250 Computed tomography, thorax;		Chest ordered in combination.; This is being requested for Follow up treatment of Cancer,	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Oncology	Approval	without contrast material		Metastatic disease, Malignancy	1 2023 2023
0,00,2020 4,1,2020	3/30/2023 Officology /	provai			The ordering MDs specialty is Oncology; This is a request for CT of the Abdomen/Pelvis and	1 2023 2023
4/1/2023 -			71250 Computed tomography, thorax;		Chest ordered in combination.; This is being requested for Known diagnosis of Cancer,	Apr-Jun
6/30/2023 4/1/2023	6/20/2022 Oncology	Approval			· · · · · · · · · · · · · · · · · · ·	3 2023 2023
0/30/2023 4/1/2023	6/30/2023 Oncology	Approval	without contrast material		Metastatic disease, Malignancy The ordering MDs specialty is Operatory. This is a request for CT of the Abdomon/Polyis and	5 2023 2023
4/1/2022			71250 Committed townsome by the con-		The ordering MDs specialty is Oncology; This is a request for CT of the Abdomen/Pelvis and	Ame III
4/1/2023 -	C/20/2022 Oncole	A	71250 Computed tomography, thorax;		Chest ordered in combination.; This is being requested for Staging or Restaging of Cancer,	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Oncology	Approval	without contrast material		Metastatic disease, Malignancy	4 2023 2023
4/1/2023 -	6/20/2022 0	A	71250 Computed tomography, thorax;		There are 2 common to be in a red and . The red art a NAD are stall to be Once.	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Oncology	Approval	without contrast material		There are 2 exams are being ordered.; The ordering MDs specialty is Oncology	1 2023 2023

4/1/2023 -	6/20/2022 0	Accessed	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Oncology	Approval	image postprocessing	a Chest CT Angiography.	1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Oncology	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	The ordering MDs specialty is Oncology; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Known diagnosis of Cancer, Metastatic disease, Malignancy	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Oncology	Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	The ordering MDs specialty is Oncology; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; This request is for Known diagnosis of Cancer, Metastatic disease, Malignancy	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Oncology	Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The ordering MDs specialty is Oncology; This study is being ordered for Cancer/Tumor/Metastatic Disease; This request is for Known diagnosis of Cancer, Metastatic disease, Malignancy	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	; There are 4 exams are being ordered.; The ordering MDs specialty is Oncology; This case was created via RadMD.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	The ordering MDs specialty is Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Follow up treatment of Cancer, Metastatic disease, Malignancy	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	The ordering MDs specialty is Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy The ordering MDs consists is Openham This is a request for CT of the Abdomes (Nelvis and	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	The ordering MDs specialty is Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy	Apr-Jun 4 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There are 2 exams are being ordered.; The ordering MDs specialty is Oncology	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for acute pain.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Oncology	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	Apr-Jun 5 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Oncology	Approval	76498 Unlisted magnetic resonance procedure (eg, diagnostic, interventional)	coronal T2 screening of entire body; Requestor has decided to proceed with the unlisted code.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Oncology	Approval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; Yes, this is an individual who has known breast cancer in the contralateral (other) breast.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Oncology	Approval	78813 Positron emission tomography (PET) imaging; whole body	There are 2 exams are being ordered.; The ordering MDs specialty is Oncology	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		; There are 4 exams are being ordered.; The ordering MDs specialty is Oncology; This case was created via RadMD.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		A biopsy has NOT substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Colo-rectal Cancer.; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Lymphoma or Myeloma.; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 -	. (. (0.00	5/02/0222		78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical			Apr-Jun
6/30/2023 4/1/2023 - 6/30/2023		6/30/2023 Oncology 6/30/2023 Oncology	Approval	localization imaging; whole body 71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There are 2 exams are being ordered.; The ordering MDs specialty is Oncology Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1 2023 2023 Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Oncology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Oncology	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not	This is a request for CT Angiography of the Abdomen and Pelvis.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Oncology	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	The ordering MDs specialty is Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Staging or Restaging of Cancer, Metastatic disease, Malignancy	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Oncology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	A biopsy has NOT substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Oncology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being ordered for something other than listed above.; This study is not being ordered for None of the above.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Oncology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Colo-rectal Cancer.; This PET Scan is being requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Oncology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Colo-rectal Cancer.; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
•		G,		93307 Echocardiography, transthoracic, real-time with image documentation		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for Chest pain of suspected cardiac etiology; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been	
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Oncology	Disapproval	(2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram This is a request for a brain/head CT.; The patient has a suspected brain tumor.; There are	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Ophthalmol 6/30/2023 ogy	Approval	70450 Computed tomography, head or brain; without contrast material		documented neurologic findings suggesting a primary brain tumor.; This is a Medicare member.; Known or suspected tumor best describes the reason that I have requested this test. "This request is for orbit, sella, int. auditory canal, temporal bone, mastoid, CT.239.8"; "There	Apr-Jun 1 2023 2023
4/1/2023 -	4/1/2022	Ophthalmol	Amazaral	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast		is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury ostct"; "There is not suspicion of neoplasm, or metastasis.ostct"; This is a preoperative or recent postoperative evaluation.;	Apr-Jun
6/30/2023 4/1/2023 - 6/30/2023		6/30/2023 ogy Ophthalmol	Approval	material 70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		Yes this is a request for a Diagnostic CT "This request is for orbit, sella, int. auditory canal, temporal bone, mastoid, CT.239.8"; "There is suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; Yes this is a request for a Diagnostic CT.	1 2023 2023 Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023		6/30/2023 ogy Ophthalmol 6/30/2023 ogy	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Ophthalmol 6/30/2023 ogy	Approval	70486 Computed tomography, maxillofacial area; without contrast material		"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Ophthalmol 6/30/2023 ogy	Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	Ophthalmol 6/30/2023 ogy Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Eye exam showed a full optic disc and previous MRI brain orbits with gad and MRV in 2019 showed borderline Chiari and full disc. Clinical notes from office visit 02/20/23; patient noted intermittent headaches; HX of swollen optic nerve; This study is being ordered for Congenital Anomaly.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Ophthalmol 6/30/2023 ogy Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	new optic neuritis, severe color and vision depression, central scotomas, notable RNFL thickening on both eyes with hyperemic appearing optic nerves. vision loss.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Ophthalmol 6/30/2023 ogy Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Rule out brain mass or vascular malformation causing new onset strabismus; This study is being ordered for a neurological disorder.; It is not known if there has been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Ophthalmol 6/30/2023 ogy Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	There is not a suspicion of an infection or abscess.; This examination is being requested to evaluate lymphadenopathy or mass.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Ophthalmol 6/30/2023 ogy Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	There is not a suspicion of an infection or abscess.; This examination is NOT being requested to evaluate lymphadenopathy or mass.; There is not a suspicion of a bone infection (osteomyelitis).; There is a suspicion of an orbit or face neoplasm, tumor, or metastasis.; This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Ophthalmol 6/30/2023 ogy Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	This is a request for an Orbit MRI.; There is a history of orbit or face trauma or injury.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Ophthalmol 6/30/2023 ogy Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	This study is being ordered for Inflammatory/ Infectious Disease.; It is not known if there has been any treatment or conservative therapy.; There are 5 or more exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; It is unknown when the primary symptoms began	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Ophthalmol 6/30/2023 ogy Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began less than 6 months ago	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Ophthalmol 6/30/2023 ogy Approval	70544 Magnetic resonance angiography, head; without contrast material(s)	Eye exam showed a full optic disc and previous MRI brain orbits with gad and MRV in 2019 showed borderline Chiari and full disc. Clinical notes from office visit 02/20/23; patient noted intermittent headaches; HX of swollen optic nerve; This study is being ordered for Congenital Anomaly.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago	Apr-Jun 1 2023 2023

					idiopathic intracranial hypertension ;complains of blurred vision;Having headaches once	
					about every other week; wooshing sound in ears; Left eye Papilledema associated with	
				70F 44 Magnetic recognition	increased intracranial pressure; There is not an immediate family history of aneurysm.; The	
4/4/2022		0		70544 Magnetic resonance	patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for	A man days
4/1/2023 -	4/4/2022	Ophthalmol	A	angiography, head; without contrast	these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 ogy	Approval	material(s)	request for a Brain MRA.	1 2023 2023
					Rule out brain mass or vascular malformation causing new onset strabismus; This study is	
					being ordered for a neurological disorder.; It is not known if there has been any treatment or	
				705 44 Magnetic recognition	conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is	
4/1/2022		Onbahalmal		70544 Magnetic resonance	NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	Ame I.m
4/1/2023 - 6/30/2023	4/4/2022	Ophthalmol 6/30/2023 ogy	A	angiography, head; without contrast	Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1	Apr-Jun 1 2023 2023
6/30/2023	4/1/2023	6/30/2023 Ogy	Approval	material(s)	year	1 2023 2023
4/1/2022		Onbahalmal		70544 Magnetic resonance	There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has been	Ame I.m
4/1/2023 -	4/1/2022	Ophthalmol	A	angiography, head; without contrast	a stroke or TIA within the past 2 weeks.; This is a request for a Brain MRA.	Apr-Jun 1 2023 2023
6/30/2023	4/1/2023	6/30/2023 ogy	Approval	material(s)	· · ·	1 2023 2023
					This study is being ordered for Inflammatory/ Infectious Disease.; It is not known if there has	
				70E 44 Magnetic reconance	been any treatment or conservative therapy.; There are 5 or more exams are being ordered.;	
4/1/2022		Onbahalasal		70544 Magnetic resonance	The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,	A 1
4/1/2023 -	4/1/2022	Ophthalmol	Annrewal	angiography, head; without contrast	Surgical Oncology or Radiation Oncology; This case was created via BBI.; It is unknown when	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 ogy	Approval	material(s)	the primary symptoms began	1 2023 2023
					This study is being ordered for Inflammatory/ Infectious Disease.; It is not known if there has	
				705 47 14	been any treatment or conservative therapy.; There are 5 or more exams are being ordered.;	
4/1/2022		Onbahalmal		70547 Magnetic resonance	The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,	A 1
4/1/2023 -	4/4/2022	Ophthalmol	A	angiography, neck; without contrast	Surgical Oncology or Radiation Oncology; This case was created via BBI.; It is unknown when	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 ogy	Approval	material(s)	the primary symptoms began	1 2023 2023
					; This study is being ordered for something other than: known trauma or injury, metastatic	
					disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
				70EE1 Magnetic reconance (eg. proten)	vascular disease.; There has been treatment or conservative therapy.; The ordering MDs	
4/1/2023 -		Onbahalasal		70551 Magnetic resonance (eg, proton)	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	A 1
	4/4/2022	Ophthalmol	A	imaging, brain (including brain stem);	Radiation Oncology; This case was created via RadMD.; The primary symptoms began more	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 ogy	Approval	without contrast material	than 1 year ago; Medications were given for this diagnosis	1 2023 2023
					Eye exam showed a full optic disc and previous MRI brain orbits with gad and MRV in 2019	
					showed borderline Chiari and full disc. Clinical notes from office visit 02/20/23; patient	
					noted intermittent headaches;HX of swollen optic nerve; This study is being ordered for	
					Congenital Anomaly.; There has not been any treatment or conservative therapy.; There are	
				70551 Magnetic resonance (eg, proton)	3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist,	
4/1/2023 -		Ophthalmol		imaging, brain (including brain stem);	Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created	Apr-Jun
6/30/2023	1/1/2023	6/30/2023 ogy	Approval	without contrast material	via RadMD.; The primary symptoms began more than 1 year ago	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Ogy	Арріочаі	Without Contrast material	new optic neuritis, severe color and vision depression, central scotomas, notable RNFL	1 2023 2023
					thickening on both eyes with hyperemic appearing optic nerves. vision loss.; This study is	
					being ordered for something other than: known trauma or injury, metastatic disease, a	
					neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular	
					disease.; There has not been any treatment or conservative therapy.; There are 2 exams are	
				70551 Magnetic resonance (eg, proton)	being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
4/1/2023 -		Ophthalmol		imaging, brain (including brain stem);	Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via	Apr-Jun
6/30/2023	4/1/2022	6/30/2023 ogy	Approval	without contrast material	RadMD.; The primary symptoms began less than 6 months ago	1 2023 2023
0/ 30/ 2023	7/1/2023	0/30/2023 OBY	Approvai	without contrast material	Rule out brain mass or vascular malformation causing new onset strabismus; This study is	1 2023 2023
					being ordered for a neurological disorder.; It is not known if there has been any treatment or	
					conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is	
				70551 Magnetic resonance (eg, proton)	NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -		Ophthalmol		imaging, brain (including brain stem);	Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 ogy	Approval	without contrast material	year	1 2023 2023
5,00,2023	., _, _0_5	-, -0, -0-0 061	pp		,	1 2020 2020
				70551 Magnetic resonance (eg, proton)	This request is for a Brain MRI; Recent (in the past month) head trauma with neurologic	
4/1/2023 -		Ophthalmol		imaging, brain (including brain stem);	symptoms/findings best describes the reason that I have requested this test.; This is NOT a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 ogy	Approval	without contrast material	Medicare member.	1 2023 2023
		01		· · · · · · · · · · · · · · · · · · ·		

					This request is for a Brain MRI; The study is being requested for evaluation of a headache.;	
					The headache is described as chronic or recurring.; It is not known if the headache is	
					presenting with a sudden change in severity, associated with exertion, or a mental status	
			70551 Magnetic resonance (eg, proton)		change.; There are not recent neurological symptoms or deficits such as one sided weakness,	
4/1/2023 -	Ophthalmol		imaging, brain (including brain stem);		speech impairments, or vision defects.; There is a family history (parent, sibling or child of	Apr-Jun
6/30/2023 4/1/20	23 6/30/2023 ogy	Approval	without contrast material		the patient) of AVM (arteriovenous malformation).	1 2023 2023
					This request is for a Brain MRI; The study is being requested for evaluation of a headache.;	
					The headache is described as chronic or recurring.; It is not known if the headache is	
			70551 Magnetic resonance (eg, proton)	1	presenting with a sudden change in severity, associated with exertion, or a mental status	
4/1/2023 -	Ophthalmol		imaging, brain (including brain stem);		change.; There are recent neurological symptoms or deficits such as one sided weakness,	Apr-Jun
6/30/2023 4/1/20	23 6/30/2023 ogy	Approval	without contrast material		speech impairments, or vision defects.	1 2023 2023
					This request is for a Brain MRI; The study is being requested for evaluation of a headache.;	
					The headache is described as chronic or recurring.; The headache is not presenting with a	
			70551 Magnetic resonance (eg, proton)		sudden change in severity, associated with exertion, or a mental status change.; There are	
4/1/2023 -	Ophthalmol		imaging, brain (including brain stem);		recent neurological symptoms or deficits such as one sided weakness, speech impairments,	Apr-Jun
6/30/2023 4/1/20	23 6/30/2023 ogy	Approval	without contrast material		or vision defects.	3 2023 2023
			70551 Magnetic resonance (eg, proton)	1	This request is for a Brain MRI; The study is being requested for evaluation of a headache.;	
4/1/2023 -	Ophthalmol		imaging, brain (including brain stem);		The headache is described as chronic or recurring.; The headache is presenting with a	Apr-Jun
6/30/2023 4/1/20	23 6/30/2023 ogy	Approval	without contrast material		sudden change in severity, associated with exertion, or a mental status change.	2 2023 2023
					This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
					headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm,	
					infection/inflammation,multiple sclerosis, or seizures; The condition is associated with	
			70551 Magnetic resonance (eg, proton)		headache, blurred or double vision or a change in sensation noted on exam.; The patient	
4/1/2023 -	Ophthalmol		imaging, brain (including brain stem);		does NOT have dizziness, fatigue or malaise, Bell's Palsy, a congenital abnormality, loss of	Apr-Jun
6/30/2023 4/1/20	23 6/30/2023 ogy	Approval	without contrast material		smell, hearing loss or vertigo.	3 2023 2023
					This study is being ordered for Inflammatory/ Infectious Disease.; It is not known if there has	
					been any treatment or conservative therapy.; There are 5 or more exams are being ordered.;	
			70551 Magnetic resonance (eg, proton)		The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,	
4/1/2023 -	Ophthalmol		imaging, brain (including brain stem);		Surgical Oncology or Radiation Oncology; This case was created via BBI.; It is unknown when	Apr-Jun
6/30/2023 4/1/20	23 6/30/2023 ogy	Approval	without contrast material		the primary symptoms began	1 2023 2023
					This study is being ordered for something other than: known trauma or injury, metastatic	
					disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
					vascular disease.; There has not been any treatment or conservative therapy.; There are 2	
			70551 Magnetic resonance (eg, proton)		exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist,	
4/1/2023 -	Ophthalmol		imaging, brain (including brain stem);		Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created	Apr-Jun
6/30/2023 4/1/20	23 6/30/2023 ogy	Approval	without contrast material		via BBI.; The primary symptoms began less than 6 months ago	1 2023 2023
, , , , , , ,		•••			This study is being ordered for Inflammatory/ Infectious Disease.; It is not known if there has	
					been any treatment or conservative therapy.; There are 5 or more exams are being ordered.;	
					The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,	
4/1/2023 -	Ophthalmol		71250 Computed tomography, thorax;		Surgical Oncology or Radiation Oncology; This case was created via BBI.; It is unknown when	Apr-Jun
6/30/2023 4/1/20	•	Approval	without contrast material		the primary symptoms began	1 2023 2023
, , , , , ,						
			70551 Magnetic resonance (eg, proton)	Radiology Services	This request is for a Brain MRI; Known or suspected blood vessel abnormality (AVM,	
4/1/2023 -	Ophthalmol		imaging, brain (including brain stem);	Denied Not	aneurysm) with documented new or changing signs and or symptoms best describes the	Apr-Jun
6/30/2023 4/1/20	•	Disapproval	without contrast material		reason that I have requested this test.; This is NOT a Medicare member.	1 2023 2023
, ,	-,,01		70486 Computed tomography,	,	, , , , , , , , , , , , , , , , , , , ,	
4/1/2023 -	Oral/Maxillo)	maxillofacial area; without contrast		"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone	Apr-Jun
6/30/2023 4/1/20		Approval	material		or skull, trauma or injury.fct"; Yes this is a request for a Diagnostic CT	3 2023 2023
-, 55, 2525 -, 1/20	0,00,2020 100101	pp. 0 vui	70496 Computed tomographic		; This study is being ordered for a neurological disorder.; There has been treatment or	5 2025 2025
			angiography, head, with contrast		conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
			material(s), including noncontrast		Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via	
4/1/2023 -			images, if performed, and image		RadMD.; The primary symptoms began more than 1 year ago; Medications were given for	Apr-Jun
6/30/2023 4/1/20	23 6/30/2023 Orthopedics	Annroval	postprocessing		this diagnosis	1 2023 2023
0/30/2023 4/1/20	23 0/30/2023 Orthopedics	Approvai	postprocessing		and diagnosis	1 2023 2023

		70498 Computed tomographic	; This study is being ordered for a neurological disorder.; There has been treatment or	
		angiography, neck, with contrast	conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
		material(s), including noncontrast	Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via	
4/1/2023 -	5/20/2022 0 11 11 1	images, if performed, and image	RadMD.; The primary symptoms began more than 1 year ago; Medications were given for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	postprocessing	this diagnosis	1 2023 2023
		70540.44		
. /. /2022		70540 Magnetic resonance (eg, proton)		
4/1/2023 -	6/20/2022 Outh and in Americal	imaging, orbit, face, and/or neck;	"This is a request for orbit,face, or neck soft tissue MRI.239.8"; The study is ordered for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	without contrast material(s)	suspicion of neoplasm, tumor or metatstasis	1 2023 2023
		70FF1 Magnetic recorded (or mater)	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/4/2022		70551 Magnetic resonance (eg, proton)	headache.; It is unknown why this study is being ordered.; The patient does not have	A I
4/1/2023 -	C/20/2022 Outhanding Annual	imaging, brain (including brain stem);	dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	without contrast material	abnormality, loss of smell, hearing loss or vertigo.	1 2023 2023
		70551 Magnetic resonance (eg, proton)	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/1/2023 -		imaging, brain (including brain stem);	headache.; This study is being ordered for seizures.; There has been a change in seizure	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	without contrast material	pattern or a new seizure.	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Offilopedics Approval	without contrast material	pattern of a new seizure.	1 2023 2023
			weakness, poor coordination, problems walking. limited range of motion, muscle/joint	
			aches.lower cervical spinous processes tender.bilateral paracervical muscles tender, upper	
			trapezius tender.C8 right 4th and 5th digits: sensation decreased, decreased se; This study is	
			being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.;	
		70551 Magnetic resonance (eg, proton)	The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,	
4/1/2023 -		imaging, brain (including brain stem);	Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	without contrast material	symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1 2023 2023
0,00,000	о, оо, доли от породина и при от по			
			hx sarcoma ; surveillance for metastatic disease; This study is being ordered for a metastatic	
4/1/2023 -		71250 Computed tomography, thorax;	disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery,	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	without contrast material	Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1 2023 2023
			The request is for a chest, thoracic or sterno-clavicular joint CT.; "There is not a nodule, coin	
			lesion or other lung mass.cxct"; This examination is not being ordered for persistent lung	
			infiltrate or pneumonia.; This study is not being requested prior to surgery or as part of lung	
			biopsy.; "There is not suspicion of tumor, neoplasm, or metastatic disease.cxct"; This study	
			is not for evaluation of lung fibrosis or pneumoconiosis.; "Suspicion of mediastinal widening,	
4/1/2023 -		71250 Computed tomography, thorax;	aneurysm. mass etccxct"; Sputum cytology is not positive for neoplasm.; Yes this is a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	without contrast material	request for a Diagnostic CT	1 2023 2023
			This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT	
4/1/2023 -		71250 Computed tomography, thorax;	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	without contrast material	Oncology; This case was created via BBI.	1 2023 2023
		71550 Magnetic resonance (eg, proton)		
		imaging, chest (eg, for evaluation of		
		hilar and mediastinal	Maffucci syndrome; This study is being ordered for a metastatic disease.; The ordering MDs	
4/1/2023 -		lymphadenopathy); without contrast	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	material(s)	Radiation Oncology; This case was created via RadMD.	1 2023 2023
			; This study is being ordered for Congenital Anomaly.; There has been treatment or	
			conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
. /. /			Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via	
4/1/2023 -	-/	72125 Computed tomography, cervical	RadMD.; The primary symptoms began more than 1 year ago; Physical Therapy was	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	spine; without contrast material	completed for this diagnosis	1 2023 2023
			This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This	
			study is being ordered for a pre-operative evaluation.; The patient is experiencing or	
. /. /2022			presenting symptoms of lower extremity weakness.; There is a reason why the patient	
4/1/2023 -	C/20/2022 Oath and the Ar	72125 Computed tomography, cervical	cannot have a Cervical Spine MRI.; The patient has been diagnosed with a neurological	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	spine; without contrast material	deficit.	1 2023 2023

			This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for a pre-operative evaluation.; There has been a supervised trial of conservative management for at least 6 weeks.; The patient is not experiencing or presenting symptoms of Abnormal Gait, Lower Extremity Weakness, Asymmetric Reflexes,	
			Cauda Equina Syndrome, Bowel or Bladder Disfunction, New Foot Drop, or Radiculopathy	
			documented on an EMG or nerve conduction study.; The patient is experiencing sensory	
4/1/2023 -		72125 Computed tomography, cervical	abnormalities such as numbness or tingling.; There is a reason why the patient cannot have a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	spine; without contrast material	Cervical Spine MRI.; The patient has been diagnosed with a neurological deficit.	1 2023 2023
			This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This	
4/1/2023 -		72125 Computed tomography, cervical	study is being ordered for a pre-operative evaluation.; There is a reason why the patient cannot have a Cervical Spine MRI.; The patient has NOT been diagnosed with a tumor,	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	spine; without contrast material	infection or neurological deficit.	1 2023 2023
		· ·	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This	
			study is being ordered for follow-up surgery or fracture within the last 6 months.; There is a	
4/1/2023 -		72125 Computed tomography, cervical	reason why the patient cannot have a Cervical Spine MRI.; The ordering MDs specialty is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	spine; without contrast material	Orthopedics	2 2023 2023
			; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
			Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via	
4/1/2023 -		72128 Computed tomography, thoracic	RadMD.; The primary symptoms began more than 1 year ago; Physical Therapy was	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	spine; without contrast material	completed for this diagnosis	1 2023 2023
			; This study is being ordered for Congenital Anomaly.; There has been treatment or	
			conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
. /. /			Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via	
4/1/2023 -	C/20/2022 Orthonodics Approval	72131 Computed tomography, lumbar	RadMD.; The primary symptoms began more than 1 year ago; Physical Therapy was	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	spine; without contrast material	completed for this diagnosis This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have	1 2023 2023
4/1/2023 -		72131 Computed tomography, lumbar	new or changing neurologic signs or symptoms.; The patient does have a new foot drop.; Yes	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	spine; without contrast material	this is a request for a Diagnostic CT	1 2023 2023
			This is a request for a lumbar spine CT.; Neurological deficits; The patient does have new or	
			changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The	
			patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is	
4/1/2023 -		72121 Computed tomography Jumbar	reflex abnormality.; Diminished reflexes bilaterally, as well as diminished sensation in both	Apr lup
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	72131 Computed tomography, lumbar spine; without contrast material	lower extremities.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Orthopedies Approval	spine, without contrast material	request for a Diagnostic Ci	1 2023 2023
4/1/2023 -		72131 Computed tomography, lumbar	This is a request for a lumbar spine CT.; Pre-Operative Evaluation; Surgery is not scheduled	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	spine; without contrast material	within the next 4 weeks.; Yes this is a request for a Diagnostic CT	1 2023 2023
			This is a request for a lumbar spine CT.; Pre-Operative Evaluation; Surgery is scheduled	
4/1/2023 -		72131 Computed tomography, lumbar	within the next 4 weeks.; No, the last Lumbar spine MRI was not performed within the past	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	spine; without contrast material	two weeks.; Yes this is a request for a Diagnostic CT	2 2023 2023
			; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
			vascular disease.; There has been treatment or conservative therapy.; The ordering MDs	
		72141 Magnetic resonance (eg, proton)	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
4/1/2023 -		imaging, spinal canal and contents,	Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	cervical; without contrast material	months to 1 year; Physical Therapy was completed for this diagnosis	1 2023 2023
			Jasmine Rena Missouri is a 30 y.o. female who presents to clinic for worsening neck and low	
			back pain with numbness and tingling of upper and lower extremities. Patient continues to	
		721.41 Magnetic recommend (on muchs :-)	have non dermatomal pain throughout her upper extremities, throughout en; There has	
4/1/2023 -		72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	cervical; without contrast material	ago; Physical Therapy was completed for this diagnosis	1 2023 2023
5, 53, 2020 1, 2, 2020	1, 11, 1020 C. C. Opeaico 7. ppi Ovai	2222., Michael Contract Material	-g-,, -t-t-t-t-t-t-t-t-t-t-t-t-t-t-t-t-t-t-t	1 2020 2029

All Jagons and contents of participation of the par						
4/1/2023 4/1/2023 Gritopedic Approval 6/30/2023 Gritopedic Approval 7214 Magnetic resonance (eg. proton) 1/1/2023 6/30/2023 Orthopedic Approval 7214 Magnetic resonance (eg. proton) 1/2023 6/30/2023 Orthopedic Approval 7214 Magnetic resonance (eg. proton) 1/2023 6/30/2023 Orthopedic Approval 7214 Magnetic resonance (eg. proton) 1/2023 6/30/2023 Orthopedic Approval 7214 Magnetic resonance (eg. proton) 1/2023 6/30/2023 Orthopedic Approval 7214 Magnetic resonance (eg. proton) 1/2023 6/30/2023 Orthopedic Approval 7214 Magnetic resonance (eg. proton) 1/2023 6/30/2023 Orthopedic Approval 7214 Magnetic resonance (eg. proton) 1/2023 6/30/2023 Orthopedic Approval 7214 Magnetic resonance (eg. proton) 1/2023 6/30/2023 Orthopedic Approval 7214 Magnetic resonance (eg. proton) 1/2023 6/30/2023 Orthopedic Approval 7214 Magnetic resonance (eg. proton) 1/2023 6/30/2023 Orthopedic Approval 7214 Magnetic resonance (eg. proton) 1/2023 6/30/2023 Orthopedic Approval 7214 Magnetic resonance (eg. proton) 1/2023 6/30/2023 Orthopedic Approval 7214 Magnetic resonance (eg. proton) 1/2023 6/30/2023 Orthopedic Approval 7214 Magnetic resonance (eg. proton) 1/2023 6/30/2023 Orthopedic Approval 7214 Magnetic resonance (eg. proton) 1/2023 6/30/2023 Orthopedic Approval 7214 Magnetic resonance (eg. proton) 1/2023 6/30/2023 Orthopedic Approval 7214 Magnetic resonance (eg. proton) 1/2023 6/30/2023 Orthopedic Approval 7214 Magnetic resonance (eg. proton) 1/2023 6/30/2023 Orthopedic Approval 7214 Magnetic resonance (eg. proton) 1/2023 6/30/2023 Orthopedic Approval 7214 Magnetic resonance (eg. proton) 1/2023 6/30/2023 Orthopedic Approval 7214 Magnetic resonance (eg. proton) 1/2023 6/30/2023 Orthopedic Approval 7214 Magnetic resonance (eg. proton) 1/2023 6/30/2023 Orthopedic Approval 7214 Magnetic resonance (eg. proton) 1/2023 6/30/2023 Orthopedic Approval 7214 Magnetic resonance (eg. proton) 1/2023 6/30/2023 Orthopedic Approval 7214 Magnetic resonance (eg. proton) 1/2023 6/30/2023 Orthopedic Approval					Spinal stenosis, cervical ;myelopathy; There has been treatment or conservative therapy.;	
6/30/2023 4/1/2023 6/30/2023 Orthopedics Approval Fig. 12/2023 6/	4/1/2022					A 1
The study prepared is a Lumbur Spine MIL; The patient has acute or chronic base pain; This study is being equal as a Per-parentel wouldation; The ordering MDs specialty is Aprilum (A) 1/2023 - 6/39/2023 Orthopedics Approval 72141 Magnetic resonance (eg. proton) Imaging, spinal canal and contents, cervical, without contrast material Registered have of the spinary symptoms began in months to 1 year; Physicial Aprilum Ap		4/4/2022	C/20/2022 Orthonodics Approval			
4/1/2023 - 6/30/2023 Orthopedics Approval 4/1/2023 - 7/2141 Magnetic resonance (eg. proton) 1/2141 Imagentic resonance (eg. pr	6/30/2023	4/1/2023	6/30/2023 Orthopedics Approval	cervical; without contrast material	· · · · · · · · · · · · · · · · · · ·	1 2023 2023
4/1/2023 6/38/2023 Orthopedics Approval Fig. F				721/11 Magnetic resonance (eg. proten)		
6/36/2023 4/1/2023 6/30/2023 Orthopedics Approval cervical, without contrast material Registered Nurse or Preventative Medicine 1 2023 2023 4/1/2023 6/30/2023 Orthopedics Approval cervically without contrast material 1 2023 2023 1 2023 2023 2023 2023 2023	4/1/2022					Apr.lup
Total Magnetic resonance (eg. proton) Tota		4/1/2022	6/20/2022 Orthonodics Approval			·
Imaging, spinal canal and contents, so being ordered for Other; The primary symptoms began 6 months to 1 year; Physical Apr-Jun	6/30/2023	4/1/2023	6/30/2023 Orthopedics Approval	cervical; without contrast material	Registered Nurse of Preventative Medicine	1 2023 2023
Imaging, spinal canal and contents, so being ordered for Other; The primary symptoms began 6 months to 1 year; Physical Apr-Jun				721/11 Magnetic resonance (eg. proton)	There has been treatment or conservative therapy. This case was created via RRI. This study	
5/30/2023 4/1/2023 6/30/2023 Orthopedics Approval cervical; without contrast material Therapy was completed for this diagnosis 1 2023 2023 2024 2024 2024 2024 2024 2024	4/1/2023 -				• • • • • • • • • • • • • • • • • • • •	Δnr-lun
72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, 6/30/2023 4/1/2023 6/30/2023 Orthopedics Approval 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, 6/30/2023 4/1/2023 6/30/2023 Orthopedics Approval 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, 6/30/2023 4/1/2023 6/30/2023 Orthopedics Approval 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, 6/30/2023 4/1/2023 6/30/2023 Orthopedics Approval 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, 6/30/2023 4/1/2023 6/30/2023 Orthopedics Approval 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, 6/30/2023 4/1/2023 6/30/2023 Orthopedics Approval 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, 72141 Magnetic resonance (eg. proton) imagin	1 ' '	4/1/2023	6/30/2023 Orthonedics Approval			
4/1/2023 6/30/2023 Orthopedics Approval cervical without controls, and a canal and contents, foliation and a contents, foliation and contents, foliation and a contents, foliation and a contents, foliation and a contents, foliation and a contents, foliation and contents,	0/30/2023	4/1/2023	0/30/2023 Orthopedies Approval	cervical, without contrast material	merupy was completed for this diagnosis	1 2023 2023
4/1/2023 6/30/2023 Orthopedics Approval cervical without controls, imaging, spinal canal and contents, of 30/2023 4/1/2023 6/30/2023 Orthopedics Approval cervical without controls makerial deficits; This is a request for cervical spine MRI; The reason for ordering this test is Neurologic April 1 2023 2023 4/1/2023 6/30/2023 Orthopedics Approval cervical without controls, imaging, spinal canal and contents, of 6/30/2023 4/1/2023 6/30/2023 Orthopedics Approval cervical without controls that series are spine from the series of or ordering this test is Neurologic Approval cervical without controls that series are spine from the series of or ordering this test is Neurologic Approval cervical without controls that series are spine from the series of or ordering this test is Neurologic and and contents, deficits; This is a medicare member; The patient has Physical exam findings consistent with Appril to myelogative and the series of				72141 Magnetic resonance (eg. proton)		
6/30/2023 4/1/2023 6/30/2023 Orthopedics Approval 72.14 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, 6/30/2023 4/1/2023 6/30/2023 Orthopedics Approval 72.14 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, 6/30/2023 4/1/2023 6/30/2023 Orthopedics Approval 72.14 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, 6/30/2023 4/1/2023 6/30/2023 Orthopedics Approval 72.14 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, 6/30/2023 4/1/2023 6/30/2023 Orthopedics Approval 72.14 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, 6/30/2023 4/1/2023 6/30/2023 Orthopedics Approval 72.14 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, 6/30/2023 4/1/2023 6/30/2023 Orthopedics Approval 72.14 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, 6/30/2023 4/1/2023 6/30/2023 Orthopedics Approval 72.14 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, 6/30/2023 4/1/2023 6/30/2023 Orthopedics Approval 72.14 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, 6/30/2023 4/1/2023 6/30/2023 Orthopedics Approval 72.14 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, 6/30/2023 4/1/2023 6/30/2023 Orthopedics Approval 72.14 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, 6/30/2023 4/1/2023 6/30/2023 Orthopedics Approval 72.14 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, 6/30/2023 4/1/2023 6/30/2023 Orthopedics Approval 72.14 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, 6/30/2023 4/1/2023 6/30/2023 Orthopedics Approval 72.14 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, 6/30/2023 4/1/2023 6/30/2023 Orthopedics Approval 72.14 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, 6/30/2023 6/30/2023 Orthopedics Approval 72.14 Magnetic resonance (e.g. proton) imaging, spinal canal and contents, 6/30/2023 6/30/2023 Orthopedics Approva	4/1/2023 -				This is a request for cervical spine MRI: The reason for ordering this test is Neurologic	Apr-Jun
72141 Magnetic resonance (eg. proton) Imaging, spinal canal and contents, 6/30/2023 4/1/2023 6/30/2023 Orthopedics Approval 72141 Magnetic resonance (eg. proton) Imaging, spinal canal and contents, 6/30/2023 4/1/2023 6/30/2023 Orthopedics Approval 72141 Magnetic resonance (eg. proton) Imaging, spinal canal and contents, 6/30/2023 4/1/2023 6/30/2023 Orthopedics Approval 72141 Magnetic resonance (eg. proton) Imaging, spinal canal and contents, 6/30/2023 4/1/2023 6/30/2023 Orthopedics Approval 72141 Magnetic resonance (eg. proton) Imaging, spinal canal and contents, 6/30/2023 4/1/2023 6/30/2023 Orthopedics Approval 72141 Magnetic resonance (eg. proton) Imaging, spinal canal and contents, 6/30/2023 4/1/2023 6/30/2023 Orthopedics Approval 72141 Magnetic resonance (eg. proton) Imaging, spinal canal and contents, 6/30/2023 4/1/2023 6/30/2023 Orthopedics Approval 72141 Magnetic resonance (eg. proton) Imaging, spinal canal and contents, 6/30/2023 4/1/2023 6/30/2023 Orthopedics Approval 72141 Magnetic resonance (eg. proton) Imaging, spinal canal and contents, 6/30/2023 4/1/2023 6/30/2023 Orthopedics Approval 72141 Magnetic resonance (eg. proton) Imaging, spinal canal and contents, 6/30/2023 4/1/2023 6/30/2023 Orthopedics Approval 72141 Magnetic resonance (eg. proton) Imaging, spinal canal and contents, 6/30/2023 4/1/2023 6/30/2023 Orthopedics Approval 72141 Magnetic resonance (eg. proton) Imaging, spinal canal and contents, 6/30/2023 4/1/2023 6/30/2023 Orthopedics Approval 72141 Magnetic resonance (eg. proton) Imaging, spinal canal and contents, 6/30/2023 4/1/2023 6/30/2023 Orthopedics Approval 72141 Magnetic resonance (eg. proton) Imaging, spinal canal and contents, 6/30/2023 4/1/2023 6/30/2023 Orthopedics Approval 72141 Magnetic resonance (eg. proton) Imaging, spinal canal and contents, 72141 Magnetic resonance (eg. proton) Imaging, spinal canal and contents, 72141 Magnetic resonance (eg. proton) Imaging, spinal canal and contents, 72141 Magnetic resonance (eg. proton) Imaging, spinal canal and contents, 72141 Magnetic		4/1/2023	6/30/2023 Orthopedics Approval			·
imaging, spinal canal and contents, deficits; This is a request for cervical spine MRI; The reason for ordering this test is Neurologic Aprium (errical; without contrast material deficits; This is a Medicare member.; The patient has Poral upper extremity weakness 1 2023 2023 4/1/2023 4/1/2023 6/30/2023 Orthopedics Approval cervical; without contrast material deficits; This is a Medicare member.; The patient has Physical exam findings consistent with myelopathy 2 2023 2023 2023 2023 2023 2023 2023 2	, , , , , ,	, ,	, or	,		
Majrago Majr				72141 Magnetic resonance (eg, proton)		
6/30/2023 4/1/2023 Orthopedics Approval cervical, without contrast material deficits; This is a Medicare member; The patient has Focal upper extremity weakness 1 2023 2023 4/1/2023 Orthopedics Approval Final Magnetic resonance (eg. proton) imaging, spinal canal and contents, deficits; This is a Medicare member; The patient has Physical exam findings consistent with myelopathy 2 2023 2023 4/1/2023 Orthopedics Approval Final Magnetic resonance (eg. proton) imaging, spinal canal and contents, and contents, and contents of the patient has Physical exam findings consistent with myelopathy 2 2023 2023 4/1/2023 Orthopedics Approval Final Magnetic resonance (eg. proton) imaging, spinal canal and contents, and contents, and contents of the patient has provided in the past of the patient has Dermatomal sensory changes on Apr-Jun Ordinary of the patient has Dermatomal sensory changes on Apr-Jun Ordinary of the patient has Dermatomal sensory changes on Apr-Jun Ordinary of the patient has Dermatomal sensory changes on Apr-Jun Ordinary of the patient has Dermatomal sensory changes on Apr-Jun Ordinary of the patient has Dermatomal sensory changes on Apr-Jun Ordinary of the patient has Dermatomal sensory changes on Apr-Jun Ordinary of the patient has Dermatomal sensory changes on Apr-Jun Ordinary of the patient has Dermatomal sensory changes on Apr-Jun Ordinary of the patient has Dermatomal sensory changes on Apr-Jun Ordinary of the patient has Dermatomal sensory changes on Apr-Jun Ordinary of the patient has Dermatomal sensory changes on Apr-Jun Ordinary of the patient has Dermatomal sensory changes on Apr-Jun Ordinary of the patient has Dermatomal sensory changes on Apr-Jun Ordinary of the patient has Dermatomal sensory changes on Apr-Jun Ordinary of the patient has Dermatomal sensory changes on Apr-Jun Ordinary of the patient has Dermatomal sensory changes on Apr-Jun Ordinary of the patient has Dermatomal sensory changes on Apr-Jun Ordinary of the patient has Dermatomal sensory changes on Apr-Jun Ordinary of the patient has	4/1/2023 -				This is a request for cervical spine MRI; The reason for ordering this test is Neurologic	Apr-Jun
4/1/2023 4/1/2023 6/30/2023 Orthopedics Approval 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, myelopathy 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, deficits; This is a request for cervical spine MRI; The reason for ordering this test is Neurologic Apr-Jun deficits; This is a request for cervical spine MRI; The reason for ordering this test is Neurologic Apr-Jun deficits; This is a request for cervical spine MRI; The reason for ordering this test is Neurologic april 1 2023 2023 2023 2023 2023 2023 2023 20	6/30/2023	4/1/2023	6/30/2023 Orthopedics Approval	cervical; without contrast material	deficits; This is a Medicare member.; The patient has Focal upper extremity weakness	1 2023 2023
4/1/2023 4/1/2023 6/30/2023 Orthopedics Approval 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, myelopathy 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, deficits; This is a request for cervical spine MRI; The reason for ordering this test is Neurologic Apr-Jun deficits; This is a request for cervical spine MRI; The reason for ordering this test is Neurologic Apr-Jun deficits; This is a request for cervical spine MRI; The reason for ordering this test is Neurologic april 1 2023 2023 2023 2023 2023 2023 2023 20						
6/30/2023 4/1/2023 6/30/2023 Orthopedics Approval cervical; without contrast material myelopathy 2 2023 2023 4/1/2023 6/30/2023 Orthopedics Approval cervical; without contrast material myelopathy 2 2023 2023 4/1/2023 6/30/2023 Orthopedics Approval cervical; without contrast material deficits; This is a Medicare member.; The patient has Unilateral focal muscle wasting 1 2023 2023 4/1/2023 6/30/2023 Orthopedics Approval cervical; without contrast material deficits; This is a Medicare member. The patient has Dermatomal sensory changes on Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Orthopedics Approval cervical; without contrast material physical examination physical examination physical examination This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is ADC a Medicare member. The patient has Dermatomal sensory changes on Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Orthopedics Approval cervical; without contrast material deficits; This is not a Medicare member. The patient has Focal upper extremity weakness 5 2023 2023 2023 2023 2023 2023 2023 20				72141 Magnetic resonance (eg, proton)	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic	
72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, cervical; without contrast material deficits; This is a request for cervical spine MRI; The reason for ordering this test is Neurologic Apr-Jun deficits; This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on Apr-Jun deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on Apr-Jun deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on Apr-Jun deficits; This is not a well-appeared to the patient has Dermatomal sensory changes on Apr-Jun deficits; This is not a well-appeared to the patient has Dermatomal sensory changes on Apr-Jun deficits; This is not a well-appeared to the patient has Dermatomal sensory changes on Apr-Jun deficits; This is not a well-appeared to the patient has Dermatomal sensory changes on Apr-Jun deficits; This is not a well-appeared to the patient has Dermatomal sensory changes on Apr-Jun deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness 5 2023 2023 and Al/2023 deformed to the patient has Physical examination deficits; This is NOT a Medicare member. The patient has Physical examination deficits; This is NOT a Medicare member. The patient has Physical examination deficits; This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine. The trauma or injury did NOT occur within the past Apr-Jun dis NOT decur within the past of deficits; The p	4/1/2023 -			imaging, spinal canal and contents,	deficits; This is a Medicare member.; The patient has Physical exam findings consistent with	Apr-Jun
4/1/2023 - imaging, spinal canal and contents, corvical, without contrast material deficits; This is a request for cervical spine MRI; The reason for ordering this test is Neurologic Apr-Jun deficits; This is a Medicare member.; The patient has Unilateral focal muscle wasting 1 2023 2023 2023 2023 2023 2023 2023 20	6/30/2023	4/1/2023	6/30/2023 Orthopedics Approval	cervical; without contrast material	myelopathy	2 2023 2023
4/1/2023 - imaging, spinal canal and contents, corvical, without contrast material deficits; This is a request for cervical spine MRI; The reason for ordering this test is Neurologic Apr-Jun deficits; This is a Medicare member.; The patient has Unilateral focal muscle wasting 1 2023 2023 2023 2023 2023 2023 2023 20						
6/30/2023 Orthopedics Approval cevical; without contrast material deficits; This is a Medicare member.; The patient has Unilateral focal muscle wasting 1 2023 2023 72141 Magnetic resonance (eg, proton) This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on Apr-Jun physical examination 72141 Magnetic resonance (eg, proton) Imaging, spinal canal and contents, cervical; without contrast material physical examination 72141 Magnetic resonance (eg, proton) Imaging, spinal canal and contents, deficits; This is a request for cervical spine MRI; The reason for ordering this test is Neurologic Apr-Jun deficits; This is Not a Medicare member.; The patient has Focal upper extremity weakness 5 2023 2023 72141 Magnetic resonance (eg, proton) Imaging, spinal canal and contents, deficits; This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is near the patient has Focal upper extremity weakness 5 2023 2023 72141 Magnetic resonance (eg, proton) Imaging, spinal canal and contents, deficits; This is Not a Medicare member.; The patient has Physical exam findings consistent with myelopathy 2 2023 2023 72141 Magnetic resonance (eg, proton) Imaging, spinal canal and contents, deficits; This is Not a Medicare member.; The patient has Physical exam findings consistent with myelopathy 2 2023 2023 72141 Magnetic resonance (eg, proton) Imaging, spinal canal and contents, deficits; This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury. The patient had an abnormal xray indicating a complex fracture or other significant abnormal injury. The patient had an abnormal xray indicating a complex fracture or other significant abnormal injury. The patient had an abnormal xray indicating a complex fracture or other significant injury. The patient had an abnormal xray indicating a complex fracture or other significant injury.				72141 Magnetic resonance (eg, proton)		
72141 Magnetic resonance (eg. proton) A/1/2023 - 6/30/2023 Orthopedics Approval 72141 Magnetic resonance (eg. proton) Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Orthopedics Approval 72141 Magnetic resonance (eg. proton) Imaging, spinal canal and contents, 6/30/2023 Orthopedics Approval 72141 Magnetic resonance (eg. proton) Imaging, spinal canal and contents, 6/30/2023 Orthopedics Approval 72141 Magnetic resonance (eg. proton) Imaging, spinal canal and contents, 6/30/2023 Orthopedics Approval 72141 Magnetic resonance (eg. proton) In is is a request for cervical spine MRI; The reason for ordering this test is Neurologic Apr-Jun 6/30/2023 Orthopedics Approval 72141 Magnetic resonance (eg. proton) This is a request for cervical spine MRI; The reason for ordering this test is Neurologic Apr-Jun 6/30/2023 Orthopedics Approval 72141 Magnetic resonance (eg. proton) This is a request for cervical spine MRI; The reason for ordering this test is Neurologic Apr-Jun 6/30/2023 Orthopedics Approval 72141 Magnetic resonance (eg. proton) This is a request for cervical spine MRI; The reason for ordering this test is Neurologic Apr-Jun 6/30/2023 Orthopedics Approval 72141 Magnetic resonance (eg. proton) This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The patient had an abnormal xray indicating a complex fracture or other significant Apr-Jun 6/30/2023 Orthopedics Approval 72141 Magnetic resonance (eg. proton) This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The patient had an abnormal xray indicating a complex fracture or other significant This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The patient had an abnormal xray indicating a complex fracture or other significant This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The patient had an abnormal xray indicating a complex fracture or other signific	4/1/2023 -			imaging, spinal canal and contents,	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic	Apr-Jun
4/1/2023 - 6/30/2023 Orthopedics Approval imaging, spinal canal and contents, deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on Apr-Jun physical examination 3 2023 2023 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, imaging, spinal canal and contents, deficits; This is a request for cervical spine MRI; The reason for ordering this test is Neurologic Apr-Jun deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness 5 2023 2023 72141 Magnetic resonance (eg, proton) This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy and the past of Apr-Jun deficits; This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy with myelopathy and the past of Apr-Jun deficits; This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The patient had an abnormal xray indicating a complex fracture or other significant injury; The patient had an abnormal xray indicating a complex fracture or other significant injury; The patient had an abnormal xray indicating a complex fracture or other significant injury; The patient had an abnormal xray indicating a complex fracture or other significant injury; The patient had an abnormal xray indicating a complex fracture or other significant injury; The patient had an abnormal xray indicating a complex fracture or other significant injury; The patient had an abnormal xray indicating a complex fractu	6/30/2023	4/1/2023	6/30/2023 Orthopedics Approval	cervical; without contrast material	deficits; This is a Medicare member.; The patient has Unilateral focal muscle wasting	1 2023 2023
4/1/2023 - 6/30/2023 Orthopedics Approval imaging, spinal canal and contents, deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on Apr-Jun physical examination 3 2023 2023 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, imaging, spinal canal and contents, deficits; This is a request for cervical spine MRI; The reason for ordering this test is Neurologic Apr-Jun deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness 5 2023 2023 72141 Magnetic resonance (eg, proton) This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy and the past of Apr-Jun deficits; This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy with myelopathy and the past of Apr-Jun deficits; This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The patient had an abnormal xray indicating a complex fracture or other significant injury; The patient had an abnormal xray indicating a complex fracture or other significant injury; The patient had an abnormal xray indicating a complex fracture or other significant injury; The patient had an abnormal xray indicating a complex fracture or other significant injury; The patient had an abnormal xray indicating a complex fracture or other significant injury; The patient had an abnormal xray indicating a complex fracture or other significant injury; The patient had an abnormal xray indicating a complex fractu						
6/30/2023 4/1/2023 6/30/2023 Orthopedics Approval cervical; without contrast material physical examination 3 2023 2023 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, adeficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent imaging, spinal canal and contents, adeficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy 2 2023 2023 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, adeficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy 2 2023 2023 72141 Magnetic resonance (eg, proton) injury; The patient had an abnormal xray indicating a complex fracture or other significant imaging, spinal canal and contents, abnormality involving the cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; The trauma or injury did NOT occur within the past 6 weeks.; This is a Medicare member. 72141 Magnetic resonance (eg, proton) injury; The patient had an abnormal xray indicating a complex fracture or other significant injury; The patient had an abnormal xray indicating a complex fracture or other significant injury; The patient had an abnormal xray indicating a complex fracture or other significant injury; The patient had an abnormal xray indicating a complex fracture or other significant injury; The patient had an abnormal xray indicating a complex fracture or other significant injury; The patient had an abnormal xray indicating a complex fracture or other significant injury; The patient had an abnormal xray indicating a complex fracture or other significant injury; The patient had an abnormal xray indicating a complex fracture or other significant injury; The patient had an abnormal xray indicating a complex fracture or other significant injury; The patient had an abnormal xray indicatin						
72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, following proton of deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, following proton of deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, following proton of deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent Apr-Jun Apr-					· · · · · · · · · · · · · · · · · · ·	
4/1/2023 - 6/30/2023 Orthopedics Approval cervical; without contrast material deficits; This is a request for cervical spine MRI; The reason for ordering this test is Neurologic cervical; without contrast material deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness 5 2023 2023 72141 Magnetic resonance (eg, proton) This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent Apr-Jun deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent cervical; without contrast material with myelopathy 2 2023 2023 This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; The trauma or injury did NOT occur within the past Apr-Jun deficits; This is a request for cervical spine; The trauma or injury did NOT occur within the past Apr-Jun deficits; This is a request for cervical spine; The trauma or injury did NOT occur within the past Apr-Jun deficits; This is a request for cervical spine; The trauma or injury did NOT occur within the past Apr-Jun deficits; This is a request for cervical spine; The trauma or injury did NOT occur within the past Apr-Jun deficits; This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The patient had an abnormal xray indicating a complex fracture or other significant injury; The patient had an abnormal xray indicating a complex fracture or other significant	6/30/2023	4/1/2023	6/30/2023 Orthopedics Approval	cervical; without contrast material	physical examination	3 2023 2023
4/1/2023 - 6/30/2023 Orthopedics Approval cervical; without contrast material deficits; This is a request for cervical spine MRI; The reason for ordering this test is Neurologic cervical; without contrast material deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness 5 2023 2023 72141 Magnetic resonance (eg, proton) This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent Apr-Jun deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent cervical; without contrast material with myelopathy 2 2023 2023 This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; The trauma or injury did NOT occur within the past Apr-Jun deficits; This is a request for cervical spine; The trauma or injury did NOT occur within the past Apr-Jun deficits; This is a request for cervical spine; The trauma or injury did NOT occur within the past Apr-Jun deficits; This is a request for cervical spine; The trauma or injury did NOT occur within the past Apr-Jun deficits; This is a request for cervical spine; The trauma or injury did NOT occur within the past Apr-Jun deficits; This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The patient had an abnormal xray indicating a complex fracture or other significant injury; The patient had an abnormal xray indicating a complex fracture or other significant				724.44 Na		
6/30/2023 4/1/2023 6/30/2023 Orthopedics Approval cervical; without contrast material deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness 5 2023 2023 72141 Magnetic resonance (eg, proton) This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Orthopedics Approval cervical; without contrast material This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; The trauma or injury did NOT occur within the past Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Orthopedics Approval This is a request for cervical spine; The trauma or injury did NOT occur within the past Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Orthopedics Approval This is a request for cervical spine in MRI; The reason for ordering this test is Trauma or recent injury is a neguest for cervical spine; The trauma or injury did NOT occur within the past Apr-Jun 72 hours.; The pain did NOT begin within the past 6 weeks.; This is a Medicare member. This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The patient had an abnormal xray indicating a complex fracture or other significant	4/4/2022				This is a second for a second selection NOV. The second for end of a Abit Acadia November is	A 1
72141 Magnetic resonance (eg, proton) 4/1/2023 - 4/1/2023 6/30/2023 Orthopedics Approval 72141 Magnetic resonance (eg, proton)	1	4/1/2022	C/20/2022 Orthonodics Approval			
4/1/2023 d/30/2023 Orthopedics Approval imaging, spinal canal and contents, deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy 2 2023 2023 This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; The trauma or injury did NOT occur within the past Apr-Jun deformation of the past	6/30/2023	4/1/2023	6/30/2023 Orthopedics Approval	cervical; without contrast material	deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	5 2023 2023
4/1/2023 d/30/2023 Orthopedics Approval imaging, spinal canal and contents, deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy 2 2023 2023 This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; The trauma or injury did NOT occur within the past Apr-Jun deformation of the past				72141 Magnetic resonance (eg. proton)	This is a request for cervical spine MRI: The reason for ordering this test is Neurologic	
6/30/2023 Orthopedics Approval cervical; without contrast material with myelopathy 2 2023 2023 This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; The trauma or injury did NOT occur within the past Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Orthopedics Approval cervical; without contrast material 72 hours.; The pain did NOT begin within the past 6 weeks.; This is a Medicare member. 1 2023 2023 This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The patient had an abnormal xray indicating a complex fracture or other significant injury; The patient had an abnormal xray indicating a complex fracture or other significant	4/1/2023 -					Δnr-lun
This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; The trauma or injury did NOT occur within the past Apr-Jun 72 hours.; The pain did NOT begin within the past 6 weeks.; This is a Medicare member. 1 2023 2023 This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The patient had an abnormal xray indicating a complex fracture or other significant abnormal xray indicating a complex fracture or other significant		4/1/2023	6/30/2023 Orthonedics Approval			•
72141 Magnetic resonance (eg, proton) 4/1/2023 - 4/1/2023 6/30/2023 Orthopedics Approval 72141 Magnetic resonance (eg, proton) 4/1/2023 - 4/1/2023 6/30/2023 Orthopedics Approval 72141 Magnetic resonance (eg, proton)	0/30/2023	4/ 1/ 2023	0/30/2023 Orthopedies Approval	cervical, without contrast material	Will myclopadiy	2 2023 2023
72141 Magnetic resonance (eg, proton) 4/1/2023 - 4/1/2023 6/30/2023 Orthopedics Approval 72141 Magnetic resonance (eg, proton) 4/1/2023 - 4/1/2023 6/30/2023 Orthopedics Approval 72141 Magnetic resonance (eg, proton)					This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent	
4/1/2023 - imaging, spinal canal and contents, abnormality involving the cervical spine; The trauma or injury did NOT occur within the past Apr-Jun 72 hours.; The pain did NOT begin within the past 6 weeks.; This is a Medicare member. 1 2023 2023 This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The patient had an abnormal xray indicating a complex fracture or other significant				72141 Magnetic resonance (eg, proton)	· · · · · · · · · · · · · · · · · · ·	
6/30/2023 Orthopedics Approval cervical; without contrast material 72 hours.; The pain did NOT begin within the past 6 weeks.; This is a Medicare member. 1 2023 2023 This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent injury; The patient had an abnormal xray indicating a complex fracture or other significant	4/1/2023 -				· · · · · · · · · · · · · · · · · · ·	Apr-Jun
This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent 72141 Magnetic resonance (eg, proton) injury; The patient had an abnormal xray indicating a complex fracture or other significant		4/1/2023	6/30/2023 Orthopedics Approval			
72141 Magnetic resonance (eg, proton) injury; The patient had an abnormal xray indicating a complex fracture or other significant					<u> </u>	
					This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent	
4/1/2023 - imaging, spinal canal and contents, abnormality involving the cervical spine; The trauma or injury did NOT occur within the past Apr-Jun				72141 Magnetic resonance (eg, proton)	injury; The patient had an abnormal xray indicating a complex fracture or other significant	
	4/1/2023 -			imaging, spinal canal and contents,	abnormality involving the cervical spine; The trauma or injury did NOT occur within the past	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Orthopedics Approval cervical; without contrast material 72 hours.; The pain did NOT begin within the past 6 weeks.; This is NOT a Medicare member. 1 2023 2023	6/30/2023	4/1/2023	6/30/2023 Orthopedics Approval	cervical; without contrast material	72 hours.; The pain did NOT begin within the past 6 weeks.; This is NOT a Medicare member.	1 2023 2023
72141 Magnetic resonance (eg, proton) This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent				72141 Magnetic resonance (eg, proton)	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent	
4/1/2023 - imaging, spinal canal and contents, injury; The trauma or injury occur within the past 72 hours.; There is new onset Apr-Jun	4/1/2023 -					
6/30/2023 4/1/2023 6/30/2023 Orthopedics Approval cervical; without contrast material radiculitis/radiculopathy. 1 2023 2023			6/30/2023 Orthopedics Approval	cervical; without contrast material	radiculitis/radiculopathy.	1 2023 2023

		72141 Magnetic resonance (eg, proton)	This is a request for cervical spine MRI; This procedure is being requested for Acute / new	
4/4/2022				A.z.z. Izza
4/1/2023 -		imaging, spinal canal and contents,	neck pain; The pain began within the past 6 weeks.; The patient had a diagnostic test (such	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	cervical; without contrast material	as an EMG/nerve conduction) involving the cervical spine	1 2023 2023
			This is a request for cervical spine MRI; This procedure is being requested for Acute / new	
		72141 Magnetic resonance (eg, proton)	neck pain; The pain began within the past 6 weeks.; The patient had an abnormal xray	
4/1/2023 -		imaging, spinal canal and contents,	indicating a complex fracture or other significant abnormality involving the cervical spine;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	cervical; without contrast material	This is NOT a Medicare member.	1 2023 2023
		72141 Magnetic resonance (eg, proton)	This is a request for cervical spine MRI; This procedure is being requested for Acute / new	
4/1/2023 -		imaging, spinal canal and contents,	neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	cervical; without contrast material	is a Medicare member.; The patient has Physical exam findings consistent with myelopathy	1 2023 2023
0,00,2020 1,2,2020	5/55/2525 Statepeales 7.pp.51a.	cervical) without contract material	This is a request for cervical spine MRI; This procedure is being requested for Acute / new	1 2020 2020
		72141 Magnetic resonance (eg, proton)	neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient	
4/1/2023 -				A 1
1 ' '	C/20/2022 Outh and disc. Assumed	imaging, spinal canal and contents,	completed or failed a trial of physical therapy, chiropractic or physician supervised home	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	cervical; without contrast material	exercise	1 2023 2023
		704444		
		72141 Magnetic resonance (eg, proton)	This is a request for cervical spine MRI; This procedure is being requested for Acute / new	
4/1/2023 -		imaging, spinal canal and contents,	neck pain; The patient has a neurological deficit; The pain did NOT begin within the past 6	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	cervical; without contrast material	weeks.; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1 2023 2023
			This is a request for cervical spine MRI; This procedure is being requested for Acute / new	
		72141 Magnetic resonance (eg, proton)	neck pain; The patient has a neurological deficit; The pain did NOT begin within the past 6	
4/1/2023 -		imaging, spinal canal and contents,	weeks.; This is NOT a Medicare member.; The patient has Physical exam findings consistent	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	cervical; without contrast material	with myelopathy	1 2023 2023
			This is a request for cervical spine MRI; This procedure is being requested for Acute / new	
		72141 Magnetic resonance (eg, proton)	neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of	
4/1/2023 -		imaging, spinal canal and contents,	physical therapy, chiropractic or physician supervised home exercise; The pain did NOT	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	cervical; without contrast material	begin within the past 6 weeks.; This is NOT a Medicare member.	1 2023 2023
0/30/2023 4/1/2023	6/30/2023 Offilopedics Approval	Cervical, without contrast material	begin within the past 6 weeks., This is NOT a Medicare member.	1 2023 2023
		724.44.84	This is a second for a second selection AADI. This are selected to be in a second for Change I.	
4/4/2022		72141 Magnetic resonance (eg, proton)	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	A mar laur
4/1/2023 -		imaging, spinal canal and contents,	longstanding neck pain; The patient had a diagnostic test (such as EMG/nerve conduction)	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	cervical; without contrast material	involving the Cervical Spine	1 2023 2023
		72141 Magnetic resonance (eg, proton)	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	
4/1/2023 -		imaging, spinal canal and contents,	longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	cervical; without contrast material	other significant abnormality involving the cervical spine; This is a Medicare member.	2 2023 2023
		72141 Magnetic resonance (eg, proton)	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	
4/1/2023 -		imaging, spinal canal and contents,	longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	cervical; without contrast material	other significant abnormality involving the cervical spine; This is NOT a Medicare member.	2 2023 2023
		72141 Magnetic resonance (eg, proton)	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	
4/1/2023 -		imaging, spinal canal and contents,	longstanding neck pain; The patient has a neurological deficit; The patient has None of the	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	cervical; without contrast material	above	2 2023 2023
0/30/2023 4/1/2023	0/30/2023 Orthopedics Approval	cervical, without contrast material	above	2 2023 2023
		72141 Magnetic reconance (eg. proten)	This is a request for conjugal spino MPI: This procedure is being requested for Chronic /	
4/4/2022		72141 Magnetic resonance (eg, proton)	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	A 1
4/1/2023 -	6/00/0000 0 11	imaging, spinal canal and contents,	longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	cervical; without contrast material	member.; The patient has Dermatomal sensory changes on physical examination	1 2023 2023
		72141 Magnetic resonance (eg, proton)	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	
4/1/2023 -		imaging, spinal canal and contents,	longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	cervical; without contrast material	member.; The patient has Focal upper extremity weakness	1 2023 2023
			This is a request for cervical spine MRI; This procedure is being requested for Chronic /	
		72141 Magnetic resonance (eg, proton)	longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or	
4/1/2023 -		imaging, spinal canal and contents,	failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	cervical; without contrast material	Medicare member.	1 2023 2023
.,,	.,,pea.co /.pp.ovui			2020

4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is NOT a Medicare member.	Apr-Jun 8 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for Known tumor with or without metastasis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for None of the above; Follow-up to surgery or fracture within the last 6 months describes the reason for requesting this procedure.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for None of the above; None of the above describes the reason for requesting this procedure.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for None of the above; Pre-operative evaluation describes the reason for requesting this procedure.	Apr-Jun 4 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This is a request for cervical spine MRI; This procedure is being requested for suspected tumor	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Orthopedics; This request is for pre-operative planning; Surgery is planned or scheduled in the next 6 weeks	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Orthopedics; This request is NOT for pre-operative planning; There is a post operative complication	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This study is being ordered for Severe Scoliosis; The ordering MDs specialty is Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	This study is being ordered for Trauma / Injury; The ordering MDs specialty is Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material 72146 Magnetic resonance (eg, proton)	; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis Spinal stenosis, cervical ;myelopathy; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Inflammatory / Infectious	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	imaging, spinal canal and contents, thoracic; without contrast material	Disease; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; It is not known if the patient does have new or changing neurologic signs or	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	Apr-Jun 1 2023 2023

			This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic	
			back pain; The patient does have new or changing neurologic signs or symptoms.; The	
		72146 Magnetic resonance (eg, proton)	patient does not have a new foot drop.; The patient does not have new signs or symptoms of	
4/1/2023 -		imaging, spinal canal and contents,	bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	thoracic; without contrast material	no weakness or reflex abnormality.	1 2023 2023
			This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic	
			back pain; The patient does have new or changing neurologic signs or symptoms.; The	
		72146 Magnetic resonance (eg, proton)	patient does not have a new foot drop.; The patient does not have new signs or symptoms of	
4/1/2023 -		imaging, spinal canal and contents,	bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	thoracic; without contrast material	reflex abnormality.; Asymmetric with abdominal pain on left and right.	1 2023 2023
			This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic	
			back pain; The patient does not have new or changing neurologic signs or symptoms.; The	
		72146 Magnetic resonance (eg, proton)	patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once	
4/1/2023 -		imaging, spinal canal and contents,	for these symptoms.; The physician has directed conservative treatment for the past 6	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	thoracic; without contrast material	weeks.; The patient has completed 6 weeks of physical therapy?	1 2023 2023
1,11,1111	5/25/2525 C. M. C.		This is a request for a thoracic spine MRI.; This study is being ordered for Neurological	
			deficits; The patient does have new or changing neurologic signs or symptoms.; The patient	
		72146 Magnetic resonance (eg, proton)	does not have a new foot drop.; The patient does not have new signs or symptoms of	
4/1/2023 -		imaging, spinal canal and contents,	bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	thoracic; without contrast material	weakness.; Paraspinous tone is diminished	1 2023 2023
0/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	thoracic, without contrast material	weakness., Paraspinous tone is diffinished	1 2023 2023
		7314C Magnatic recognition (ag protect)		
4/4/2022		72146 Magnetic resonance (eg, proton)	This is a second for a bloom is a likely. This should be be a second for Day Occasion	A I
4/1/2023 -	-1-1	imaging, spinal canal and contents,	This is a request for a thoracic spine MRI.; This study is being ordered for Pre-Operative	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	thoracic; without contrast material	Evaluation; Surgery is not scheduled within the next 4 weeks.	1 2023 2023
		72146 Magnetic resonance (eg, proton)	This is a request for a thoracic spine MRI.; This study is being ordered for Trauma or recent	
4/1/2023 -		imaging, spinal canal and contents,	injury; The patient does have new or changing neurologic signs or symptoms.; The patient	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	thoracic; without contrast material	does have a new foot drop.	1 2023 2023
		72146 Magnetic resonance (eg, proton)	This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs	
4/1/2023 -		imaging, spinal canal and contents,	specialty is Orthopedics; This request is for pre-operative planning; Surgery is planned or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	thoracic; without contrast material	scheduled in the next 6 weeks	1 2023 2023
		72146 Magnetic resonance (eg, proton)	This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs	
4/1/2023 -		imaging, spinal canal and contents,	specialty is Orthopedics; This request is NOT for pre-operative planning; There is a post	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	thoracic; without contrast material	operative complication	1 2023 2023
		72146 Magnetic resonance (eg, proton)	This study is being ordered for Severe Scoliosis; The ordering MDs specialty is Orthopedics;	
4/1/2023 -		imaging, spinal canal and contents,	There are neurological deficits on physical exam; The patient is demonstrating unilateral	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	thoracic; without contrast material	muscle wasting/weakness	1 2023 2023
0,00,2020 1,2,2020	c/ss/2025 cranopeales /ipprova	anoracio, manoar contrast material		1 2023 2023
			weakness, poor coordination, problems walking. limited range of motion, muscle/joint	
			aches.lower cervical spinous processes tender.bilateral paracervical muscles tender, upper	
			trapezius tender.C8 right 4th and 5th digits: sensation decreased. decreased se; This study is	
			being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.;	
. /. /		72146 Magnetic resonance (eg, proton)	The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,	
4/1/2023 -		imaging, spinal canal and contents,	Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	thoracic; without contrast material	symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1 2023 2023
		72148 Magnetic resonance (eg, proton)	; There has been treatment or conservative therapy.; This case was created via RadMD.; This	
4/1/2023 -		imaging, spinal canal and contents,	study is being ordered for Other; The primary symptoms began more than 1 year ago;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	lumbar; without contrast material	Physical Therapy was completed for this diagnosis	1 2023 2023
			; This study is being ordered for trauma or injury.; There has been treatment or conservative	
			therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery,	
		72148 Magnetic resonance (eg, proton)	Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The	
4/1/2023 -		imaging, spinal canal and contents,	primary symptoms began less than 6 months ago; Physical Therapy was completed for this	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	lumbar; without contrast material	diagnosis	1 2023 2023
0,30,2023 4,1,2023	0,50,2025 Orthopeuics Approval	iamour, without contrast material	3.05000	1 2023 2023

			Patient reports left hip pain. She reports this is radiating to the groin but also radiating down the leg. She has had; extensive treatments for trochanteric bursitis including numerous injections as well as physical therapy. She sees a; pain clinic and h; This study is being ordered for something other than: known trauma or injury, metastatic disease, a	
4/1/2023 - 6/30/2023 4/1/2023 6/30/	i	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023 6/30,	i	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Neurologic deficits; This is NOT a Medicare member.; The patient has Focal extremity weakness	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023 6/30,	i	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Neurologic deficits; This is NOT a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023 6/30,	i	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is NOT General/Family Practice, Internal Medicine, Unknown, Other, Advanced Practice Registered Nurse or Preventative Medicine	Apr-Jun 34 2023 2023
4/1/2023 - 6/30/2023 4/1/2023 6/30,	i	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	Apr-Jun 13 2023 2023
4/1/2023 - 6/30/2023 4/1/2023 6/30,	i	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	Apr-Jun 14 2023 2023
4/1/2023 - 6/30/2023 4/1/2023 6/30,	i	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal nerve study (EMG) involving the lumbar spine; This is NOT a Medicare member.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023 6/30,	i	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023 6/30,	i	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023 6/30,	i	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Abnormal Reflexes	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023 6/30,	i	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023 4/1/2023 6/30,	i	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023 4/1/2023 6/30,	i	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of paresthesia evaluated by a neurologist	Apr-Jun 1 2023 2023

4/1/2023 -	C/20/2022 Outhorn the Assessed	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	lumbar; without contrast material	The patient has Physical exam findings consistent with myelopathy	1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; Medications have been taken for the patient's back pain; The procedure is being ordered for acute or chronic back pain	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; Physical therapy has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; A Physician supervised home exercise program has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Ice and/or heat has been used for the patient's back pain; The procedure is being ordered for acute or chronic back pain	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Medications have been taken for the patient's back pain; The procedure is being ordered for acute or chronic back pain	Apr-Jun 12 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; Physical therapy has been completed for the patient's back pain; The procedure is being ordered for acute or chronic back pain	Apr-Jun 7 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	There has been treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is Orthopedics; This request is for pre-operative planning; Surgery is planned or scheduled in the next 6 weeks	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	This study is being ordered for Severe Scoliosis; The ordering MDs specialty is Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	This study is being ordered for Trauma / Injury; The ordering MDs specialty is Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	72192 Computed tomography, pelvis; without contrast material	This study is being ordered as a follow-up to trauma.; "The ordering physician is a gastroenterologist, urologist, gynecologist, or surgeon or PCP ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder, uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	Apr-Jun 1 2023 2023

		72196 Magnetic resonance (eg, proton)	Maffucci syndrome; This study is being ordered for a metastatic disease.; The ordering MDs	
4/1/2023 -		imaging, pelvis; with contrast	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	material(s)	Radiation Oncology; This case was created via RadMD.	1 2023 2023
		72196 Magnetic resonance (eg, proton)		
4/1/2023 -		imaging, pelvis; with contrast	The patient is female.; Persistent pain best describes the reason for this procedure; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	material(s)	patient had medications.; The pain is musculoskeletal	1 2023 2023
			There is some fragmentation and possible avulsion injury with minimal displacement at the	
			right ischial tuberosity.; This study is being ordered for trauma or injury.; There has been	
		7210C Magnetic recovers (eq. mater)	treatment or conservative therapy.; The ordering MDs specialty is NOT	
4/4/2022		72196 Magnetic resonance (eg, proton)	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	A mar I i i m
4/1/2023 - 6/30/2023 4/1/2023	C/20/2022 Outhorneline Americal	imaging, pelvis; with contrast	Oncology; This case was created via RadMD.; The primary symptoms began less than 6	Apr-Jun 1 2023 2023
0/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	material(s)	months ago; Other not listed was done for this diagnosis	1 2023 2023
		72196 Magnetic resonance (eg, proton)	This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A tumor or mass was noted on previous imaging.; An abnormality was	
4/1/2023 -				A mar I
6/30/2023 4/1/2023	6/20/2022 Orthopodies Approval	imaging, pelvis; with contrast material(s)	found in the ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	Apr-Jun 2 2023 2023
0/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	72196 Magnetic resonance (eg, proton)	metastatic disease.	2 2023 2023
4/1/2023 -		imaging, pelvis; with contrast	This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	material(s)	joint or bone infection.; The study is being ordered for bilateral hip avascular necrosis.	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Offilopedics Approval	material(s)	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.;	1 2023 2023
4/1/2023 -		73200 Computed tomography, upper	There is a history of upper extremity joint or long bone trauma or injury.; Yes this is a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	extremity; without contrast material	request for a Diagnostic CT	33 2023 2023
0/30/2023 4/1/2023	0/30/2023 Orthopedics Approval	extremity, without contrast material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.;	33 2023 2023
4/1/2023 -		73200 Computed tomography, upper	There is not a history of upper extremity joint or long bone trauma or injury.; This is a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	extremity; without contrast material	preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	5 2023 2023
0,00,2020 1,2,2020	0/30/2023 Orthopedies 7(pproval	extremely, wellow contract material	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.;	5 2025 2025
			There is not a history of upper extremity joint or long bone trauma or injury.; This is not a	
			preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity	
			neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint	
4/1/2023 -		73200 Computed tomography, upper	infection.; The ordering physician is an orthopedist or rheumatologist.; Yes this is a request	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	extremity; without contrast material	for a Diagnostic CT	4 2023 2023
			This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.;	
			There is not a history of upper extremity joint or long bone trauma or injury.; This is not a	
			preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity	
			neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint	
4/1/2023 -		73200 Computed tomography, upper	infection.; The ordering physician is not an orthopedist or rheumatologist.; Yes this is a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	extremity; without contrast material	request for a Diagnostic CT	1 2023 2023
		73220 Magnetic resonance (eg, proton)	; This study is being ordered for trauma or injury.; There has been treatment or conservative	
		imaging, upper extremity, other than	therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery,	
		joint; without contrast material(s),	Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The	
4/1/2023 -		followed by contrast material(s) and	primary symptoms began more than 1 year ago; Physical Therapy was completed for this	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	further sequences	diagnosis	1 2023 2023
		73220 Magnetic resonance (eg, proton)	Healing of fracture of hand/wrist; This study is being ordered for trauma or injury.; There has	
		imaging, upper extremity, other than	been treatment or conservative therapy.; The ordering MDs specialty is NOT	
		joint; without contrast material(s),	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -		followed by contrast material(s) and	Oncology; This case was created via RadMD.; The primary symptoms began less than 6	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	further sequences	months ago; Medications were given for this diagnosis	1 2023 2023
		73220 Magnetic resonance (eg, proton)		
		imaging, upper extremity, other than		
		joint; without contrast material(s),		
4/1/2023 -		followed by contrast material(s) and	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	further sequences	postoperative evaluation.	10 2023 2023
		73220 Magnetic resonance (eg, proton)		
		imaging, upper extremity, other than	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent	
. (. /		joint; without contrast material(s),	postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or	
4/1/2023 -		followed by contrast material(s) and	metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	further sequences	ordering physician is an orthopedist.	7 2023 2023

		73220 Magnetic resonance (eg, proton)		
		imaging, upper extremity, other than		
		joint; without contrast material(s),	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent	
4/1/2023 -		followed by contrast material(s) and	postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	further sequences	metastasis.; There is suspicion of upper extremity bone or soft tissue infection.	3 2023 2023
0/30/2023 4/1/2023	0/30/2023 Orthopedics Approval	·	metastasis., There is suspicion of upper extremity bone of soft dissue infection.	3 2023 2023
		73220 Magnetic resonance (eg, proton)		
		imaging, upper extremity, other than		
		joint; without contrast material(s),	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent	
4/1/2023 -		followed by contrast material(s) and	postoperative evaluation.; There is suspicion of upper extremity neoplasm or tumor or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	further sequences	metastasis.	4 2023 2023
		·		
		73221 Magnetic resonance (eg, proton)	; The pain is described as chronic; The member has not failed a 4 week course of	
4/1/2023 -		imaging, any joint of upper extremity;	conservative management in the past 3 months.; This is a request for an elbow MRI; The	Apr-Jun
1 1	C/20/2022 Orthonodies Americal			1 2023 2023
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	without contrast material(s)	study is requested for evaluation of elbow pain.	1 2023 2023
		73221 Magnetic resonance (eg, proton)	; The pain is described as chronic; The member has not failed a 4 week course of	
4/1/2023 -		imaging, any joint of upper extremity;	conservative management in the past 3 months.; This request is for a wrist MRI.; This study	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	without contrast material(s)	is requested for evalutation of wrist pain.	1 2023 2023
	· · ·			
		73221 Magnetic resonance (eg, proton)	; The pain is from a recent injury.; It is not know if surgery or arthrscopy is scheduled in the	
4/1/2023 -		imaging, any joint of upper extremity;	next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist	Apr-Jun
1 1	6/00/0000 0 11 11 1			•
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	without contrast material(s)	MRI.; This study is requested for evalutation of wrist pain.	1 2023 2023
		73221 Magnetic resonance (eg, proton)	; The pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4	
4/1/2023 -		imaging, any joint of upper extremity;	weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	without contrast material(s)	This study is requested for evalutation of wrist pain.	1 2023 2023
,,,,,	,, . ,		; This study is being ordered for something other than: known trauma or injury, metastatic	
			disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
			vascular disease.; There has been treatment or conservative therapy.; The ordering MDs	
		73221 Magnetic resonance (eg, proton)	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
4/1/2023 -		imaging, any joint of upper extremity;	Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	without contrast material(s)	months to 1 year; Physical Therapy was completed for this diagnosis	1 2023 2023
			; This study is being ordered for trauma or injury.; There has been treatment or conservative	
			therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery,	
		73221 Magnetic resonance (eg, proton)	Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The	
4/1/2023 -		imaging, any joint of upper extremity;	primary symptoms began more than 1 year ago; Physical Therapy was completed for this	Apr-Jun
	C/20/2022 Outhandies Americal			1 2023 2023
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	without contrast material(s)	diagnosis	1 2023 2023
		73221 Magnetic resonance (eg, proton)	chronic pain; The pain is described as chronic; The member has not failed a 4 week course of	
4/1/2023 -		imaging, any joint of upper extremity;	conservative management in the past 3 months.; This request is for a wrist MRI.; This study	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	without contrast material(s)	is requested for evalutation of wrist pain.	1 2023 2023
	•		Clinical examination is significant with isolated tenderness about his distal biceps and its	
			insertion. He also has some medial elbow tenderness to palpation. He has pain on terminal	
			flexion and extension about his elbow. He has weakness with elbow flexio; The pain is from a	
		72221 Magnetic reconance (as areter)	·	
4/4/0000		73221 Magnetic resonance (eg, proton)	recent injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is a	
4/1/2023 -		imaging, any joint of upper extremity;	suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	without contrast material(s)	requested for evaluation of elbow pain.	1 2023 2023
			Closed chip fracture of triquetrum of right wrist, sequela, tendon/ligament injury suspected;	
		73221 Magnetic resonance (eg, proton)	Surgery or arthrscopy is not scheduled in the next 4 weeks.; The member has a recent	
4/1/2023 -		imaging, any joint of upper extremity;	injury.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	without contrast material(s)	The reason for the study is not for evaluation of wrist pain.	1 2023 2023
0,30,2023 4,1,2023	5,55,2525 Granopeules Approval		The reason for the study is not for evaluation of wrist pain.	1 2023 2023
		72224 Managetia assessor /	Construction for a standard bank about the first transfer of the f	
. /. /		73221 Magnetic resonance (eg, proton)	Concern for anterior loose body. Abnormal finding on plain film.; The pain is not from a	
4/1/2023 -		imaging, any joint of upper extremity;	recent injury, old injury, chronic pain or a mass.; This is a request for an elbow MRI; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	without contrast material(s)	study is requested for evaluation of elbow pain.	1 2023 2023

4/1/2023 -			73221 Magnetic resonance (eg, proton)	Concern for common extensor tear; The pain is from a recent injury.; Surgery or arthrscopy is	Anr lun
6/30/2023	4/1/2022	6/30/2023 Orthopedics Approval	imaging, any joint of upper extremity; without contrast material(s)	not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	Apr-Jun 1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Orthopedics Approval	without contrast material(s)	Continued dorsal ulnar pain over the TFCC regio, looking for a tear.; The pain is from a recent	1 2023 2023
			73221 Magnetic resonance (eg, proton)	injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is a suspicion of	
4/1/2023 -			imaging, any joint of upper extremity;	tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Orthopedics Approval	without contrast material(s)	evalutation of wrist pain.	1 2023 2023
-,,	., _,	5,55,2525 51115 51115	(-)		
			73221 Magnetic resonance (eg, proton)	ELBOW PAIN VS DISLOCATION; The pain is from a recent injury.; Surgery or arthrscopy is not	
4/1/2023 -			imaging, any joint of upper extremity;	scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Orthopedics Approval	without contrast material(s)	request for an elbow MRI; The study is requested for evaluation of elbow pain.	1 2023 2023
				Enter answer here - or Type In Unknown If No Info Given. The pain is from a recent injury.;	
			73221 Magnetic resonance (eg, proton)	Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon	
4/1/2023 -			imaging, any joint of upper extremity;	or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Orthopedics Approval	without contrast material(s)	of elbow pain.	1 2023 2023
				Healing of fracture of hand/wrist; This study is being ordered for trauma or injury.; There has	
				been treatment or conservative therapy.; The ordering MDs specialty is NOT	
4/4/2022			73221 Magnetic resonance (eg, proton)	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	A 1
4/1/2023 -	4/4/2022	C/20/2022 Outhanding Annual	imaging, any joint of upper extremity;	Oncology; This case was created via RadMD.; The primary symptoms began less than 6	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Orthopedics Approval	without contrast material(s)	months ago; Medications were given for this diagnosis	1 2023 2023
				I reviewed the results and clinical examination findings with the patient. We discussed	
				treatment options. We will obtain an MR arthrogram of the right and left shoulder to	
				evaluate for a possible rotator cuff tear. I will see him back after this is compl; This study is	
				being ordered for a neurological disorder.; There has been treatment or conservative	
			73221 Magnetic resonance (eg, proton)	therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery,	
4/1/2023 -			imaging, any joint of upper extremity;	Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Orthopedics Approval	without contrast material(s)	primary symptoms began less than 6 months ago; Home Exercise was done for this diagnosis	2 2023 2023
				No surgery is schedule becasue patient needs MRI first to be referred to hand specialist,	
			73221 Magnetic resonance (eg, proton)	request from Orthopedics.; The pain is from a recent injury.; Surgery or arthrscopy is not	
4/1/2023 -			imaging, any joint of upper extremity;	scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Orthopedics Approval	without contrast material(s)	request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	1 2023 2023
				Patient also notes soft tissue mass to the posterior aspect of her right elbow. This is a point	
				of frequent contact with external compression due to location. She reports the soft tissue	
				mass is tender. It has been present for at least 2 years. She would; The study is for a mass,	
			72221 Manastia vacanana (an avatan)	tumor or cancer.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The	
4/1/2023 -			73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity;	patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were not abnormal; This is a request for an elbow MRI; The study is not requested for	Apr-Jun
6/30/2023	1/1/2023	6/30/2023 Orthopedics Approval	without contrast material(s)	evalution of elbow pain.	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Orthopedics Approval	without contrast material(s)	patient fell approximately 2 weeks ago on the left wrist, felt a pop, seen by ER she was given	1 2023 2023
				a brace but continues to have pain which has gotten worse with range of motion; Surgery or	
			73221 Magnetic resonance (eg, proton)	arthrscopy is not scheduled in the next 4 weeks.; The member has a recent injury.; There is a	
4/1/2023 -			imaging, any joint of upper extremity;	suspicion of tendon or ligament injury.; This request is for a wrist MRI.; The reason for the	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Orthopedics Approval	without contrast material(s)	study is not for evaluation of wrist pain.	1 2023 2023
		· · · · ·			
				patient reports injury from September of 2022, reports she tried bracing her wrist and uses	
			73221 Magnetic resonance (eg, proton)	ice. no evidence of a fracture on our xrays; The pain is from an old injury.; The member has	
4/1/2023 -			imaging, any joint of upper extremity;	not failed a 4 week course of conservative management in the past 3 months.; This request	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Orthopedics Approval	without contrast material(s)	is for a wrist MRI.; This study is requested for evalutation of wrist pain.	1 2023 2023
				PHYSICIAN WOULD LIKE TO EVALUATE A SMALL XRAY FINDINGS OF A SMALL OSSICLE DISTAL	
				TO THE ULNAR STYLOID OR UNFUSED SECONDARY APOPHYSIS; The pain is from a recent	
. / . /			73221 Magnetic resonance (eg, proton)	injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is a suspicion of	_
4/1/2023 -	4/4/2000	6/20/2022 Oath - 11	imaging, any joint of upper extremity;	tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Orthopedics Approval	without contrast material(s)	evalutation of wrist pain.	1 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Plan;Impression:;Left shoulder rotator cuff tendinitis vs tear;Left cervical radiculopathy;Details:;The x-ray and exam findings were reviewed with the patient. Recommended options were discussed. I recommend cervical spine MRI and left shoulder MRI a; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Surgery or arthrscopy is scheduled in the next 4 weeks.; The member has a recent injury.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is not requested for evalution of elbow pain.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	Apr-Jun 6 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	Apr-Jun 11 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from a known mass.; The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were abnormal.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from a recent injury.; Surgery or arthrscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from a recent injury.; Surgery or arthrscopy is scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	Apr-Jun 4 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from a recent injury.; There is a suspicion of fracture not adequately determined by x-ray.; Tendon or ligament injuryis not suspected.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from a recent injury.; There is a suspicion of fracture not adequately determined by x-ray.; Tendon or ligament injuryis not suspected.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is from an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain. The requested study is a Shoulder MRI.: It is not known if the study is requested for shoulder.	Apr-Jun 4 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The requested study is a Shoulder MRI.; It is not known if the study is requested for shoulder pain.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.; The member has a recent injury.	Apr-Jun 1 2023 2023

		73221 Magnetic resonance (eg, proton)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	
4/1/2023 -		imaging, any joint of upper extremity;	described as chronic; It is not known if the physician has directed conservative treatment for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	without contrast material(s)	the past 4 weeks.	3 2023 2023
	· · ·	·	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	
			described as chronic; The physician has directed conservative treatment for the past 4	
			weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The	
		73221 Magnetic resonance (eg, proton)	patient has been treated with medication.; It is not known if the patient has completed 4	
4/1/2023 -		imaging, any joint of upper extremity;	weeks or more of Chiropractic care.; It is not known if the physician has directed a home	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	without contrast material(s)	exercise program for at least 4 weeks.; The patient received oral analgesics.	2 2023 2023
			The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	
			described as chronic; The physician has directed conservative treatment for the past 4	
			weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The	
			patient has been treated with medication.; It is not known if the patient has completed 4	
		73221 Magnetic resonance (eg, proton)	weeks or more of Chiropractic care.; It is not known if the physician has directed a home	
4/1/2023 -		imaging, any joint of upper extremity;	exercise program for at least 4 weeks.; The patient recevied medication other than joint	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	without contrast material(s)	injections(s) or oral analgesics.; NAPROSYN 500 MG tablet BID;;diclofenac 1 % Gel	1 2023 2023
			The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	
		73221 Magnetic resonance (eg, proton)	described as chronic; The physician has directed conservative treatment for the past 4	
4/1/2023 -		imaging, any joint of upper extremity;	weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	without contrast material(s)	patient has been treated with medication.; The patient recevied joint injection(s).	1 2023 2023
. /. /		73221 Magnetic resonance (eg, proton)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	
4/1/2023 -		imaging, any joint of upper extremity;	described as chronic; The physician has directed conservative treatment for the past 4	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	without contrast material(s)	weeks.; The patient has completed 4 weeks of physical therapy?; This is a Medicare member.	11 2023 2023
			The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	
. /. /2022		73221 Magnetic resonance (eg, proton)	described as chronic; The physician has directed conservative treatment for the past 4	
4/1/2023 -	C/20/2022 C .I	imaging, any joint of upper extremity;	weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	without contrast material(s)	member.	41 2023 2023
			The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	
		72221 Magnetic recognition (e.g. mastern)	described as chronic; The physician has directed conservative treatment for the past 4	
4/1/2023 -		73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity;	weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has completed 4 weeks or more of Chiropractic care.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	without contrast material(s)	The patient received oral analgesics.	1 2023 2023
0/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	without contrast material(s)	The patient received oral analgesics.	1 2023 2023
			The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	
			described as chronic; The physician has directed conservative treatment for the past 4	
		73221 Magnetic resonance (eg, proton)	weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been	
4/1/2023 -		imaging, any joint of upper extremity;	treated with medication.; The patient has completed 4 weeks or more of Chiropractic care.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	without contrast material(s)	The patient recevied medication other than joint injections(s) or oral analgesics.; NSAIDS	1 2023 2023
0,00,2020	0,50,2025 Copea.cs 7.pp.o.a.	Without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	1 2023 2023
			described as chronic; The physician has directed conservative treatment for the past 4	
			weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been	
		73221 Magnetic resonance (eg, proton)	treated with medication.; The patient has not completed 4 weeks or more of Chiropractic	
4/1/2023 -		imaging, any joint of upper extremity;	care.; It is not known if the physician has directed a home exercise program for at least 4	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	without contrast material(s)	weeks.; The patient received oral analgesics.	1 2023 2023
	, , , , , , , , , , , , , , , , , , ,	. 1-7	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	
			described as chronic; The physician has directed conservative treatment for the past 4	
			weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been	
			treated with medication.; The patient has not completed 4 weeks or more of Chiropractic	
		73221 Magnetic resonance (eg, proton)	care.; The physician has directed a home exercise program for at least 4 weeks.; The home	
4/1/2023 -		imaging, any joint of upper extremity;	treatment did include exercise, prescription medication and follow-up office visits.; Tried	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	without contrast material(s)	heat and ICE without much relief; The patient received oral analgesics.	1 2023 2023
			· · · · · · · · · · · · · · · · · · ·	

			The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	
			described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been	
		73221 Magnetic resonance (eg, proton)	treated with medication.; The patient has not completed 4 weeks or more of Chiropractic	
4/1/2023 -		imaging, any joint of upper extremity;	care.; The physician has not directed a home exercise program for at least 4 weeks.; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	without contrast material(s)	patient received oral analgesics.	3 2023 2023
1, 1, 1, 1010	o, so, zozs oranopeanos Approva	mandat dont ast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	3 2023 2023
		73221 Magnetic resonance (eg, proton)	described as chronic; The physician has directed conservative treatment for the past 4	
4/1/2023 -		imaging, any joint of upper extremity;	weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	without contrast material(s)	treated with medication.; The patient recevied joint injection(s).	7 2023 2023
		73221 Magnetic resonance (eg, proton)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	
4/1/2023 -		imaging, any joint of upper extremity;	described as chronic; The physician has not directed conservative treatment for the past 4	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	without contrast material(s)	weeks.	7 2023 2023
		72221 Magnetic recovery (eg. mater)	The way worked about is a Chaulday MDL. The way work is far about day agin. The way is fugure	
4/1/2022		73221 Magnetic resonance (eg, proton)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a	A mar I tom
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	imaging, any joint of upper extremity; without contrast material(s)	recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.	Apr-Jun 20 2023 2023
0/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	without contrast material(s)	not know it surgery or artifiscopy is scrieduled in the next 4 weeks.	20 2023 2023
		73221 Magnetic resonance (eg, proton)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a	
4/1/2023 -		imaging, any joint of upper extremity;	recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	without contrast material(s)	Surgery or arthrscopy is not scheduled in the next 4 weeks.	47 2023 2023
		,		
		73221 Magnetic resonance (eg, proton)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a	
4/1/2023 -		imaging, any joint of upper extremity;	recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	without contrast material(s)	Surgery or arthrscopy is scheduled in the next 4 weeks.; This is a Medicare member.	2 2023 2023
		73221 Magnetic resonance (eg, proton)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a	
4/1/2023 -		imaging, any joint of upper extremity;	recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	without contrast material(s)	Surgery or arthrscopy is scheduled in the next 4 weeks.; This is NOT a Medicare member.	12 2023 2023
		72221 Magnetic recovery (eg. mater)	The way worked about is a Chaulday MDL. The way work is far about day agin. The way is fugure	
4/1/2023 -		73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity;	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is not a suspicion of tendon, ligament, rotator cuff injury or labral tear.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	without contrast material(s)	There is a suspicion of fracture not adequately determined by x-ray.	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Orthopedics Approval	without contrast material(s)	There is a suspicion of fracture not adequately determined by x-ray.	1 2023 2023
		73221 Magnetic resonance (eg, proton)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from	
4/1/2023 -		imaging, any joint of upper extremity;	an old injury.; It is not known if the physician has directed conservative treatment for the	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	without contrast material(s)	past 4 weeks.	1 2023 2023
		73221 Magnetic resonance (eg, proton)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from	
4/1/2023 -		imaging, any joint of upper extremity;	an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	without contrast material(s)	patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	12 2023 2023
			The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from	
			an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The	
		72224 Marriedia arranda de arranda	patient has not completed 4 weeks of physical therapy?; The patient has been treated with	
4/1/2022		73221 Magnetic resonance (eg, proton)	medication.; It is not known if the patient has completed 4 weeks or more of Chiropractic	Apr luc
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	imaging, any joint of upper extremity; without contrast material(s)	care.; It is not known if the physician has directed a home exercise program for at least 4 weeks.; The patient received oral analgesics.	Apr-Jun 1 2023 2023
0/30/2023 4/1/2023	0,30,2023 Orthopedics Approval	without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from	1 2023 2023
			an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The	
			patient has not completed 4 weeks of physical therapy?; The patient has been treated with	
			medication.; It is not known if the patient has completed 4 weeks or more of Chiropractic	
			care.; The physician has directed a home exercise program for at least 4 weeks.; The home	
		73221 Magnetic resonance (eg, proton)	treatment did include exercise, prescription medication and follow-up office visits.; Less the	
4/1/2023 -		imaging, any joint of upper extremity;	adequate and patient is not improving. Orthopeadic signs constant with rotator cuff tear.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	without contrast material(s)	The patient received oral analgesics.	1 2023 2023

			The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from	
		73221 Magnetic resonance (eg, proton)	an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The	
4/1/2023 -		imaging, any joint of upper extremity;	patient has not completed 4 weeks of physical therapy?; The patient has been treated with	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	without contrast material(s)	medication.; The patient recevied joint injection(s).	1 2023 2023
		72224 Managatia anna anna (an anna an		
4/4/2022		73221 Magnetic resonance (eg, proton)	The annual to the big of the ARDI. The annual is for the older with The animals for the	A I
4/1/2023 -		imaging, any joint of upper extremity;	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	without contrast material(s)	an old injury.; The physician has not directed conservative treatment for the past 4 weeks.	3 2023 2023
		73221 Magnetic resonance (eg, proton)		
4/1/2023 -		, ,	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not	Apr lup
6/30/2023 4/1/2023	C/20/2022 Outhandian Annual	imaging, any joint of upper extremity;		Apr-Jun 7 2023 2023
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	without contrast material(s)	from a recent injury, old injury, chronic pain or a mass.	7 2023 2023
		73221 Magnetic resonance (eg, proton)	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.;	
4/1/2023 -		imaging, any joint of upper extremity;	Surgery or arthrscopy is not scheduled in the next 4 weeks.; The member has surgery	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	without contrast material(s)	planned.	2 2023 2023
0/30/2023 4/1/2023	0/30/2023 Orthopedics Approval	without contrast material(s)	planticu.	2 2023 2023
		73221 Magnetic resonance (eg, proton)	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.;	
4/1/2023 -		imaging, any joint of upper extremity;	Surgery or arthrscopy is scheduled in the next 4 weeks.; The member has surgery planned.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	without contrast material(s)	This is NOT a Medicare member.	1 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(4)	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; The	
		73221 Magnetic resonance (eg, proton)	study is for a mass, tumor or cancer.; The diagnosis of Mass, Tumor, or Cancer has not been	
4/1/2023 -		imaging, any joint of upper extremity;	established.; The patient has not had recent plain films, bone scan or ultrasound of the	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	without contrast material(s)	knee.	1 2023 2023
	· · · · · · · · · · · · · · · · · · ·			
		73221 Magnetic resonance (eg, proton)	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; There	
4/1/2023 -		imaging, any joint of upper extremity;	is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not know if surgery	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	without contrast material(s)	or arthrscopy is scheduled in the next 4 weeks.; The member has a recent injury.	6 2023 2023
		73221 Magnetic resonance (eg, proton)	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; There	
4/1/2023 -		imaging, any joint of upper extremity;	is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthrscopy is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	without contrast material(s)	not scheduled in the next 4 weeks.; The member has a recent injury.	5 2023 2023
			The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; There	
		73221 Magnetic resonance (eg, proton)	is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthrscopy is	
4/1/2023 -		imaging, any joint of upper extremity;	scheduled in the next 4 weeks.; The member has a recent injury.; This is NOT a Medicare	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	without contrast material(s)	member.	1 2023 2023
. /. /		73221 Magnetic resonance (eg, proton)	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; This	
4/1/2023 -	6/20/2022 0 1/1 1/2 4	imaging, any joint of upper extremity;	study is being ordered for something other than recent injury, planned surgery, mass, tumor	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	without contrast material(s)	or cancer, joint infection/inflammation, post operative evaluation, or aseptic necrosis	2 2023 2023
		73221 Magnetic resonance (eg, proton)	The study is for a mass, tumor or cancer.; The diagnosis of Mass, Tumor, or Cancer has been	
4/1/2023 -				Anr lun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	imaging, any joint of upper extremity; without contrast material(s)	established.; The study is requested for staging.; This request is for a wrist MRI.; The reason for the study is not for evaluation of wrist pain.	Apr-Jun 1 2023 2023
0/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	without contrast material(s)	The study is for a mass, tumor or cancer.; The diagnosis of Mass, Tumor, or Cancer has not	1 2025 2025
		73221 Magnetic resonance (eg, proton)	been established.; The patient has had recent plain films, bone scan or ultrasound of the	
4/1/2023 -		imaging, any joint of upper extremity;	knee.; The imaging studies were abnormal.; This request is for a wrist MRI.; The reason for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	without contrast material(s)	the study is not for evaluation of wrist pain.	1 2023 2023
3,33,2023 4,1,2023	5,55,2525 Orthopedics 7,pproval		This man is definitely having significant right wrist pain since his injury. He appears rather	1 2023 2023
			stoic. I am somewhat;concerned about the possibility of a significant triangular fibrocartilage	
			injury. Additionally he does have some subtle signs of possible; The pain is from a recent	
		73221 Magnetic resonance (eg, proton)	injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is a suspicion of	
4/1/2023 -		imaging, any joint of upper extremity;	tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	without contrast material(s)	evalutation of wrist pain.	1 2023 2023
	.,,			

			Transverse right distal radius fracture, closed, nondisplaced.;Persistent swelling over the	
			radial dorsal aspect of the carpus 3 weeks after injury.; The pain is from a recent injury.; It is	
		73221 Magnetic resonance (eg, proton)	not know if surgery or arthrscopy is scheduled in the next 4 weeks.; There is a suspicion of	
4/1/2023 -		imaging, any joint of upper extremity;	tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	without contrast material(s)	evalutation of wrist pain.	1 2023 2023
		72221 Magnetic recommon (en muster)	Will are tide aliminal makes. The unit is described as absorbe. The assurbes has not failed a A	
4/4/2022		73221 Magnetic resonance (eg, proton)	Will provide clinical notes.; The pain is described as chronic; The member has not failed a 4	
4/1/2023 -	C/20/2022 C .I	imaging, any joint of upper extremity;	week course of conservative management in the past 3 months.; This is a request for an	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	without contrast material(s)	elbow MRI; The study is requested for evaluation of elbow pain.	1 2023 2023
		72224 Marratic accessor (accessor)	Wrist pain inflammatory arthritis suspected neg xray; The pain is from a known mass.; The	
4/4/2022		73221 Magnetic resonance (eg, proton)	diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has not had	A mar barn
4/1/2023 -	C/20/2022 Outh and the August 1	imaging, any joint of upper extremity;	recent plain films, bone scan or ultrasound of the knee.; This request is for a wrist MRI.; This	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	without contrast material(s)	study is requested for evalutation of wrist pain.	1 2023 2023
		7000444	Wrist Sprain, Left ;Medical Necessity: Suspected flexor/extensor tendon injury; The pain is	
. /. /		73221 Magnetic resonance (eg, proton)	from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is a	
4/1/2023 -		imaging, any joint of upper extremity;	suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	without contrast material(s)	requested for evalutation of wrist pain.	1 2023 2023
			CT coan of the feet and ankle for curgical planning. Fall at home Newember 2022	
			CT scan of the foot and ankle for surgical planning. Fell at home November 2022	
			. Unfortunately the patient has a severe traumatic injury with chronic dislocation of the talar	
			navicular joint, I think this deformity needs to be corrected surgically most li; This study is	
			being ordered for trauma or injury.; There has been treatment or conservative therapy.; The	
			ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,	
4/1/2023 -		73700 Computed tomography, lower	Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	extremity; without contrast material	symptoms began less than 6 months ago; Other not listed was done for this diagnosis	2 2023 2023
			There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no	
			suspicion of lower extremity bone or joint infection.; There is a history of lower extremity	
4/1/2023 -		73700 Computed tomography, lower	joint or long bone trauma or injury.; This is Diagnostic (being used to determine the cause of	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	extremity; without contrast material	pain or follow up on prior abnormal imaging)	8 2023 2023
			There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no	
			suspicion of lower extremity bone or joint infection.; There is not a history of lower	
4/1/2023 -		73700 Computed tomography, lower	extremity joint or long bone trauma or injury.; This is Diagnostic (being used to determine	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	extremity; without contrast material	the cause of pain or follow up on prior abnormal imaging)	5 2023 2023
			There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is	
4/1/2023 -		73700 Computed tomography, lower	suspicion of lower extremity bone or joint infection.; This is Diagnostic (being used to	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	extremity; without contrast material	determine the cause of pain or follow up on prior abnormal imaging)	3 2023 2023
4/1/2023 -		73700 Computed tomography, lower	There is suspicion of a lower extremity neoplasm, tumor or metastasis.; This is Diagnostic	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	extremity; without contrast material	(being used to determine the cause of pain or follow up on prior abnormal imaging)	1 2023 2023
			This is a request for a foot CT.; "There is a history (within the past six weeks) of significant	
			trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.; There is a	
4/1/2023 -		73700 Computed tomography, lower	history of new onset of severe pain in the foot within the last two weeks.; The patient has a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	extremity; without contrast material	documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1 2023 2023
			This is a request for a foot CT.; "There is a history (within the past six weeks) of significant	
			trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is	
4/1/2023 -		73700 Computed tomography, lower	a history of new onset of severe pain in the foot within the last two weeks.; Yes this is a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	extremity; without contrast material	request for a Diagnostic CT	6 2023 2023
			·	
			This is a request for a foot CT.; "There is not a history (within the past six weeks) of	
			significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.;	
			There is a history of new onset of severe pain in the foot within the last two weeks.; The	
4/1/2023 -		73700 Computed tomography, lower	patient has an abnormal plain film study of the foot other than arthritis.; The patient has a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	extremity; without contrast material	documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	2 2023 2023
. , ,		,,		

			This is a request for a foot CT.; "There is not a history (within the past six weeks) of	
			significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal	
			coalition.; There is a history of new onset of severe pain in the foot within the last two	
4/1/2023 -		73700 Computed tomography, lower	weeks.; The patient has a documented limitation of their range of motion.; Yes this is a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	extremity; without contrast material	request for a Diagnostic CT	1 2023 2023
			This is a request for a foot CT.; The patient has not used a cane or crutches for greater than	
			four weeks.; "There is not a history (within the past six weeks) of significant trauma,	
			dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a	
			history of new onset of severe pain in the foot within the last two weeks.; The patient does	
			not have an abnormal plain film study of the foot other than arthritis.; The patient has not	
			been treated with and failed a course of supervised physical therapy.; The patient has been treated with anti-inflammatory medications in conjunction with this complaint.; The patient	
4/1/2023 -		73700 Computed tomography, lower	does not have a documented limitation of their range of motion.; Yes this is a request for a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	extremity; without contrast material	Diagnostic CT	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Orthopedics Approval	extremity, without contrast material	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic	1 2023 2023
			CT.; There is a suspected infection of the hip.; The patient has been treated with and failed a	
			course of supervised physical therapy.; There is a mass adjacent to or near the hip.; "There is	
			no a history (within the last six months) of significant trauma, dislocation, or injury to the	
			hip."; There is not a suspicion of AVN.; The patient had an abnormal plain film study of the	
			hip other than arthritis.; The patient has used a cane or crutches for greater than four	
			weeks.; The patient has a documented limitation of their range of motion.; The patient has	
			been treated with anti-inflammatory medication in conjunction with this complaint.; This	
			study is being ordered by the operating surgeon for pre-operative planning.; Yes this is a	
4/1/2023 -		73700 Computed tomography, lower	request for a Diagnostic CT ; A Total Hip Arthroplasty is being planned or has already been	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	extremity; without contrast material	performed.	1 2023 2023
			This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic	
			CT.; There is a suspected infection of the hip.; The patient has been treated with and failed a	
			course of supervised physical therapy.; There is not a mass adjacent to or near the hip.;	
			"There is a history (within the last six months) of significant trauma, dislocation, or injury to	
			the hip."; There is not a suspicion of AVN.; The patient had an abnormal plain film study of	
			the hip other than arthritis.; The patient has used a cane or crutches for greater than four	
			weeks.; The patient has a documented limitation of their range of motion.; The patient has	
			been treated with anti-inflammatory medication in conjunction with this complaint.; This	
			study is being ordered by the operating surgeon for pre-operative planning.; Yes this is a	
4/1/2023 -		73700 Computed tomography, lower	request for a Diagnostic CT ; A Total Hip Arthroplasty is being planned or has already been	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	extremity; without contrast material	performed.	1 2023 2023
			This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic	
			CT.; There is not a suspected infection of the hip.; The patient has been treated with and	
			failed a course of supervised physical therapy.; There is not a mass adjacent to or near the	
			hip.; "There is a history (within the last six months) of significant trauma, dislocation, or	
			injury to the hip."; There is not a suspicion of AVN.; The patient does not have an abnormal	
			plain film study of the hip other than arthritis.; The patient has not used a cane or crutches	
			for greater than four weeks.; The patient has a documented limitation of their range of	
			motion.; The patient has been treated with anti-inflammatory medication in conjunction	
4/4/2022		73700 Commuted tom live levino	with this complaint.; This study is being ordered by the operating surgeon for pre-operative	A 1.
4/1/2023 -	C/20/2022 Oath and the America	73700 Computed tomography, lower	planning.; Yes this is a request for a Diagnostic CT; A Total Hip Arthroplasty is being planned	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	extremity; without contrast material	or has already been performed. This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic	1 2023 2023
			CT.; There is not a suspected infection of the hip.; The patient has been treated with and failed a course of supervised physical therapy.; There is not a mass adjacent to or near the	
			hip.; "There is a history (within the last six months) of significant trauma, dislocation, or	
			injury to the hip."; There is not a suspicion of AVN.; The patient does not have an abnormal	
			plain film study of the hip other than arthritis.; The patient has used a cane or crutches for	
			greater than four weeks.; The patient has a documented limitation of their range of motion.;	
			The patient has been treated with anti-inflammatory medication in conjunction with this	
4/1/2023 -		73700 Computed tomography, lower	complaint.; This study is not being ordered by an operating surgeon for pre-operative	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	extremity; without contrast material	planning.; Yes this is a request for a Diagnostic CT	1 2023 2023
0,30,2023 4,1,2023	0/30/2023 Offilopeules Approval	extremity, without contrast material	אינות ווווק, וביז נוווס וס מ וביקעבים ניסו מ ביומקווטסנוני כיו	1 2023 2023

				This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic	
				CT.; There is not a suspected infection of the hip.; The patient has been treated with and	
				failed a course of supervised physical therapy.; There is not a mass adjacent to or near the	
				hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or	
				injury to the hip."; There is a suspicion of AVN.; The patient had an abnormal plain film study	
				of the hip other than arthritis.; The patient has used a cane or crutches for greater than four	
				weeks.; The patient has a documented limitation of their range of motion.; The patient has	
				been treated with anti-inflammatory medication in conjunction with this complaint.; This	
				study is being ordered by the operating surgeon for pre-operative planning.; Yes this is a	
4/1/2023 -			73700 Computed tomography, lower	request for a Diagnostic CT; A Total Hip Arthroplasty is being planned or has already been	Apr-Jun
6/30/2023	4/1/2022	6/30/2023 Orthopedics Approval	extremity; without contrast material	performed.	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Offilopedics Approval	extremity, without contrast material	This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic	1 2023 2023
				CT.; There is not a suspected infection of the hip.; The patient has not been treated with and	
				failed a course of supervised physical therapy.; There is not a mass adjacent to or near the	
				hip.; "There is a history (within the last six months) of significant trauma, dislocation, or	
				injury to the hip."; There is not a suspicion of AVN.; The patient does not have an abnormal	
				plain film study of the hip other than arthritis.; The patient has used a cane or crutches for	
				greater than four weeks.; The patient has a documented limitation of their range of motion.;	
				The patient has been treated with anti-inflammatory medication in conjunction with this	
4/1/2023 -			73700 Computed tomography, lower	complaint.; This study is not being ordered by an operating surgeon for pre-operative	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Orthopedics Approval	extremity; without contrast material	planning.; Yes this is a request for a Diagnostic CT	1 2023 2023
				This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic	
				CT.; There is not a suspected infection of the hip.; The patient has not been treated with and	
				failed a course of supervised physical therapy.; There is not a mass adjacent to or near the	
				hip.; "There is no a history (within the last six months) of significant trauma, dislocation, or	
				injury to the hip."; There is not a suspicion of AVN.; The patient does not have an abnormal	
				plain film study of the hip other than arthritis.; The patient has used a cane or crutches for	
				greater than four weeks.; The patient has a documented limitation of their range of motion.;	
				The patient has been treated with anti-inflammatory medication in conjunction with this	
				complaint.; This study is being ordered by the operating surgeon for pre-operative planning.;	
4/1/2023 -			73700 Computed tomography, lower	Yes this is a request for a Diagnostic CT; A Total Hip Arthroplasty is being planned or has	Apr-Jun
6/30/2023	4/1/2022	6/30/2023 Orthopedics Approval	extremity; without contrast material	already been performed.	2 2023 2023
0/30/2023	4/1/2023	0/30/2023 Offilopedics Approval	extremity, without contrast material	This is a request for an Ankle CT.; Yes this is a request for a Diagnostic CT; There a history of	2 2023 2023
				significant trauma, dislocation, or injury to the ankle within the last 6 weeks; There is not a	
4/4/2022			72700 Committed to magazanhir Januar		A mar I i i m
4/1/2023 -	. /. /2022	6/00/0000 0 11 11 11	73700 Computed tomography, lower	suspected tarsal coalition; There is a history of a new onset of severe pain in the ankle within	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Orthopedics Approval	extremity; without contrast material	the last 2 weeks; The patient has documented limited range of motion	7 2023 2023
				This is a request for an Ankle CT.; Yes this is a request for a Diagnostic CT; There a history of	
				significant trauma, dislocation, or injury to the ankle within the last 6 weeks; There is not a	
4/1/2023 -			73700 Computed tomography, lower	suspected tarsal coalition; There is NO history of a new onset of severe pain in the ankle	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Orthopedics Approval	extremity; without contrast material	within the last 2 weeks; The patient has documented limited range of motion	1 2023 2023
				This is a request for an Ankle CT.; Yes this is a request for a Diagnostic CT; There NOT a	
				history of significant trauma, dislocation, or injury to the ankle within the last 6 weeks; There	
4/1/2023 -			73700 Computed tomography, lower	is a suspected tarsal coalition; There is a history of a new onset of severe pain in the ankle	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Orthopedics Approval	extremity; without contrast material	within the last 2 weeks; The patient has documented limited range of motion	1 2023 2023
				This is a request for an Ankle CT.; Yes this is a request for a Diagnostic CT; There NOT a	
				history of significant trauma, dislocation, or injury to the ankle within the last 6 weeks; There	
4/1/2023 -			73700 Computed tomography, lower	is not a suspected tarsal coalition; There is a history of a new onset of severe pain in the	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Orthopedics Approval	extremity; without contrast material	ankle within the last 2 weeks; The patient has documented limited range of motion	2 2023 2023
		регот рр		This is a request for an Ankle CT.; Yes this is a request for a Diagnostic CT; There NOT a	
				history of significant trauma, dislocation, or injury to the ankle within the last 6 weeks; There	
4/1/2023 -			73700 Computed tomography, lower	is not a suspected tarsal coalition; There is NO history of a new onset of severe pain in the	Apr-Jun
6/30/2023	4/1/2022	6/30/2023 Orthopedics Approval	extremity; without contrast material	ankle within the last 2 weeks; The patient has documented limited range of motion	4 2023 2023
0/30/2023	4/1/2023	0/30/2023 Orthopeuics Approval	CAGETHILY, WILLIOUT COILLIAST HIATELIAI	This is Non-Diagnostic (to be used during surgery, to mold a joint replacement part, or for CT	7 2023 2023
4/1/2023 -			73700 Computed tomography, lower	Needle Guidance); This is NOT for CT Needle Guidance (77011, 77012 or 77013); This is for	Ang lin
1 ' '	4/4/2022	C/20/2022 Outhanding Agreed			Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Orthopedics Approval	extremity; without contrast material	Makoplasty and/or TKA or other non-surgical planning	35 2023 2023

				This is not a preoperative or recent postoperative evaluation.; There is no suspicion of a	
4/1/2023 -			73700 Computed tomography, lower	lower extremity neoplasm, tumor or metastasis.; There is suspicion of lower extremity bone	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Orthopedics Approval	extremity; without contrast material	or joint infection.; This is a request for a Leg CT.; Yes this is a request for a Diagnostic CT	1 2023 2023
			73720 Magnetic resonance (eg, proton)		
			imaging, lower extremity other than joint; without contrast material(s),		
4/1/2023 -			followed by contrast material(s) and		Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Orthopedics Approval	further sequences		1 2023 2023
.,,	.,.	, ,	73720 Magnetic resonance (eg, proton)		
			imaging, lower extremity other than	; This study is being ordered for trauma or injury.; There has been treatment or conservative	
			joint; without contrast material(s),	therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery,	
4/1/2023 -			followed by contrast material(s) and	Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Orthopedics Approval	further sequences	primary symptoms began less than 6 months ago; Home Exercise was done for this diagnosis	1 2023 2023
			73720 Magnetic resonance (eg, proton)	; This study is being ordered for trauma or injury.; There has not been any treatment or	
			imaging, lower extremity other than joint; without contrast material(s),	conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -			followed by contrast material(s) and	Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Orthopedics Approval	further sequences	ago	2 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	5,00,000 0xmapasid xippioxid		"There is not a history (within the past six weeks) of significant trauma, dislocation, or injury	
				to the ankle."; There is not a history of new onset of severe pain in the ankle within the last	
				two weeks.; The patient had an abnormal plain film study of the ankle other than arthritis.;	
				The patient has not used a cane or crutches for greater than four weeks.; There is not a	
				suspected tarsal coalition.; The patient has not been treated with and failed a course of	
			73720 Magnetic resonance (eg, proton)	supervised physical therapy.; The patient has been treated with anti-inflammatory	
			imaging, lower extremity other than	medications in conjunction with this complaint.; The patient does not have a documented	
4/1/2022			joint; without contrast material(s),	limitation of their range of motion.; This study is being ordered by the operating surgeon for	Ame Iron
4/1/2023 - 6/30/2023	4/1/2022	6/30/2023 Orthopedics Approval	followed by contrast material(s) and further sequences	pre-operative planning.; Bilateral osteochondral lesion talus medial.; This is a request for a bilateral ankle MRI.	Apr-Jun 2 2023 2023
0/30/2023	4/1/2023	0/30/2023 Offilopedics Approval	Turtiler sequences	"There is not a history (within the past six weeks) of significant trauma, dislocation, or injury	2 2023 2023
			73720 Magnetic resonance (eg, proton)	to the ankle."; There is not a history of new onset of severe pain in the ankle within the last	
			imaging, lower extremity other than	two weeks.; The patient had an abnormal plain film study of the ankle other than arthritis.;	
			joint; without contrast material(s),	There is not a suspected tarsal coalition.; The patient has a documented limitation of their	
4/1/2023 -			followed by contrast material(s) and	range of motion.; Patient obtained a NCV/EMG 4/18/2023 which shows positive Thompson	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Orthopedics Approval	further sequences	Test bilaterally; This is a request for a bilateral ankle MRI.	2 2023 2023
				He is a placeast 40 year ald postlamon who seems to do with a history of atrovastic right	
				He is a pleasant 40-year-old gentleman who comes today with a history of atraumatic right knee pain, swelling, radiating pain down his lateral lower leg at times. He was treated x2 for	
			73720 Magnetic resonance (eg, proton)	cellulitis in the past. He has had ultrasounds for DVT which were ne; This study is being	
			imaging, lower extremity other than	ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative	
			joint; without contrast material(s),	therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery,	
4/1/2023 -			followed by contrast material(s) and	Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Orthopedics Approval	further sequences	primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1 2023 2023
			73720 Magnetic resonance (eg, proton)		
			imaging, lower extremity other than		
. /. /2022			joint; without contrast material(s),	hx sarcoma ;surveillance for metastatic disease; This study is being ordered for a metastatic	
4/1/2023 -	4/4/2022	C/20/2022 Outhandies Annual	followed by contrast material(s) and	disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery,	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Orthopedics Approval	further sequences	Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1 2023 2023
				Meniscal provocative tests is positive in both knees for medial meniscus tear. Failed	
				conservative;treatment; This study is being ordered for something other than: known	
			73720 Magnetic resonance (eg, proton)	trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious	
			imaging, lower extremity other than	disease, congenital anomaly, or vascular disease.; There has been treatment or conservative	
			joint; without contrast material(s),	therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery,	
4/1/2023 -			followed by contrast material(s) and	Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The	Apr-Jun
	4/1/2023	6/30/2023 Orthopedics Approval	further sequences	primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	2 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Orthopedics Approval	followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has NOT had foot pain for over 4 weeks.	Apr-Jun 1 2023 2023
			73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),		
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Orthopedics Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has bad foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023		6/30/2023 Orthopedics Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They had 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has been treated with a protective boot for at least 4 weeks.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Orthopedics Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered for a pre op.; Surgery is planned for within 30 days.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Orthopedics Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered for a known palpated mass.; This study is NOT being ordered for evaluation of Morton's Neuroma.; It is unknown if surgery, fine needle aspirate or a biopsy is planned in the next 30 days.; A biopsy has NOT been completed.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Orthopedics Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered for a known palpated mass.; The patient has had foot pain for over 4 weeks.; The patient has been treated with a protective boot for at least 6 weeks.; This study is being ordered for evaluation of Morton's Neuroma.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Orthopedics Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being oordered for infection.; There are NO physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Orthopedics Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a 30 year old Female patient. ;;Who presents with the above. Patient admits to having pain in both knees. Patient does report the left to be more severe than the right. Patient admits to having swelling in the knee. Patient was seen in urgen; This is a request for a Knee MRI.; No, the patient did not have a recent ultrasound of the knee.; The patient had recent plain films of the knee.; There are no physical findings (palpabel mass) of a suspicious mass or known primary site of cancer.; The patient has not had a recent bone scan.; The plain films were normal.; This study is being ordered for Suspicious Mass or Suspected Tumor/ Metastasis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Orthopedics Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Right knee cellulitis; This is a request for a Knee MRI.; No, the patient did not have a recent ultrasound of the knee.; There are no physical findings (palpabel mass) of a suspicious mass or known primary site of cancer.; The patient has not had a recent bone scan.; The plain films were normal.; This study is being ordered for Known or Suspected Joint Infection	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Orthopedics Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	patient completed 6 weeks of therapy for bilateral knee pain. still having pain needs MRI to rule out tears or other ligament tears; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	Apr-Jun 2 2023 2023

			73720 Magnetic resonance (eg, proton)		
			imaging, lower extremity other than		
			joint; without contrast material(s),	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being	
4/1/2023 -			followed by contrast material(s) and	ordered for neuroma.; The patient has had foot pain for over 4 weeks.; The patient has been	Apr-Jun
6/30/2023 4	1/1/2023	6/30/2023 Orthopedics Approval	further sequences	treated with orthotics for at least 6 weeks.	1 2023 2023
			73720 Magnetic resonance (eg, proton)		
			imaging, lower extremity other than		
			joint; without contrast material(s),	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being	
4/1/2023 -			followed by contrast material(s) and	ordered for plantar fasciitis.; The patient has had foot pain for over 4 weeks.; The patient has	Apr-Jun
6/30/2023 4	1/1/2023	6/30/2023 Orthopedics Approval	further sequences	been treated with anti-inflammatory medication for at least 6 weeks.	1 2023 2023
			73720 Magnetic resonance (eg, proton)		
			imaging, lower extremity other than		
			joint; without contrast material(s),	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an	
4/1/2023 -			followed by contrast material(s) and	indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is	Apr-Jun
6/30/2023 4	1/1/2023	6/30/2023 Orthopedics Approval	further sequences	Orthopedics.	8 2023 2023
			73720 Magnetic resonance (eg, proton)		
			imaging, lower extremity other than		
			joint; without contrast material(s),	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
4/1/2023 -			followed by contrast material(s) and	an indication for knee imaging; Effusion with blood (Hemarthrosis) was noted on the	Apr-Jun
6/30/2023 4	1/1/2023	6/30/2023 Orthopedics Approval	further sequences	physical examination; The ordering MDs specialty is Orthopedics.	1 2023 2023
			73720 Magnetic resonance (eg, proton)		
			imaging, lower extremity other than		
			joint; without contrast material(s),	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
4/1/2023 -			followed by contrast material(s) and	an indication for knee imaging; Instability was noted on the physical examination; The	Apr-Jun
6/30/2023 4	1/1/2023	6/30/2023 Orthopedics Approval	further sequences	patient is being treated with a Knee brace; The ordering MDs specialty is Orthopedics.	4 2023 2023
0,50,2025	., _, _	o, so, zozs oranopeans rapprova	73720 Magnetic resonance (eg, proton)	patient is semigrated with a time state, the stateming mass specially is statemental	. 2023 2023
			imaging, lower extremity other than	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
			joint; without contrast material(s),	an indication for knee imaging; Instability was noted on the physical examination; The	
4/1/2023 -			followed by contrast material(s) and	patient is being treated with a Neoprene knee sleeve; The ordering MDs specialty is	Apr-Jun
6/30/2023 4	1/1/2023	6/30/2023 Orthopedics Approval	further sequences	Orthopedics.	1 2023 2023
0/30/2023 4	+/ 1/2023	0/30/2023 Orthopedics Approval	73720 Magnetic resonance (eg, proton)	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	1 2023 2023
			imaging, lower extremity other than	an indication for knee imaging; Instability was noted on the physical examination; The	
			joint; without contrast material(s),	patient is not being treated with any of the listed items (crutches, knee immobilizer, wheel	
4/1/2023 -			followed by contrast material(s) and	chair, neoprene knee sleeve, ace bandage, knee brace); The ordering MDs specialty is	Anr lun
6/30/2023 4	1/1/2022	6/30/2023 Orthopedics Approval	further sequences	Orthopedics.	Apr-Jun 1 2023 2023
0/30/2023 4	+/1/2023	6/30/2023 Orthopedics Approval	73720 Magnetic resonance (eg, proton)	Orthopedics.	1 2023 2023
			imaging, lower extremity other than		
				This is a second for a Mary MDI. Above well-the standard of the base was about a	
4/4/2022			joint; without contrast material(s),	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	A mar to m
4/1/2023 -	1/4/2022	C/20/2022 Outlean dies Assessed	followed by contrast material(s) and	an indication for knee imaging; Locking was noted on the physical examination; The ordering	Apr-Jun
6/30/2023 4	1/1/2023	6/30/2023 Orthopedics Approval	further sequences	MDs specialty is Orthopedics.	5 2023 2023
			73720 Magnetic resonance (eg, proton)		
			imaging, lower extremity other than	This is a second for a Keep MADL Above well of the first of the College of the Co	
4/4/2022			joint; without contrast material(s),	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
4/1/2023 -	. /. /20	s /20 /2022 O II	followed by contrast material(s) and	an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was	Apr-Jun
6/30/2023 4	1/1/2023	6/30/2023 Orthopedics Approval	further sequences	noted on the physical examination; The ordering MDs specialty is Orthopedics.	33 2023 2023
			73720 Magnetic resonance (eg, proton)		
			imaging, lower extremity other than		
			joint; without contrast material(s),		
4/1/2023 -			followed by contrast material(s) and	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is	Apr-Jun
6/30/2023 4	1/1/2023	6/30/2023 Orthopedics Approval	further sequences	being ordered for Non-acute Chronic Pain; Instability; It is unknown if surgery is planned.	2 2023 2023
			73720 Magnetic resonance (eg, proton)		
			imaging, lower extremity other than		
			joint; without contrast material(s),	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is	
4/1/2023 -			followed by contrast material(s) and	being ordered for Non-acute Chronic Pain; Instability; Surgery is being planned.;	Apr-Jun
6/30/2023 4	1/1/2023	6/30/2023 Orthopedics Approval	further sequences	Arthroscopic surgery	1 2023 2023

		73720 Magnetic resonance (eg, proton)		
		imaging, lower extremity other than		
		joint; without contrast material(s),	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is	
4/1/2023 -		followed by contrast material(s) and	being ordered for Non-acute Chronic Pain; Limited range of motion; Surgery is NOT being	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	further sequences	planned.	2 2023 2023
		73720 Magnetic resonance (eg, proton)		
		imaging, lower extremity other than		
		joint; without contrast material(s),		
4/1/2023 -		followed by contrast material(s) and	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	further sequences	being ordered for Non-acute Chronic Pain; Locking; It is unknown if surgery is planned.	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Orthopedics Approval	73720 Magnetic resonance (eg, proton)	being ordered for Non-acute enroller and, Edeking, it is disknown in surgery is planned.	1 2023 2023
		imaging, lower extremity other than		
		joint; without contrast material(s),		
4/1/2023 -		followed by contrast material(s) and	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	further sequences	being ordered for Non-acute Chronic Pain; Locking; Surgery is NOT being planned.	1 2023 2023
		73720 Magnetic resonance (eg, proton)		
		imaging, lower extremity other than		
		joint; without contrast material(s),	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is	
4/1/2023 -		followed by contrast material(s) and	being ordered for Non-acute Chronic Pain; Swelling greater than 3 days; It is unknown if	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	further sequences	surgery is planned.	1 2023 2023
, , ,===	, , a s a s span a present	73720 Magnetic resonance (eg, proton)		
		imaging, lower extremity other than		
		joint; without contrast material(s),	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is	
4/1/2023 -				Amm I
	6/20/2022 Oath and the America	followed by contrast material(s) and	being ordered for Non-acute Chronic Pain; Swelling greater than 3 days; Surgery is NOT	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	further sequences	being planned.	1 2023 2023
		73720 Magnetic resonance (eg, proton)		
		imaging, lower extremity other than		
		joint; without contrast material(s),		
4/1/2023 -		followed by contrast material(s) and	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	further sequences	being ordered for None of the above; Instability; It is unknown if surgery is planned.	1 2023 2023
		73720 Magnetic resonance (eg, proton)		
		imaging, lower extremity other than		
		joint; without contrast material(s),		
4/1/2023 -		followed by contrast material(s) and	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	further sequences	being ordered for None of the above; Locking; Surgery is NOT being planned.	2 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	., ,	73720 Magnetic resonance (eg, proton)		
		imaging, lower extremity other than		
		joint; without contrast material(s),		
4/1/2023 -		followed by contrast material(s) and	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is	Apr-Jun
1 1	6/20/2022 Orthonodics Approval	* * * * * * * * * * * * * * * * * * * *		4 2023 2023
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	further sequences	being ordered for Post-operative Evaluation	4 2023 2023
		73720 Magnetic resonance (eg, proton)		
		imaging, lower extremity other than		
		joint; without contrast material(s),	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is	
4/1/2023 -		followed by contrast material(s) and	being ordered for Pre-operative Evaluation (including TKA - Total Knee Arthroplasty); Limited	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	further sequences	range of motion; Arthroscopic surgery	2 2023 2023
		73720 Magnetic resonance (eg, proton)		
		imaging, lower extremity other than		
		joint; without contrast material(s),	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is	
4/1/2023 -		followed by contrast material(s) and	being ordered for Pre-operative Evaluation (including TKA - Total Knee Arthroplasty);	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	further sequences	Locking; Arthroscopic surgery	3 2023 2023
.,, , ., .,	-, , -,	73720 Magnetic resonance (eg, proton)		1 1110 2020
		imaging, lower extremity other than		
		joint; without contrast material(s),	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is	
4/1/2022		• • •		A mar I
4/1/2023 -	C/20/2022 Outh and the Am	followed by contrast material(s) and	being ordered for Pre-operative Evaluation (including TKA - Total Knee Arthroplasty);	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	further sequences	Swelling greater than 3 days; Arthroscopic surgery	1 2023 2023

		72720 Managatia anna dan anatan)		
		73720 Magnetic resonance (eg, proton)		
		imaging, lower extremity other than		
. /. /2022		joint; without contrast material(s),		
4/1/2023 -	6/20/2022 0 11 11 1	followed by contrast material(s) and	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	further sequences	being ordered for Suspected meniscus, tendon, or ligament injury	240 2023 2023
		73720 Magnetic resonance (eg, proton)		
		imaging, lower extremity other than		
. /. /		joint; without contrast material(s),		
4/1/2023 -		followed by contrast material(s) and	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	further sequences	being ordered for Suspected meniscus, tendon, or ligament injury	241 2023 2023
		73720 Magnetic resonance (eg, proton)		
		imaging, lower extremity other than		
		joint; without contrast material(s),		
4/1/2023 -		followed by contrast material(s) and	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	further sequences	physician supervised home exercise in the past 3 months	6 2023 2023
		73720 Magnetic resonance (eg, proton)		
		imaging, lower extremity other than		
		joint; without contrast material(s),	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain	
4/1/2023 -		followed by contrast material(s) and	films were normal.; The ordering physician is an orthopedist.; This study is being ordered for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	further sequences	Non-acute Chronic Pain; Pain greater than 3 days; It is unknown if surgery is planned.	1 2023 2023
		73720 Magnetic resonance (eg, proton)		
		imaging, lower extremity other than		
		joint; without contrast material(s),	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain	
4/1/2023 -		followed by contrast material(s) and	films were normal.; The ordering physician is an orthopedist.; This study is being ordered for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	further sequences	Non-acute Chronic Pain; Pain greater than 3 days; Surgery is NOT being planned.	2 2023 2023
		73720 Magnetic resonance (eg, proton)		
		imaging, lower extremity other than		
		joint; without contrast material(s),	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain	
4/1/2023 -		followed by contrast material(s) and	films were not normal.; The ordering physician is an orthopedist.; This study is being ordered	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	further sequences	for Non-acute Chronic Pain; Pain greater than 3 days; Surgery is NOT being planned.	1 2023 2023
		73720 Magnetic resonance (eg, proton)		
		imaging, lower extremity other than		
		joint; without contrast material(s),	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain	
4/1/2023 -		followed by contrast material(s) and	films were not normal.; This study is being ordered for Suspicious Mass or Suspected Tumor/	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	further sequences	Metastasis	2 2023 2023
		73720 Magnetic resonance (eg, proton)		
		imaging, lower extremity other than		
		joint; without contrast material(s),	This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing	
4/1/2023 -		followed by contrast material(s) and	status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	further sequences	treated with a Knee brace; The ordering MDs specialty is Orthopedics.	1 2023 2023
		73720 Magnetic resonance (eg, proton)		
		imaging, lower extremity other than		
		joint; without contrast material(s),	This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing	
4/1/2023 -		followed by contrast material(s) and	status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	further sequences	treated with Crutches; The ordering MDs specialty is Orthopedics.	1 2023 2023
		73720 Magnetic resonance (eg, proton)		
		imaging, lower extremity other than		
		joint; without contrast material(s),		
4/1/2023 -		followed by contrast material(s) and	This is a request for a Knee MRI.; The plain films were not normal.; This study is being	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	further sequences	ordered for Known or Suspected Joint Infection	1 2023 2023
		73720 Magnetic resonance (eg, proton)		
		imaging, lower extremity other than		
		joint; without contrast material(s),		
4/1/2023 -		followed by contrast material(s) and	This is a request for a Knee MRI.; This study is being ordered for Pre-operative Evaluation	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	further sequences	(including TKA - Total Knee Arthroplasty); Total Knee Arthroplasty (TKA)	7 2023 2023

		7070014		
		73720 Magnetic resonance (eg, proton)		
		imaging, lower extremity other than		
		joint; without contrast material(s),		
4/1/2023 -		followed by contrast material(s) and	This is a request for an Ankle MRI.; The study is requested for a reason other that ankle	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	further sequences	pain.; The member has a recent injury.	3 2023 2023
		73720 Magnetic resonance (eg, proton)		
		imaging, lower extremity other than		
		joint; without contrast material(s),		
4/1/2023 -		followed by contrast material(s) and	This is a request for an Ankle MRI.; The study is requested for a reason other that ankle	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	further sequences	pain.; The member has surgery planned.	1 2023 2023
1,21,222	о, со, доде от второвного търготог	73720 Magnetic resonance (eg, proton)	Paris, manual manager / Premiar	
		imaging, lower extremity other than	This is a request for an Ankle MRI.; The study is requested for a reason other that ankle	
		joint; without contrast material(s),	pain.; The study is for Aseptic Necrosis; There are physical exam findings, laboratory results,	
4/1/2023 -				A I
1 1	6/00/0000 0 11 11 1	followed by contrast material(s) and	other imaging including bone scan or ultrasound confirming infection, inflammation and or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	further sequences	aseptic necrosis.; Surgery or other intervention is planned in the next 4 weeks.	1 2023 2023
		73720 Magnetic resonance (eg, proton)		
		imaging, lower extremity other than	This is a request for an Ankle MRI.; The study is requested for a reason other that ankle	
		joint; without contrast material(s),	pain.; The study is for infection or inflammation.; There are not physical exam findings,	
4/1/2023 -		followed by contrast material(s) and	laboratory results, other imaging including bone scan or ultrasound confirming infection,	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	further sequences	inflammation and or aseptic necrosis.	1 2023 2023
		73720 Magnetic resonance (eg, proton)	This is a request for an Ankle MRI.; The study is requested for a reason other that ankle	
		imaging, lower extremity other than	pain.; The study is for infection or inflammation.; There are physical exam findings,	
		joint; without contrast material(s),	laboratory results, other imaging including bone scan or ultrasound confirming infection,	
4/1/2023 -		followed by contrast material(s) and	inflammation and or aseptic necrosis.; Surgery or other intervention is planned in the next 4	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	further sequences	weeks.	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Orthopedies /Approval	73720 Magnetic resonance (eg, proton)	Weeks.	1 2023 2023
		imaging, lower extremity other than		
			This is a property for an Aphilo MDL. The study is appropriately smaller and the configuration of	
4 /4 /0000		joint; without contrast material(s),	This is a request for an Ankle MRI.; The study is requested for ankle pain.; It is unknown if	
4/1/2023 -		followed by contrast material(s) and	there is a suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	further sequences	the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	1 2023 2023
		73720 Magnetic resonance (eg, proton)		
		imaging, lower extremity other than		
		joint; without contrast material(s),	This is a request for an Ankle MRI.; The study is requested for ankle pain.; It is unknown if	
4/1/2023 -		followed by contrast material(s) and	there is a suspicion of a tendon or ligament injury.; There is a suspicion of fracture not	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	further sequences	adequately determined by x-ray.	1 2023 2023
		73720 Magnetic resonance (eg, proton)		
		imaging, lower extremity other than		
		joint; without contrast material(s),	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a	
4/1/2023 -		followed by contrast material(s) and	suspicion of a tendon or ligament injury.; It is not know if surgery or arthrscopy is scheduled	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	further sequences	in the next 4 weeks.	5 2023 2023
0/30/2023 4/1/2023	0/30/2023 Orthopedics Approval		III the next 4 weeks.	3 2023 2023
		73720 Magnetic resonance (eg, proton)		
		imaging, lower extremity other than	This is a second for an Audio ARDI. The study is a 10 of 11 of 12	
. /. /2022		joint; without contrast material(s),	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a	
4/1/2023 -		followed by contrast material(s) and	suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	further sequences	4 weeks.	13 2023 2023
		73720 Magnetic resonance (eg, proton)		
		imaging, lower extremity other than		
		joint; without contrast material(s),	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a	
4/1/2023 -		followed by contrast material(s) and	suspicion of a tendon or ligament injury.; Surgery or arthrscopy is scheduled in the next 4	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	further sequences	weeks.	3 2023 2023
		73720 Magnetic resonance (eg, proton)		
		imaging, lower extremity other than		
		joint; without contrast material(s),	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO	
4/1/2023 -		followed by contrast material(s) and	suspicion of a tendon or ligament injury.; It is not know if surgery or arthrscopy is scheduled	Apr-Jun
	6/30/3033 Orthorodias Assura	•		·
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	further sequences	in the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	1 2023 2023

		73720 Magnetic resonance (eg, proton)		
		imaging, lower extremity other than		
		joint; without contrast material(s),	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO	
4/1/2023 -		followed by contrast material(s) and	suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	further sequences	4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	4 2023 2023
		73720 Magnetic resonance (eg, proton)		
		imaging, lower extremity other than		
		joint; without contrast material(s),	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO	
4/1/2023 -		followed by contrast material(s) and	suspicion of a tendon or ligament injury.; Surgery or arthrscopy is scheduled in the next 4	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	further sequences	weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	1 2023 2023
		73720 Magnetic resonance (eg, proton)		
		imaging, lower extremity other than		
		joint; without contrast material(s),	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO	
4/1/2023 -		followed by contrast material(s) and	suspicion of a tendon or ligament injury.; There is a suspicion of fracture not adequately	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	further sequences	determined by x-ray.	3 2023 2023
		73720 Magnetic resonance (eg, proton)		
		imaging, lower extremity other than	This is not a pulsatile mass.; There is a suspicion of an infection.; The patient is not taking	
		joint; without contrast material(s),	antibiotics.; This is not a study for a fracture which does not show healing (non-union	
4/1/2023 -		followed by contrast material(s) and	fracture).; This is not a pre-operative study for planned surgery.; Non Joint is being	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	further sequences	requested.	1 2023 2023
		73720 Magnetic resonance (eg, proton)		
		imaging, lower extremity other than		
		joint; without contrast material(s),		
4/1/2023 -		followed by contrast material(s) and	This is not a pulsatile mass.; There is not a suspicion of an infection.; This is a study for a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	further sequences	fracture which does not show healing (non-union fracture).; Non Joint is being requested.	3 2023 2023
		73720 Magnetic resonance (eg, proton)		
		imaging, lower extremity other than	This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a	
		joint; without contrast material(s),	fracture which does not show healing (non-union fracture).; This is a pre-operative study for	
4/1/2023 -		followed by contrast material(s) and	planned surgery.; Non Joint is being requested.; A Total Hip or Knee Arthroplasty is NOT	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	further sequences	being planned nor has one already been performed.	1 2023 2023
		73720 Magnetic resonance (eg, proton)		
		imaging, lower extremity other than		
		joint; without contrast material(s),	This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a	
4/1/2023 -		followed by contrast material(s) and	fracture which does not show healing (non-union fracture).; This is not a pre-operative study	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	further sequences	for planned surgery.; Non Joint is being requested.	4 2023 2023
		73720 Magnetic resonance (eg, proton)		
		imaging, lower extremity other than		
		joint; without contrast material(s),	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT	
4/1/2023 -		followed by contrast material(s) and	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	further sequences	Oncology; This case was created via BBI.	1 2023 2023
			This study is being ordered for something other than: known trauma or injury, metastatic	
		73720 Magnetic resonance (eg, proton)	disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
		imaging, lower extremity other than	vascular disease.; There has not been any treatment or conservative therapy.; There are 2	
		joint; without contrast material(s),	exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist,	
4/1/2023 -		followed by contrast material(s) and	Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	further sequences	via BBI.; The primary symptoms began more than 1 year ago	2 2023 2023
		73720 Magnetic resonance (eg, proton)		
		imaging, lower extremity other than	This study is being ordered for trauma or injury.; There has been treatment or conservative	
		joint; without contrast material(s),	therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery,	
4/1/2023 -		followed by contrast material(s) and	Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	further sequences	primary symptoms began less than 6 months ago; Medications were given for this diagnosis	2 2023 2023
		•		

			; This study is being ordered for something other than: known trauma or injury, metastatic	
			disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
			vascular disease.; There has been treatment or conservative therapy.; The ordering MDs	
		73721 Magnetic resonance (eg, proton)	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
4/1/2023 -		imaging, any joint of lower extremity;	Radiation Oncology; This case was created via RadMD.; The primary symptoms began more	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	without contrast material	than 1 year ago; Medications were given for this diagnosis	2 2023 2023
			For lumbar. patient has severe DDD on xray, MRI is requested to refer patient to neurology	
			patient can see a spine doctor for ESI and possible spine surgery. MRI is requested by	
			neurology to be done before being referred. For left hip. patient heard a loud; This study is	
			being ordered for trauma or injury.; There has been treatment or conservative therapy.; The	
		73721 Magnetic resonance (eg, proton)	ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,	
4/1/2023 -		imaging, any joint of lower extremity;	Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	without contrast material	symptoms began less than 6 months ago; Medications were given for this diagnosis	1 2023 2023
			He is a pleasant 40-year-old gentleman who comes today with a history of atraumatic right	
			knee pain, swelling, radiating pain down his lateral lower leg at times. He was treated x2 for	
			cellulitis in the past. He has had ultrasounds for DVT which were ne; This study is being	
			ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative	
		73721 Magnetic resonance (eg, proton)	therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery,	
4/1/2023 -		imaging, any joint of lower extremity;	Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	without contrast material	primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1 2023 2023
			History of Present Illness:;Hannah Hatcher is a 30-year-old female who presents to the office	
			regarding her left hip pain. The patient reports pain with sitting for prolonged periods. She	
			injured her hip over 1 year ago while squatting. At the bottom of; This study is being	
			ordered for trauma or injury.; There has been treatment or conservative therapy.; The	
		73721 Magnetic resonance (eg, proton)	ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,	
4/1/2023 -		imaging, any joint of lower extremity;	Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	without contrast material	symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1 2023 2023
	•		Patient has had in the past multiple fusions of the L5-S1 steroid injections. Since then he has	
			developed avascular necrosis in bilateral hips.; This study is being ordered for Vascular	
			Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is	
		73721 Magnetic resonance (eg, proton)	NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -		imaging, any joint of lower extremity;	Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	without contrast material	ago; Medications were given for this diagnosis	2 2023 2023
0,00,2020 1,2,2020	6,55,2525 5.1opea.65 7.pp.614.	William Contract material	ago, medicacono were great for ano atagnosis	2 2023 2023
			Patient has osteoarthritis/trochanteric bursitis of right and left hips. Patient still having pain	
			after PT.; This study is being ordered for something other than: known trauma or injury,	
			metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital	
			anomaly, or vascular disease.; There has been treatment or conservative therapy.; The	
		73721 Magnetic resonance (eg, proton)	ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,	
4/1/2023 -		imaging, any joint of lower extremity;	Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	without contrast material	symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	2 2023 2023
0,00,2020 4,1,2023	5,50,2025 Orthopedics Approval		Patient reports left hip pain. She reports this is radiating to the groin but also radiating down	2 2023 2023
			the leg. She has had;extensive treatments for trochanteric bursitis including numerous	
			injections as well as physical therapy. She sees a;pain clinic and h; This study is being	
			ordered for something other than: known trauma or injury, metastatic disease, a	
			neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular	
			disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is	
		73721 Magnetic resonance (eg, proton)	NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -		imaging, any joint of lower extremity;	Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	without contrast material	, , , , , , , , , , , , , , , , , , , ,	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Offitopedics Approval	without collifast illaterial	ago; Physical Therapy was completed for this diagnosis	1 2023 2023

			There is some fragmentation and possible avulsion injury with minimal displacement at the	
			right ischial tuberosity.; This study is being ordered for trauma or injury.; There has been	
		72721 Magnetic vecenous (eq. master)	treatment or conservative therapy.; The ordering MDs specialty is NOT	
4/1/2023 -		73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity;	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	without contrast material	months ago; Other not listed was done for this diagnosis	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Orthopedics Approval	without contrast material	months ago, other not listed was done for this diagnosis	1 2023 2023
		73721 Magnetic resonance (eg, proton)		
4/1/2023 -		imaging, any joint of lower extremity;	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	without contrast material	member has failed a 4 week course of conservative management in the past 3 months.	14 2023 2023
		73721 Magnetic resonance (eg, proton)		
4/1/2023 -		imaging, any joint of lower extremity;	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	without contrast material	member has not failed a 4 week course of conservative management in the past 3 months.	1 2023 2023
		73734 Married's assessment (as a section)	This is a second for a big MDL. The second is for big acts. The big acts is due to a second	
4/4/2022		73721 Magnetic resonance (eg, proton)	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a mass.;	A 1
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	imaging, any joint of lower extremity; without contrast material	The diagnosis of Mass, Tumor, or Cancer has not been established.; The patient has had recent plain films, bone scan or ultrasound of the knee.; The imaging studies were abnormal.	Apr-Jun 1 2023 2023
0/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	without contrast material	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent	1 2023 2023
		73721 Magnetic resonance (eg, proton)	injury.; It is not known if there is a suspicion of tendon or ligament injury.; Surgery or	
4/1/2023 -		imaging, any joint of lower extremity;	arthrscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	without contrast material	adequately determined by x-ray.	1 2023 2023
		73721 Magnetic resonance (eg, proton)	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent	
4/1/2023 -		imaging, any joint of lower extremity;	injury.; Tendon or ligament injuryis not suspected.; There is a suspicion of fracture not	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	without contrast material	adequately determined by x-ray.	2 2023 2023
. /. /		73721 Magnetic resonance (eg, proton)	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent	
4/1/2023 -	C/20/2022 Outhandias Approval	imaging, any joint of lower extremity;	injury.; There is a suspicion of tendon or ligament injury.; It is not know if surgery or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	without contrast material	arthrscopy is scheduled in the next 4 weeks.	2 2023 2023
		73721 Magnetic resonance (eg, proton)	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent	
4/1/2023 -		imaging, any joint of lower extremity;	injury.; There is a suspicion of tendon or ligament injury.; Surgery or arthrscopy is not	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	without contrast material	scheduled in the next 4 weeks.	4 2023 2023
		73721 Magnetic resonance (eg, proton)	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to an old	
4/1/2023 -		imaging, any joint of lower extremity;	injury.; The member has failed a 4 week course of conservative management in the past 3	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	without contrast material	months.	2 2023 2023
		73721 Magnetic resonance (eg, proton)	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to an old	
4/1/2023 -	5/20/2020 O. H	imaging, any joint of lower extremity;	injury.; The member has not failed a 4 week course of conservative management in the past	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	without contrast material	3 months.	2 2023 2023
		73721 Magnetic resonance (eg, proton)		
4/1/2023 -		imaging, any joint of lower extremity;	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is not due to a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	without contrast material	recent injury, old injury, Chronic Hip Pain or a Mass.	2 2023 2023
., . ,, , . , 2020	, ,			
		73721 Magnetic resonance (eg, proton)	This is a requests for a hip MRI.; The request is not for hip pain.; The member has surgery	
4/1/2023 -		imaging, any joint of lower extremity;	planned.; A Total Hip Arthroplasty is NOT being planned nor has one already been	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	without contrast material	performed.	1 2023 2023
		73721 Magnetic resonance (eg, proton)		
4/1/2023 -	C/20/2022 Oath - 11	imaging, any joint of lower extremity;	This is a requests for a hip MRI.; The request is not for hip pain.; The study is for Aseptic	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Approval	without contrast material	Necrosis	2 2023 2023

TAT721 Magnetic monantor (or, protein) Insignite any local of broad services. The standard continuation of the past of the standard professor of the past of the p							
### April 19/10/20 Fig. 2023 Orthopedics Agrorous without contrast material operative evaluation of lower extensive for a power evaluation of the pain, The study is for post power of lower otherwise, and provided of lower otherwise, and lowe	1 1	4/1/2023	6/30/2023 Orthopedics Approval	imaging, any joint of lower extremity;		inflammation.; There are physical exam findings, laboratory results, other imaging including bone scan or ultrasound confirming infection, inflammation and or aseptic necrosis.; Surgery	· ·
### April 19/10/20 Fig. 2023 Orthopedics Agrorous without contrast material operative evaluation of lower extensive for a power evaluation of the pain, The study is for post power of lower otherwise, and provided of lower otherwise, and lowe							
### April 1997/2013	4/4/2022					This is a second for a big NADL. The second is satisfied by the standard for any	A 1
73721 Magnetic resonance (eg. proton) imaging, any joint of lower extremity. 747/2023 747/202		4/1/2022	6/20/2022 Orthopodics Approval				· ·
41/2023 - 6/30/2023 Orthopedics. Approval 6/30/2023 41/2023 6/30/2023 Orthopedics. Disapproval 6/30/2023 6/30/2023 Orthoped	0/30/2023	4/1/2023	0/30/2023 Orthopedics Approval	without contrast material		operative evaluation.	3 2023 2023
6/38/2023 4/1/2023 6/38/2023 Orthopedic Approval without contrast material for any other standard indications for Knee MRI 1 2023 2023 4/1/2023 6/38/2023 Orthopedic Approval material This request for a standard indications for Knee MRI 1 2023 2023 4/1/2023 6/38/2023 Orthopedic Approval material Standard Stan				73721 Magnetic resonance (eg, proton)			
4/1/2023 6/30/2023 Orthopedics Approval materials (Approval image, indexed to more performed, and image potentials). This request is for an Abdromen MRI. This study is not being requested for known tumor, imagein, advancement, known or suspected wascular disease, hematuris, follow-up trauma, or a pre-operative evaluation. 4/1/2023 6/30/2023 Orthopedics Approval materials (Images, if adding noncontrast images, if adding no	4/1/2023 -			imaging, any joint of lower extremity;		This is a requests for a hip MRI.; The request is not for hip pain.; The study is not requested	Apr-Jun
41/2023 4/1/2023 6/30/2023 Orthopedics Approval material (follow-up trauma, or a pre-operative evaluation. 1 2023 2023 2023 2023 2023 2023 2023 20	6/30/2023	4/1/2023	6/30/2023 Orthopedics Approval			,	1 2023 2023
### April of the patient does not have exercised for explanation of the patient does not have a created via Bil. This procedure is being requested for evaluation of vascular disease in the stormach or legs; the patient had a Doppler Ultrasound, The study was performed, and image postprocessing and including noncontrast images, if including noncontrast images, i	4/4/2022			, , ,		, , , , , , , , , , , , , , , , , , , ,	
75633 Computed tomographic angiography, abdominal aorta and bilateral lickemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing andomal and anomal in the patient does have neurological deficits; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is a season why the patient cannot have a Cervical Spine CT; There is a season why the patient is experiencing or presenting symptoms of Lower extremity application of the patient is experiencing or presenting symptoms of Lower extremity application of the patient is experiencing or presenting symptoms of Lower extremity application of the patient is experiencing or presenting symptoms of Lower extremity application of the patient is experiencing or presenting symptoms of Lower extremity application of the patient is experiencing or presenting symptoms of Lower extremity application of the patient is experiencing or presenting symptoms of Lower extremity applications and patient is experiencing or presenting symptoms of Lower extremity applications and patient is experiencing or presenting symptoms. The patient is a benefit of the contract application or patient is a sequest for a Lower is a sequest for a Lower is a sequest for a Lower is a sequest for a Lo		4/1/2022	6/20/2022 Orthopodics Approval				·
aggography, abdominal aorta and bilateral illofromoral lower extremity runoff, with contrast material (s), including monocontrast images, if performed, and image postprocessing performed, and image postprocessing and mormal anomal an	0/30/2023	4/1/2023	6/30/2023 Orthopedics Approval	material(s)		vascular disease, fiernaturia, forfow-up traditia, or a pre-operative evaluation.	1 2023 2023
bilateral illofemoral lower extremity runoff, with contrast material (s), including noncontrast images, if including noncontrast ima				75635 Computed tomographic			
### 1/2023 - 4/1/2023 6/30/2023 Orthopedics Disapproval #### 1/2023 - 4/1				angiography, abdominal aorta and			
4/1/2023 6/30/2023 Orthopedics Approval Fig. 1/2023 6/30/2023 Orthopedics Approval Fig. 2/2125 Computed tomography, cervical prime, without contrast material Fig. 2/2125 Computed tomography, cervical prime, without contrast material Fig. 2/2125 Computed tomography, cervical prime, without contrast material Fig. 2/2125 Computed tomography, cervical prime, without contrast material Fig. 2/2125 Computed tomography, cervical prime, without contrast material Fig. 2/2125 Computed tomography, cervical prime, without contrast material Fig. 2/2125 Computed tomography, cervical prime, without contrast material Fig. 2/2125 Computed tomography, cervical prime, without contrast material Fig. 2/2125 Computed tomography, cervical prime, without contrast material Fig. 2/2125 Computed tomography, cervical prime, without contrast material Fig. 2/2125 Computed tomography, cervical prime, without contrast material Fig. 2/2125 Computed tomography, cervical prime, without contrast material Fig. 2/2125 Computed tomography, cervical prime, without contrast material Fig. 2/2125 Computed tomography, cervical prime, without contrast material Fig. 2/2125 Computed tomography, cervical prime, without contrast material Fig. 2/2125 Computed tomography, cervical prime, without contrast material Fig. 2/2125 Computed tomography, cervical prime, without contrast material Fig. 2/2125 Computed tomography, cervical prime, without contrast material Fig. 2/2125 Computed tomography, cervical prime, without contrast material Fig. 2/2125 Computed tomography, cervical prime, without contrast material Fig. 2/2125 Computed tomography, cervical prime, without contrast material Fig. 2/2125 Computed tomography, cervical prime, without contrast material Fig. 2/2125 Computed tomography, cervical prime, without contrast material Fig. 2/2125 Computed tomography, cervical prime, without contrast material Fig. 2/2125 Computed tomography, cervical prime, cervical prime, without contrast material Fig. 2/2125 Computed tomography, cervical pri				bilateral iliofemoral lower extremity			
6/30/2023 4/1/2023 6/30/2023 Orthopedics Approval performed, and image postprocessing abnormal 1 2023 2023 The patient does have neurological deficits; This study is not to be part of a Myelogram; This is a request for a Cervical Spine CT; This study is being ordered for chronic neck pain or suspected degenerative disease; There is a reason why the patient cannot have a Cervical Spine CT; This study is being ordered for chronic neck pain or suspected degenerative disease; There is a reason why the patient cannot have a Cervical Spine CT; There is a Page on the patient is experiencing or presenting symptoms of Lower extremity Apr-Jun Apr-J						· · · · · · · · · · · · · · · · · · ·	
The patient does have neurological deficitiss. This study is not to be part of a Myelogram; This is a request for a Cervical Spine of a Myelogram; This is a request for a Cervical Spine of Africance of Spine MRII, The patient does have neurological deficitions. This study is not to be part of a Myelogram; This is a request for a Cervical Spine of Africance of Spine MRII, The patient does not a suspected degenerative disease; There is a reason why the patient cannot have a Cervical Spine CT; There is a freedom whether the spine of the part of a Myelogram; This is a request for a Cervical Spine CT; There is a freedom whether the suspected degenerative disease; There is a reason why the patient cannot have a Cervical Spine CT; There is spine MRII, The patient has expertencing or presenting symptoms of Lower extremity weshness. 72125 Computed tomography, cervical pend of Myelogram; This is a request for a Cervical Spine CT; There is spine MRII, The patient has expertencing or presenting symptoms of Lower extremity weshness. 72125 Computed tomography, cervical pend of Myelogram; This study is not to be part of a Myelogram; This is a request for a Diagnostic CT. 72131 Computed tomography, lumbar spine; without contrast material pend of Myelogram; This is a request for a Diagnostic CT. 72131 Computed tomography, lumbar spine; without contrast material pend of Myelogram; This is a request for a Diagnostic CT. 72131 Computed tomography, lumbar spine; without contrast material pend of Myelogram; This is a request for a Diagnostic CT.	1 ' '	4/4/2022	6/20/2022 Outle and dies Augusta			- · · · · · · · · · · · · · · · · · · ·	
This is a request for a Cervical Spine CT; This study is being ordered for dronic neck pain or superted degenerative disease; There is a reason why the patient cannot have a Cervical Spine CT; This study is not to be part of a Myelogram; This is a request for a Cervical Spine CT; This study is being ordered for dronic neck pain or superted degenerative disease; There is a reason why the patient cannot have a Cervical Spine CT; This study is not to be part of a Myelogram; This is a request for a Cervical Spine CT; There is Apr-Jun 1 2023 2023 ### Apr-Jun 1 2023 2023 ### Apr-Jun 2023 4/1/2023 6/30/2023 Orthopedics Disapproval Spine; without contrast material Spine; without contrast ma	6/30/2023	4/1/2023	6/30/2023 Orthopedics Approval	performed, and image postprocessing			1 2023 2023
Adjoint of the patient and the patient cannot have a Cervical Spine (MT). The patient is experiencing or presenting symptoms of Lower extremity Apr-Jun Hedically Necessary weakness. Adjoint of the patient is experiencing or presenting symptoms of Lower extremity Apr-Jun Hedically Necessary weakness. Adjoint of the patient is experiencing or presenting symptoms of Lower extremity Apr-Jun Hedically Necessary weakness. Adjoint of the patient is experiencing or presenting symptoms of Lower extremity Apr-Jun Hedically Necessary weakness. Adjoint of the patient and the variety is not to be part of a Myelogram; This is a request for a Cervical Spine CT; There is Apr-Jun Necessary in or reason why the patient cannot have a Cervical Spine MRI. Apr-Jun Hedically Necessary in or reason why the patient cannot have a Cervical Spine MRI. Apr-Jun Hedically Necessary in or reason why the patient cannot have a Cervical Spine MRI. Apr-Jun Hedically Necessary in or reason why the patient cannot have a Cervical Spine MRI. Apr-Jun Hedically Necessary in or reason why the patient cannot have a Cervical Spine MRI. Apr-Jun Hedically Necessary in or reason why the patient cannot have a Cervical Spine MRI. Apr-Jun Hedically Necessary in or reason why the patient cannot have a Cervical Spine MRI. Apr-Jun Hedically Necessary in or reason why the patient cannot have a Cervical Spine MRI. Apr-Jun Hedically Necessary in or reason why the patient cannot have a Cervical Spine MRI. Apr-Jun Hedically Necessary in or reason why the patient has been the cannot have a Cervical Spine MRI. Apr-Jun Hedically Necessary in or reason why the patient has the ack patient has the ack patient has the acknown in the patient has been the patient has the patient has the patient has the patient has been the patient has the patient has the patient has the patient							
4/1/2023 - 6/30/2023 Orthopedics Disapproval spine; without contrast material Medically Necessary Medically Necessary on reason why the patient cannot have a Cervical Spine MRI. The patient has seen the doctor more then once for these symptoms; The patient has been treated with medication; The patient has seen the doctor more then once for these symptoms; The patient has been treated with medication; The patient has seen the doctor more then once for these symptoms; The patient has been treated with medication; The patient has of completed 6 weeks of physical therapy?; It is not known if the patient along the more services being without contrast material with medication; The patient has of completed of weeks of physical therapy?; It is not known if the patient has completed 6 weeks or more of Chipopractic care; The physician has directed conservative treatment included exercise, prescription medication and follow-up (are); it is not known if the patient has been treated with medication; in the patient has completed 6 weeks or more of Chipopractic care; The physician has directed a home exercise program for at least 6 weeks; it is not known if the patient has completed 6 weeks or more of Chipopractic care; The physician has directed a home exercise program for at least 6 weeks; it is not known if the patient has been treated with medication; in the patient has been treated with medication; and completed is with medication; in the patient has completed 6 weeks or more of Chipopractic variety in the other physical and noncologist, neurologist, which will be a proving the patient has been seen by or is the					Radiology Services		
Radiology Services 4/1/2023 4/1/2023 6/30/2023 Orthopedics Disapproval 72125 Computed tomography, cervical spine (T; There is sa request for a Cervical Spine CT; There is sa request for a Cervical Spine (T; There is sa request for a Cervical Spine CT; There is so price without contrast material 72125 Computed tomography, cervical spine (Not Medically Necessary on reason why the patient cannot have a Cervical Spine MRI. 1 2023 2023 72131 Computed tomography, lumbar spine; without contrast material 72131 Computed tomography, lumbar spine; w	4/1/2023 -			72125 Computed tomography, cervical			Apr-Jun
4/1/2023 - 6/30/2023 Orthopedics Disapproval Fine States of Spine (T; Pere is patient does not have new or changing neurologic signs or symptoms; The patient has bead back pain for over 4 weeks; The physician has directed conservative treatment for the past 6 weeks of physical therapy; It is not known if the patient has not completed 6 weeks or physical has directed a home exercise, prescription medication and follow-up application of follow-up applications; The patient has seen treatment or conservative treatment for the past 6 weeks; It is not known if the patient has seen treated with medication; The patient has not completed 6 weeks or physical has directed a home exercise, prescription medication and follow-up application and follow-up application and follow-up applications; The patient has seen treated with medication; The patient has not completed 6 weeks or more of Chriopractic care; The physician has directed a home exercise, prescription medication and follow-up application and follow-up application and follow-up applications; The patient has seen treated with medication; The patient has not completed 6 weeks or physical has directed a home exercise, prescription medication and follow-up application and follow-up application and follow-up applications; The patient has seen treated with medication; The patient has not completed 6 weeks or physician has directed a home exercise, prescription medication and follow-up application and follow-up application and follow-up applications; The patient has seen to complete downers or the medication; The patient has not completed 6 weeks or physician has directed a home exercise program for at least 6 weeks; It is not known if the patient has seen to complete downers or physician has directed a home exercise program for at least 6 weeks; It is not known if the patient has seen to complete downers or physician has directed a home exercise program for at least 6 weeks; It is not known if the patient has because the many or physician has directed a home exercise prog	6/30/2023	4/1/2023	6/30/2023 Orthopedics Disapproval	spine; without contrast material	Medically Necessary	weakness.	1 2023 2023
4/1/2023 - 6/30/2023 Orthopedics Disapproval Fine States of Spine (T; Pere is patient does not have new or changing neurologic signs or symptoms; The patient has bead back pain for over 4 weeks; The physician has directed conservative treatment for the past 6 weeks of physical therapy; It is not known if the patient has not completed 6 weeks or physical has directed a home exercise, prescription medication and follow-up application of follow-up applications; The patient has seen treatment or conservative treatment for the past 6 weeks; It is not known if the patient has seen treated with medication; The patient has not completed 6 weeks or physical has directed a home exercise, prescription medication and follow-up application and follow-up application and follow-up applications; The patient has seen treated with medication; The patient has not completed 6 weeks or more of Chriopractic care; The physician has directed a home exercise, prescription medication and follow-up application and follow-up application and follow-up applications; The patient has seen treated with medication; The patient has not completed 6 weeks or physical has directed a home exercise, prescription medication and follow-up application and follow-up application and follow-up applications; The patient has seen treated with medication; The patient has not completed 6 weeks or physician has directed a home exercise, prescription medication and follow-up application and follow-up application and follow-up applications; The patient has seen to complete downers or the medication; The patient has not completed 6 weeks or physician has directed a home exercise program for at least 6 weeks; It is not known if the patient has seen to complete downers or physician has directed a home exercise program for at least 6 weeks; It is not known if the patient has seen to complete downers or physician has directed a home exercise program for at least 6 weeks; It is not known if the patient has because the many or physician has directed a home exercise prog							
6/30/2023 4/1/2023 6/30/2023 Orthopedics Disapproval spine; without contrast material Medically Necessary no reason why the patient cannot have a Cervical Spine MRI. 1 2023 2023 This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms; The physician has directed conservative treatment for the past 6 weeks, it is not known if the patient has been treated with medication. The patient has not completed 6 weeks or more of Chiropractic care; The physician has directed a home exercise program for at least 6 weeks; It is not known if the patient has one treated with medication. The patient has not completed 6 weeks or more of Chiropractic care; The physician has directed a home exercise program for at least 6 weeks; It is not known if the patient has been treated with medication. The patient has not completed 6 weeks or more of Chiropractic care; The physician has directed a home exercise program for at least 6 weeks; It is not known if the patient has been treated with medication. The patient has not completed 6 weeks or more of Chiropractic care; The physician has directed a home exercise program for at least 6 weeks; It is not known if the patient has been treated with medication. The patient has been treated with medication, The patient has been treated with medication. The patient has been treated with medication, The patient has been treated with medication. The patient has not completed 6 weeks or more of Chiropractic care; The physician has directed a home exercise program for at least 6 weeks; It is not known if the patient has been treated with medication. The patient has been treated with medication, The patient has been treated with medication, The patient has been treated with medication, The patient has been treated with new patient has been treated with new patient has the patient has been treated with n	4/4/2022			72425 Communication and the communication and		This should be such a first the same of th	A I
This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The patient has not known if the patient has so to completed 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; It is not known if the patient has completed 6 weeks of physical therapy?; It is not known if the patient has been treated with medication, The patient has not completed 6 weeks or more of Chiropractic care; The physician has directed a home exercise program for at least 6 weeks.; It is not known if the patient has not completed 6 weeks or more of Chiropractic care; The physician has directed a home exercise program for at least 6 weeks.; It is not known if the patient has been treated with medication, The patient has not completed 6 weeks or more of Chiropractic care; The physician has directed a home exercise program for at least 6 weeks.; It is not known if the patient has been treated with medication, The patient has deficient a home exercise program for at least 6 weeks.; It is not known if the patient has been treated with medication, The patient has not completed 6 weeks or more then in the patient has not completed 6 weeks or more then in the patient has not known if the patient has not completed 6 weeks or more then in the patient has not known if the patient has not known if the patient has not completed 6 weeks or more then in the patient has not completed 6 weeks or more then in the patient has not completed 6 weeks or more then in the patient has not completed 6 weeks or more included exercise, prescription medication and follow-up for its is a request for a lumbar spine	1 ' '	4/1/2022	6/20/2022 Orthopodics Disapproval				
have new or changing neurologic signs or symptoms; The patient has had back pain for over 4 weeks;. The patient has seen the doctor more then once for these symptoms;. The physician has directed conservative treatment for the past 6 weeks; lit is not known if the patient has been treated with medication;. The patient has not completed 6 weeks or more of Chiropractic are;. The physician has directed a home exercise program for at least 6 weeks; it is not shown if the patient has been treated with medication;. The patient has not completed 6 weeks or more of Chiropractic are;. The physician has directed a home exercise program for at least 6 weeks; it is not shown if the patient has been treated with medication;. The patient has not completed 6 weeks or more of Chiropractic are;. The physician has directed a home exercise program for at least 6 weeks; it is not shown if the The home treatment included exercise, prescription medication and follow-up apr-Jun deciling hydrogen and the patient has been treated with medication;. The patient has not completed 6 weeks or more of Chiropractic are;. The physician has directed a home exercise program for at least 6 weeks;, it is not shown if the The home treatment included exercise, prescription medication and follow-up apr-Jun deciling hydrogen and program in the patient has been treatment included exercise, prescription medication and follow-up apr-Jun deciling hydrogen and program in the patient has been treatment included exercise, prescription medication and follow-up apr-Jun apr-J	0/30/2023	4/1/2023	6/30/2023 Orthopedics Disapproval	spine, without contrast material	ivieuically ivecessary		1 2023 2023
4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; It is not known if the patient has completed 6 weeks of physical therapy?; It is not known if the patient has completed 6 weeks of physical therapy?; It is not known if the patient has been treated with medication.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; It is not known if the The home treatment included exercise, prescription medication and follow-up Apr-Jun dedically Necessary office visits.; Yes this is a request for a Diagnostic CT 1 2023 2023 4/1/2023 6/30/2023 Orthopedics Disapproval spine; without contrast material spine; w							
patient has completed 6 weeks of physical therapy?; It is not known if the patient has been treated with medication; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks; It is not known if the patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks; It is not known if the patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks; It is not known if the patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks; It is not known if the patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks; It is not known if the patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks; It is not known if the patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks; It is not known if the patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks; It is not known if the The home treatment tor Lodde exercise, prescription medication and follow-up Apr-Jun Apr-Jun and the patient has not completed 5 weeks; It is not known if the Patient has directed a home exercise program for at least 6 weeks; It is not known if the Patient has directed a home exercise program for at least 6 weeks; It is not known if the Patient has directed a home exercise program for at least 6 weeks; It is not known if the Patient has for care; The physician has directed a home exercise program for at least 6 weeks; It is not known if the Patient has for care; The physician has directed a home exercise program for at least 6 wh							
treated with medication.; The patient has not completed 6 weeks or more of Chiropractic area; The physician has directed a home exercise program for at least 6 weeks.; It is not benied Not Apr-Jun A						physician has directed conservative treatment for the past 6 weeks.; It is not known if the	
Radiology Services 4/1/2023 - 6/30/2023 Orthopedics Disapproval Spine; without contrast material Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The Apr-Jun Apr-Jun Apr-Jun Nocology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The Apr-Jun Nocology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The Apr-Jun Nocology Services Nocology Services Denied Not Oncology Services Denied Nocology Services Nocology Ser							
4/1/2023 - 6/30/2023 Orthopedics Disapproval Spine; without contrast material Spine; without contra							
6/30/2023 Orthopedics Disapproval spine; without contrast material Medically Necessary office visits.; Yes this is a request for a Diagnostic CT 1 2023 2023 4/1/2023 - 6/30/2023 Orthopedics Disapproval Spine; without contrast material Medically Necessary office visits.; Yes this is a request for a lumbar spine CT.; Follow-up to Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering physician an oncologist, neurologist, neurologist, neurologist, neurologist, neurosurgeon, or orthopedist.; Yes this is a request for a Diagnostic CT 1 2023 2023 4/1/2023 - 6/30/2023 Orthopedics Disapproval Spine; without contrast material Medically Necessary Nedically Necessary	4/4/2022			72121 Committed townsome by lymphon		· · · ·	A 1
Radiology Services 4/1/2023 - 6/30/2023 Orthopedics Disapproval Spine; without contrast material 4/1/2023 - 6/30/2023 Orthopedics Disapproval Spine; without contrast material 4/1/2023 - 72131 Computed tomography, lumbar spine; without contrast material 4/1/2023 - 72131 Computed tomography, lumbar spine; without contrast material 4/1/2023 - 72131 Computed tomography, lumbar spine; without contrast material 4/1/2023 - 72131 Computed tomography, lumbar spine; without contrast material 5/30/2023 4/1/2023 6/30/2023 Orthopedics Disapproval 6/30/2023 6/30/2023 Orthopedics Disapproval 7/2131 Computed tomography, lumbar spine; without contrast material 7/2131 Computed tomography, lumbar spine;		4/1/2022	6/20/2022 Orthopodics Disapproval				·
4/1/2023 6/30/2023 Orthopedics Disapproval pine; without contrast material Denied Not Medically Necessary neurosurgeon, or orthopedist.; Yes this is a request for a Diagnostic CT 1 2023 2023 4/1/2023 6/30/2023 Orthopedics Disapproval Pine; without contrast material Denied Not Medically Necessary neurosurgeon, or orthopedist.; Yes this is a request for a Diagnostic CT 1 2023 2023 Radiology Services Denied Not Medically Necessary within the next 4 weeks.; Yes this is a request for a Diagnostic CT 2 2023 2023 **This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist, neurologist, Apr-Jun 7 2023 2023 **This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The Apr-Jun Apr-Jun 7 2023 2023	0/30/2023	4/1/2023	0/30/2023 Offiliopedics Disapproval	spine, without contrast material	ivieuically ivecessary	office visits., Tes tills is a request for a biagnostic Cr	1 2023 2023
6/30/2023 Orthopedics Disapproval spine; without contrast material Medically Necessary neurosurgeon, or orthopedist.; Yes this is a request for a Diagnostic CT 1 2023 2023 4/1/2023 - 4/1/2023 - 6/30/2023 Orthopedics Disapproval Spine; without contrast material Medically Necessary neurosurgeon, or orthopedist.; Yes this is a request for a Diagnostic CT 1 2023 2023 Apr-Jun 2 2023 2023 2023 2023 2023 2023 2023 2					Radiology Services	This is a request for a lumbar spine CT.; Follow-up to Surgery or Fracture within the last 6	
4/1/2023 - 4/1/2023 6/30/2023 Orthopedics Disapproval Spine; without contrast material Spine; witho	4/1/2023 -			72131 Computed tomography, lumbar	Denied Not	months; The patient has been seen by or is the ordering physician an oncologist, neurologist,	Apr-Jun
4/1/2023 - 6/30/2023 Orthopedics Disapproval spine; without contrast material Denied Not Medically Necessary within the next 4 weeks.; Yes this is a request for a lumbar spine CT.; Pre-Operative Evaluation; Surgery is not scheduled Apr-Jun Medically Necessary within the next 4 weeks.; Yes this is a request for a Diagnostic CT 2 2023 2023 72131 Computed tomography, lumbar spine CT.; Pre-Operative Evaluation; Surgery is not scheduled Apr-Jun Within the next 4 weeks.; Yes this is a request for a Diagnostic CT 2 2023 2023 72141 Magnetic resonance (eg, proton) Radiology Services imaging, spinal canal and contents, Denied Not Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The Apr-Jun	6/30/2023	4/1/2023	6/30/2023 Orthopedics Disapproval	spine; without contrast material	Medically Necessary	neurosurgeon, or orthopedist.; Yes this is a request for a Diagnostic CT	1 2023 2023
4/1/2023 - 6/30/2023 Orthopedics Disapproval spine; without contrast material Denied Not Medically Necessary within the next 4 weeks.; Yes this is a request for a lumbar spine CT.; Pre-Operative Evaluation; Surgery is not scheduled Apr-Jun Medically Necessary within the next 4 weeks.; Yes this is a request for a Diagnostic CT 2 2023 2023 72131 Computed tomography, lumbar spine CT.; Pre-Operative Evaluation; Surgery is not scheduled Apr-Jun Within the next 4 weeks.; Yes this is a request for a Diagnostic CT 2 2023 2023 72141 Magnetic resonance (eg, proton) Radiology Services imaging, spinal canal and contents, Denied Not Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The Apr-Jun							
6/30/2023 4/1/2023 6/30/2023 Orthopedics Disapproval spine; without contrast material Medically Necessary within the next 4 weeks.; Yes this is a request for a Diagnostic CT 2 2023 2023 ; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, 4/1/2023 - Denied Not Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The Apr-Jun	4/1/2022			72121 Computed to recover by live to		This is a request for a lumbar coins CT. Pro Operating Subjection Supremits and act of the	Ama lur
; This study is being ordered for trauma or injury.; There has been treatment or conservative 72141 Magnetic resonance (eg, proton) Radiology Services therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, 4/1/2023 - Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The Apr-Jun		4/1/2023	6/30/2023 Orthonedics Disapproval			· · · · · · · · · · · · · · · · · · ·	· ·
72141 Magnetic resonance (eg, proton) Radiology Services therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, 4/1/2023 - Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The Apr-Jun	0/30/2023	7/1/2023	0,30,2023 Orthopedics Disapproval	Spine, without contrast material	Wicalcally Necessaly	minimi the next 4 weeks., Tes this is a requestion a biagnostic of	2 2023 2023
72141 Magnetic resonance (eg, proton) Radiology Services therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, 4/1/2023 - Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The Apr-Jun						; This study is being ordered for trauma or injury.; There has been treatment or conservative	
				72141 Magnetic resonance (eg, proton)	Radiology Services		
6/30/2023 4/1/2023 6/30/2023 Orthopedics Disapproval cervical; without contrast material Medically Necessary primary symptoms began less than 6 months ago; Home Exercise was done for this diagnosis 1 2023 2023	1 1						·
	6/30/2023	4/1/2023	6/30/2023 Orthopedics Disapproval	cervical; without contrast material	Medically Necessary	primary symptoms began less than 6 months ago; Home Exercise was done for this diagnosis	1 2023 2023

						C-SPINE- PATIENT HAS NUMBNESS AND TINGLING DOWN ARMS;L-SPINE- PATIENT HAS BEEN	
						HAVING NUMBNESS AND TINGLING DOWN LEGS; This study is being ordered for a	
				724.44 14	Dadislam Carden	neurological disorder.; There has been treatment or conservative therapy.; The ordering	
4/1/20	22			72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Denied Not	MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms	Apr lun
		4/1/2023	6/30/2023 Orthopedics Disapproval	cervical; without contrast material		began more than 1 year ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
0/30/2	025 4	+/1/2023	6/30/2023 Offilopedics Disapproval	cervical, without contrast material	ivieuically ivecessary	HX of ACDF 11/2022 AND CAR ACCIDENT 2/2023 and all symptoms started after the car	1 2023 2023
						accident;;;symptoms suggestive of cervical myelopathy and spinal cord compression.; There	
				72141 Magnetic resonance (eg, proton)	Radiology Services	has been treatment or conservative therapy.; This case was created via RadMD.; This study is	
4/1/20	23 -			imaging, spinal canal and contents,	Denied Not	being ordered for Other; The primary symptoms began less than 6 months ago; Medications	Apr-Jun
		4/1/2023	6/30/2023 Orthopedics Disapproval	cervical; without contrast material		were given for this diagnosis	1 2023 2023
-,,-		., _,	-,,		,		
						Plan;Impression:;Left shoulder rotator cuff tendinitis vs tear;Left cervical	
						radiculopathy;Details:;The x-ray and exam findings were reviewed with the patient.	
						Recommended options were discussed. I recommend cervical spine MRI and left shoulder	
						MRI a; This study is being ordered for something other than: known trauma or injury,	
						metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital	
						anomaly, or vascular disease.; There has been treatment or conservative therapy.; The	
				72141 Magnetic resonance (eg, proton)	Radiology Services	ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,	
4/1/20				imaging, spinal canal and contents,	Denied Not	Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary	Apr-Jun
6/30/2	023 4	4/1/2023	6/30/2023 Orthopedics Disapproval	cervical; without contrast material	Medically Necessary	symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1 2023 2023
						The patient is a 78 year old female seen today for the right shoulder. The symptoms began	
						gradually over time. Symptoms began 12/06/2022. Pain is severe with a rating of 10/10. She	
						describes the symptoms as sharp, stabbing, throbbing, aching, burning and; This study is	
						being ordered for trauma or injury.; It is not known if there has been any treatment or	
						conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is	
				72141 Magnetic resonance (eg, proton)		NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/20				imaging, spinal canal and contents,	Denied Not	Oncology; This case was created via RadMD.; The primary symptoms began less than 6	Apr-Jun
6/30/2	023 4	4/1/2023	6/30/2023 Orthopedics Disapproval	cervical; without contrast material	Medically Necessary	months ago	1 2023 2023
				73141 Magnatic reconnect (or protect)	Dadialası Camiasa		
4/1/20	22			72141 Magnetic resonance (eg, proton)		This is a various favour itselesion MDI. The vaccas favour device this test is Navyalasia	A
4/1/20		4/1/2023	6/30/2023 Orthopedics Disapproval	imaging, spinal canal and contents, cervical; without contrast material	Denied Not	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Abnormal Reflexes	Apr-Jun 1 2023 2023
0/30/2	025 4	+/1/2023	6/30/2023 Offilopedics Disapproval	cervical, without contrast material	ivieuically ivecessary	deficits, This is NOT a Medicale member., The patient has Abhormal Renexes	1 2025 2025
				72141 Magnetic resonance (eg, proton)	Radiology Services	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic	
4/1/20	23 -			imaging, spinal canal and contents,	Denied Not	deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on	Apr-Jun
		4/1/2023	6/30/2023 Orthopedics Disapproval	cervical; without contrast material		physical examination	1 2023 2023
0/30/2	025	+/ 1/ 2023	0/30/2023 Offinopedies Bisapproval	cervical, without contrast material	Wicarcarry Weeessary	physical examination	1 2023 2023
				72141 Magnetic resonance (eg, proton)	Radiology Services		
4/1/20	23 -			imaging, spinal canal and contents,	Denied Not	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic	Apr-Jun
		4/1/2023	6/30/2023 Orthopedics Disapproval	cervical; without contrast material		deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	5 2023 2023
-,,		, ,	7, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	,	, , , , , , , , ,	,,,,,,	
				72141 Magnetic resonance (eg, proton)	Radiology Services	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic	
4/1/20	23 -			imaging, spinal canal and contents,	Denied Not	deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent	Apr-Jun
6/30/2	023 4	4/1/2023	6/30/2023 Orthopedics Disapproval	cervical; without contrast material	Medically Necessary		4 2023 2023
						This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent	
				72141 Magnetic resonance (eg, proton)	Radiology Services	injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within	
4/1/20	23 -			imaging, spinal canal and contents,	Denied Not	the past 6 weeks.; The patient has a neurologic deficit; This is NOT a Medicare member.; The	Apr-Jun
6/30/2	023 4	4/1/2023	6/30/2023 Orthopedics Disapproval	cervical; without contrast material	Medically Necessary	patient has Focal upper extremity weakness	2 2023 2023
				72141 Magnetic resonance (eg, proton)	Radiology Services	This is a request for cervical spine MRI; This procedure is being requested for Acute / new	
4/1/20				imaging, spinal canal and contents,	Denied Not	neck pain; The pain began within the past 6 weeks.; The patient does not have a neurological	Apr-Jun
6/30/2	023 4	4/1/2023	6/30/2023 Orthopedics Disapproval	cervical; without contrast material	Medically Necessary	deficit, PT or home exercise, diagnostic test, or abnormal xray.	2 2023 2023
				72141 Magnetic resonance (eg, proton)		This is a request for cervical spine MRI; This procedure is being requested for Acute / new	
4/1/20				imaging, spinal canal and contents,	Denied Not	neck pain; The pain began within the past 6 weeks.; The patient had a diagnostic test (such	Apr-Jun
6/30/2	023 4	4/1/2023	6/30/2023 Orthopedics Disapproval	cervical; without contrast material	Medically Necessary	as an EMG/nerve conduction) involving the cervical spine	1 2023 2023

					This is a request for cervical spine MRI; This procedure is being requested for Acute / new	
			72141 Magnetic resonance (eg, proton)		neck pain; The pain began within the past 6 weeks.; The patient had an abnormal xray	
4/1/2023 -			imaging, spinal canal and contents,	Denied Not	indicating a complex fracture or other significant abnormality involving the cervical spine;	Apr-Jun
6/30/2023 4/	/1/2023	6/30/2023 Orthopedics Disapproval	cervical; without contrast material	Medically Necessary	This is NOT a Medicare member.	1 2023 2023
			721.41 [40.000+10.00000000 /00.000+10.00]	Dadialam, Camiana	This is a various few consists arise NADI. This present we is being various and few Acute / nour	
4/1/2023 -			72141 Magnetic resonance (eg, proton)		This is a request for cervical spine MRI; This procedure is being requested for Acute / new	Apr lun
6/30/2023 4/	/1 /2022	C/20/2022 Outhanding Discoursed	imaging, spinal canal and contents, cervical; without contrast material	Denied Not	neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This	Apr-Jun 1 2023 2023
6/30/2023 4/	/1/2023	6/30/2023 Orthopedics Disapproval	cervical; without contrast material	iviedically necessary	is NOT a Medicare member.; The patient has Focal upper extremity weakness This is a request for cervical spine MRI; This procedure is being requested for Acute / new	1 2023 2023
			72141 Magnetic resonance (eg, proton)	Radiology Services	neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; This	
4/1/2023 -			0 (0,1 ,	0,	is NOT a Medicare member.; The patient has Physical exam findings consistent with	Anr lun
6/30/2023 4/	/1 /2022	C/20/2022 Outhanding Discoursed	imaging, spinal canal and contents,	Denied Not		Apr-Jun 1 2023 2023
6/30/2023 4/	/1/2023	6/30/2023 Orthopedics Disapproval	cervical; without contrast material	Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new	1 2023 2023
			721.41 Magnetic reconance (og proten)	Radiology Services	neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient	
4/1/2023 -			72141 Magnetic resonance (eg, proton)	Denied Not	completed or failed a trial of physical therapy, chiropractic or physician supervised home	Anglun
6/30/2023 4/	/1 /2022	6/20/2022 Orthonodics Disapproval	imaging, spinal canal and contents, cervical; without contrast material	Medically Necessary		Apr-Jun 4 2023 2023
0/30/2023 4/	/1/2023	6/30/2023 Orthopedics Disapproval	cervical, without contrast material	ivieuically ivecessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new	4 2023 2023
			72141 Magnetic resonance (eg, proton)	Radiology Services	neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of	
4/1/2023 -			imaging, spinal canal and contents,	Denied Not	physical therapy, chiropractic or physician supervised home exercise; The pain did NOT	Apr-Jun
6/30/2023 4/	/1 /2022	6/30/2023 Orthopedics Disapproval	cervical; without contrast material		begin within the past 6 weeks.; This is NOT a Medicare member.	1 2023 2023
0/30/2023 4/	11/2023	0/30/2023 Orthopedics Disapproval	cervical, without contrast material	ivieuically ivecessary	begin within the past o weeks., This is NOT a Medicare member.	1 2023 2023
			72141 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -			imaging, spinal canal and contents,	Denied Not	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	Apr-Jun
6/30/2023 4/	/1 /2022	6/30/2023 Orthopedics Disapproval	cervical; without contrast material		longstanding neck pain; It is unknown if any of these apply to the patient	1 2023 2023
0/30/2023 4/	/1/2023	6/30/2023 Orthopedics Disapproval	cervical, without contrast material	ivieuically ivecessary	longstanding neck pain, it is unknown if any of these apply to the patient	1 2025 2025
			72141 Magnetic resonance (eg, proton)	Radiology Services	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	
4/1/2023 -			imaging, spinal canal and contents,	Denied Not	longstanding neck pain; The patient had a diagnostic test (such as EMG/nerve conduction)	Apr-Jun
6/30/2023 4/	/1 /2022	6/30/2023 Orthopedics Disapproval	cervical; without contrast material		involving the Cervical Spine	1 2023 2023
0/30/2023 4/	/1/2023	6/30/2023 Orthopedics Disapproval	cervical, without contrast material	ivieuically ivecessary	involving the Cervical Spine	1 2025 2025
			72141 Magnetic resonance (eg, proton)	Radiology Services	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	
4/1/2023 -			imaging, spinal canal and contents,	Denied Not	longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or	Apr-Jun
6/30/2023 4/	/1 /2022	6/30/2023 Orthopedics Disapproval	cervical; without contrast material		other significant abnormality involving the cervical spine; This is NOT a Medicare member.	1 2023 2023
0/30/2023 4/	/1/2023	6/30/2023 Orthopedics Disapproval	cervical, without contrast material	ivieuically ivecessary	other significant abnormanty involving the cervical spine, this is NOT a Medicare member.	1 2025 2025
			72141 Magnetic resonance (eg, proton)	Radiology Services	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	
4/1/2023 -			imaging, spinal canal and contents,	Denied Not	longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare	Apr-Jun
6/30/2023 4/	/1 /2022	6/30/2023 Orthopedics Disapproval	cervical; without contrast material		member.; The patient has Dermatomal sensory changes on physical examination	1 2023 2023
0/30/2023 4/	11/2023	0/30/2023 Orthopedics Disapproval	cervical, without contrast material	ivieuically ivecessary	member., The patient has bermatomal sensory changes on physical examination	1 2023 2023
			72141 Magnetic resonance (eg, proton)	Radiology Services	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	
4/1/2023 -			imaging, spinal canal and contents,	Denied Not	longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare	Apr-Jun
6/30/2023 4/	/1/2023	6/30/2023 Orthopedics Disapproval	cervical; without contrast material	Medically Necessary		1 2023 2023
0/30/2023 4/	71/2023	0/30/2023 Offilopedies Disapproval	cervical, without contrast material	Wiedically Weeessary	member., The patient has rocal apper extremity weakiness	1 2023 2023
			72141 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -			imaging, spinal canal and contents,	Denied Not	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	Apr-Jun
6/30/2023 4/	/1/2023	6/30/2023 Orthopedics Disapproval	cervical; without contrast material		longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	10 2023 2023
5,50,2025 4/	, 1, 2023	5,55,2525 Statopedies Disapproval	ceai, without contrast material	culcully INCCC33dIY	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	10 2023 2023
			72141 Magnetic resonance (eg, proton)	Radiology Services	longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or	
4/1/2023 -			imaging, spinal canal and contents,	Denied Not	failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is	Apr-Jun
6/30/2023 4/	/1/2023	6/30/2023 Orthopedics Disapproval	cervical; without contrast material		NOT a Medicare member.	4 2023 2023
5/50/2025 4/	, 1, 2023	5,55,2525 Orthopedies Disapproval	ceai, without contrast material	culcully Necessally	This study is being ordered for something other than: known trauma or injury, metastatic	7 2023 2023
					disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
					vascular disease.; There has been treatment or conservative therapy.; The ordering MDs	
			721/11 Magnetic reconance (eg. proton)	Radiology Services	specialty is NOT Hematologist/Opcologist Thoracic Surgery, Opcology, Surgical Opcology or	
4/1/2023 -			72141 Magnetic resonance (eg, proton)		specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	Anrilun
4/1/2023 - 6/30/2023 4/	1/1/2022	6/30/2023 Orthopedics Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Denied Not	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	Apr-Jun 1 2023 2023

					Work up of point tenderness of spine and recent leukocytosis; There has been treatment or	
			72141 Magnetic resonance (eg, proton)		conservative therapy.; This case was created via RadMD.; This study is being ordered for	
4/1/2023 -			imaging, spinal canal and contents,	Denied Not	Inflammatory / Infectious Disease; The primary symptoms began more than 1 year ago;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Orthopedics Disapproval	cervical; without contrast material	Medically Necessary	Medications were given for this diagnosis	1 2023 2023
					Her x-rays today show questionable compression deformity and listhesis. Her lumbar spine	
					has a mobile spondylolisthesis at L4/5, facet arthropathy otherwise, no acute process by my	
					interpretation.;She is a pleasant 51-year-old female who comes today wit; There has been	
			72146 Magnetic resonance (eg, proton)	Radiology Services	treatment or conservative therapy.; This case was created via RadMD.; This study is being	
4/1/2023 -			imaging, spinal canal and contents,	Denied Not	ordered for Other; The primary symptoms began more than 1 year ago; Medications were	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Orthopedics Disapproval	thoracic; without contrast material		given for this diagnosis	1 2023 2023
0/30/2023	-1, 1, 2023	0/30/2023 Offitopeales Disapproval	thoracie, without contrast material	ivicultury recessury	HX of ACDF 11/2022 AND CAR ACCIDENT 2/2023 and all symptoms started after the car	1 2023 2023
					accident;;symptoms suggestive of cervical myelopathy and spinal cord compression.; There	
			721.46 Magnetic reconnect (e.g. protect)	Dadialam, Camina	has been treatment or conservative therapy.; This case was created via RadMD.; This study is	
4/1/2022			72146 Magnetic resonance (eg, proton)		• • • • • • • • • • • • • • • • • • • •	A 1
4/1/2023 -	. /. /2022	C/20/2022 0 H	imaging, spinal canal and contents,	Denied Not	being ordered for Other; The primary symptoms began less than 6 months ago; Medications	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Orthopedics Disapproval	thoracic; without contrast material	Medically Necessary	were given for this diagnosis	1 2023 2023
					Jasmine Rena Missouri is a 30 y.o. female who presents to clinic for worsening neck and low	
					back pain with numbness and tingling of upper and lower extremities. Patient continues to	
					have non dermatomal pain throughout her upper extremities, throughout en; There has	
			72146 Magnetic resonance (eg, proton)	Radiology Services	been treatment or conservative therapy.; This case was created via RadMD.; This study is	
4/1/2023 -			imaging, spinal canal and contents,	Denied Not	being ordered for Neurological Disorder; The primary symptoms began more than 1 year	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Orthopedics Disapproval	thoracic; without contrast material	Medically Necessary	ago; Physical Therapy was completed for this diagnosis	1 2023 2023
					T-Spine Inspection: left and right paraspinal musculature tender to palpation and midline	
					tenderness Moderate TTP;over mid/lower thoracic spinal processes;L-Spine Inspection: pain	
					with percussion over L1 spinous process, pain with percussion over L2 spi; This case was	
			72146 Magnetic resonance (eg, proton)	Radiology Services	created via RadMD.; This study is being ordered for Pre Operative or Post Operative	
4/1/2023 -			imaging, spinal canal and contents,	Denied Not	evaluation; The ordering MDs specialty is Orthopedics; This request is for pre-operative	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Orthopedics Disapproval	thoracic; without contrast material		planning; Surgery is NOT planned or scheduled in the next 6 weeks	1 2023 2023
0/30/2023	-1, 1, 2023	0/30/2023 Offitopeales Disapproval	thoracie, without contrast material	ivicultury recessury	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic	1 2023 2023
			72146 Magnetic resonance (eg, proton)	Radiology Services	back pain; The patient does have new or changing neurologic signs or symptoms.; The	
4/1/2023 -			imaging, spinal canal and contents,	Denied Not	patient does not have a new foot drop.; The patient does not have new signs or symptoms of	Apr-Jun
	4/4/2022	C/20/2022 Outhandian Discourse				1 2023 2023
6/30/2023	4/1/2023	6/30/2023 Orthopedics Disapproval	thoracic; without contrast material	Medically Necessary	bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.	1 2023 2023
			=0.4.6.4: /	B !! G !	The second of th	
4/4/2022			72146 Magnetic resonance (eg, proton)		This is a request for a thoracic spine MRI.; This study is being ordered for Follow-up to	
4/1/2023 -	. /. /2022	C /20 /2022 C II II II II	imaging, spinal canal and contents,	Denied Not	Surgery or Fracture within the last 6 months; The patient has been seen by or is the ordering	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Orthopedics Disapproval	thoracic; without contrast material	Medically Necessary	physician an oncologist, neurologist, neurosurgeon, or orthopedist.	1 2023 2023
					This is a request for a thoracic spine MRI.; This study is being ordered for Neurological	
					deficits; The patient does have new or changing neurologic signs or symptoms.; The patient	
			72146 Magnetic resonance (eg, proton)		does not have a new foot drop.; The patient does not have new signs or symptoms of	
4/1/2023 -			imaging, spinal canal and contents,	Denied Not	bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Orthopedics Disapproval	thoracic; without contrast material	Medically Necessary	weakness.;	1 2023 2023
					Two weeks ago she reports seizure-like activity and fell onto her back. Pain became severe	
					after this and now involves her lower thoracic spine. Since then she has pain with	
					ambulation and prolonged standing. Pain improves slightly with leaning forward; This case	
			72146 Magnetic resonance (eg, proton)	Radiology Services	was created via RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs	
4/1/2023 -			imaging, spinal canal and contents,	Denied Not	specialty is Orthopedics; There are neurological deficits on physical exam; The patient is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Orthopedics Disapproval	thoracic; without contrast material		demonstrating unilateral muscle wasting/weakness	1 2023 2023
					<u> </u>	
					; This study is being ordered for trauma or injury.; There has been treatment or conservative	
			72148 Magnetic resonance (eg, proton)	Radiology Services	therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery,	
4/1/2023 -			imaging, spinal canal and contents,	Denied Not	Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Orthopedics Disapproval	lumbar; without contrast material	Medically Necessary	primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1 2023 2023
3,30,2023	., 1, 2023	5,55,2525 Orthopeutes Disapproval	without contrast material	curcury recessary	C-SPINE- PATIENT HAS NUMBNESS AND TINGLING DOWN ARMS;L-SPINE- PATIENT HAS BEEN	1 2023 2023
					HAVING NUMBNESS AND TINGLING DOWN LEGS; This study is being ordered for a	
					· · · · · · · · · · · · · · · · · · ·	
			73149 Magnetia accessor /	Dadialass Carries	neurological disorder.; There has been treatment or conservative therapy.; The ordering	
4/4/2000			72148 Magnetic resonance (eg, proton)		MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical	
4/1/2023 -	. /. /2022	s loo loogo o u	imaging, spinal canal and contents,	Denied Not	Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Orthopedics Disapproval	lumbar; without contrast material	Medically Necessary	began more than 1 year ago; Medications were given for this diagnosis	1 2023 2023

					For lumbar. patient has severe DDD on xray, MRI is requested to refer patient to neurology patient can see a spine doctor for ESI and possible spine surgery.MRI is requested by	
					neurology to be done before being referred. For left hip. patient heard a loud; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The	
			72148 Magnetic resonance (eg, proton)	Radiology Services	ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,	
4/1/2023 -			imaging, spinal canal and contents,	Denied Not	Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Orthopedics Disapproval	lumbar; without contrast material	Medically Necessary	symptoms began less than 6 months ago; Medications were given for this diagnosis	1 2023 2023
					Her x-rays today show questionable compression deformity and listhesis. Her lumbar spine	
					has a mobile spondylolisthesis at L4/5, facet arthropathy otherwise, no acute process by my	
			72148 Magnetic resonance (eg, proton)	Radiology Services	interpretation.;She is a pleasant 51-year-old female who comes today wit; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being	
4/1/2023 -			imaging, spinal canal and contents,	Denied Not	ordered for Other; The primary symptoms began more than 1 year ago; Medications were	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Orthopedics Disapproval	lumbar; without contrast material		given for this diagnosis	1 2023 2023
					T-Spine Inspection: left and right paraspinal musculature tender to palpation and midline	
					tenderness Moderate TTP;over mid/lower thoracic spinal processes;L-Spine Inspection: pain	
					with percussion over L1 spinous process, pain with percussion over L2 spi; This case was	
4/1/2023 -			72148 Magnetic resonance (eg, proton)	Radiology Services Denied Not	created via RadMD.; This study is being ordered for Pre Operative or Post Operative	Anr lun
6/30/2023	4/1/2023	6/30/2023 Orthopedics Disapproval	imaging, spinal canal and contents, lumbar; without contrast material		evaluation; The ordering MDs specialty is Orthopedics; This request is for pre-operative planning; Surgery is NOT planned or scheduled in the next 6 weeks	Apr-Jun 1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Orthopedies Disapproval	idinadi, without contrast material	Wedically Weeessaly	planning, surgery is not planned or screeding in the next o weeks	1 2023 2023
			72148 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -			imaging, spinal canal and contents,	Denied Not	The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Orthopedics Disapproval	lumbar; without contrast material	Medically Necessary	back pain.; This study is being requested for None of the above	1 2023 2023
			724.40.84	De dielen Condes		
4/1/2023 -			72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Orthopedics Disapproval	lumbar; without contrast material		back pain.; This study is being requested for None of the above	1 2023 2023
0,00,2020	., 2, 2020	o/so/rezs statepeates bisapprova.	iambar, minoar contrast material	meandary recessary	back paint, This state, is being requested to those of the above	1 2023 2023
			72148 Magnetic resonance (eg, proton)	Radiology Services	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -			imaging, spinal canal and contents,	Denied Not	This study is being requested for 6 weeks of completed conservative care in the past 6	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Orthopedics Disapproval	lumbar; without contrast material	Medically Necessary	months	20 2023 2023
			72148 Magnetic resonance (eg, proton)	Radiology Services	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -			imaging, spinal canal and contents,	Denied Not	This study is being requested for an Abnormal x-ray indicating a complex fracture or severe	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Orthopedics Disapproval	lumbar; without contrast material		anatomic derangement of the lumbar spine; This is NOT a Medicare member.	2 2023 2023
			72148 Magnetic resonance (eg, proton)			
4/1/2023 -	4/4/2022	C/20/2022 Outleanding Discoursel	imaging, spinal canal and contents,	Denied Not	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Orthopedics Disapproval	lumbar; without contrast material	Medically Necessary	This study is being requested for Follow-up to spine injection in the past 6 months	1 2023 2023
			72148 Magnetic resonance (eg, proton)	Radiology Services	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -			imaging, spinal canal and contents,	Denied Not	This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Orthopedics Disapproval	lumbar; without contrast material	Medically Necessary	The patient has Abnormal Reflexes	1 2023 2023
4/1/2022			72148 Magnetic resonance (eg, proton)		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	Amer Ivon
4/1/2023 - 6/30/2023	4/1/2022	6/30/2023 Orthopedics Disapproval	imaging, spinal canal and contents, lumbar; without contrast material	Denied Not	This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	Apr-Jun 1 2023 2023
0/30/2023	7/1/2023	0/30/2023 Orthopeuics Disapproval	idinibar, without collifiast filaterial	wicultary Necessary	The patient has berniatorial sensory changes on physical examination	1 2023 2023
			72148 Magnetic resonance (eg, proton)	Radiology Services	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -			imaging, spinal canal and contents,	Denied Not	This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Orthopedics Disapproval	lumbar; without contrast material	Medically Necessary	The patient has Focal extremity weakness	1 2023 2023
			724.40.84	Badtalan Cand	The study assessed in a Louish of Calca MADI. The section the section is a section of the sectio	
4/1/2023 -			72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Orthopedics Disapproval	lumbar; without contrast material		The patient has New symptoms of paresthesia evaluated by a neurologist	1 2023 2023
.,,	, -,	.,,	,	,,	,,,,,,,, .	

				7044044 11 11 11 11 11 11 11 11			
Add/2007 Add/2007 Add/2007 Character Add/2007	4/1/2022					The study requested is a Lumbar Spine MDL: The nations has acute or chronic back pain.	Apr lup
14/1002 - 17/1003 of \$50/7003 Orthopedie: Dispproval Part Magnetic renorance (e.g. proof) and other with the center of part with the part with		1/1/2023	6/30/2023 Orthopedics Disapproval			, , , , , , , , , , , , , , , , , , , ,	
Part	0/30/2023	4/1/2023	0/30/2023 Orthopedies Disapproval	iambar, without contrast material	Wiculculy Necessary	· · · · · · · · · · · · · · · · · · ·	12 2023 2023
## 1/2023 ## 1/2023 Orthopedic Disapproal Imaging, stirric cannot disconting the stand of something other transmission of so							
All							
1/1/2023 1/1/2023						ordered for something other than: known trauma or injury, metastatic disease, a	
4/1/2023 4/1/2023 6/39/2023 Orthopedics Disapproval Mappetic resonance (eg. proton) Agelicand from the contract material Agel						neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular	
### ### ### ### ### ### ### ### ### ##						disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is	
4/1/2023 4/1/2023 4/1/2023 6/30/2023 Orthopedics Disapproval Without contrast material April 1/2024 6/30/2023 Orthopedics Disapproval Apri				72148 Magnetic resonance (eg, proton)	Radiology Services	NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
This Study is being ordered for comething other finant known traines or injury, metastable disease, a hereorogical prisonal and contents, leaves and the study of the disease, a hereorogical prisonal study in the prisonal study of the prisonal study is the grade for trained in study. The content of the study is the grade for trained in study, the study is the grade for trained in study of the study of the study of the grade study of the study of the study of the study of the study	4/1/2023 -			imaging, spinal canal and contents,	Denied Not	Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1	Apr-Jun
	6/30/2023	4/1/2023	6/30/2023 Orthopedics Disapproval	lumbar; without contrast material	Medically Necessary	year; Physical Therapy was completed for this diagnosis	1 2023 2023
Alt						This study is being ordered for something other than: known trauma or injury, metastatic	
Alt/2023 - 6/30/2023 Orthopedic Disapproval bumbar; without contrast material bumbar; without bumbar; without contrast material bumbar; without bumbar; without contrast material bumbar; without bumbar;						disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
App-140						vascular disease.; There has been treatment or conservative therapy.; The ordering MDs	
4/1/2023 4/1/2023 6/30/2023 Orthopedics Disapproval bumbari without contrast material maging, spinal canal and contents, for against spinal and and contents, for against spinal canal and contents, for against spinal and and contents, for against spinal canal and contents, for against spinal				72148 Magnetic resonance (eg, proton)	Radiology Services	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
72148 Magnetic resonance (eg. proton) Magling, spinal canal and contents, Imaging, spinal canal and co	4/1/2023 -			imaging, spinal canal and contents,	Denied Not	Radiation Oncology; This case was created via BBI.; The primary symptoms began more than	Apr-Jun
4/1/2023 - 4/1/2023 Orthopedics Disapproval 1/2023 April 1/2023 1/2023 Orthopedics Disapproval 1/2023 1/2023 Orthopedics Disapproval 1/2023 1/2023 1/2023 Orthopedics Disapproval 1/2023 1/202	6/30/2023	4/1/2023	6/30/2023 Orthopedics Disapproval	lumbar; without contrast material	Medically Necessary	1 year ago; Physical Therapy was completed for this diagnosis	1 2023 2023
4/1/2023 - 4/1/2023 Orthopedics Disapproval 1/2023 April 1/2023 1/2023 Orthopedics Disapproval 1/2023 1/2023 Orthopedics Disapproval 1/2023 1/2023 1/2023 Orthopedics Disapproval 1/2023 1/202							
4/1/2023 - 6/30/2023 Orthopedics Disapproval imaging, spinal canal and contents, Denied Not Oncology, Surgical Oncology or Radiation Oncology, This case was created via BBIt, The Apr-Jun							
6/30/2023 4/1/2023 6/30/2023 Orthopedics Disapproval Windows and the contract material of the diagnosis of the contract material of the diagnosis of the contract material of the diagnosis of the contract material of the				72148 Magnetic resonance (eg, proton)	Radiology Services	therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery,	
Two weeks ago she reports seiture-like activity and fell onto her back. Pain became sever after this and now involves her lower thorack spine. Since then she has pain with ambulation and prolonged standing. Pain improves slightly with learning froward; This case vareated was faulth. This study is being ordered for Trainard, // Improvement of the patient is an own involves her lower thorack spine. Since then she has pain with ambulation and prolonged standing. Pain improves slightly with learning provard; This case vareated was faulth. This study is being ordered for sometime for varieties and prolonged standing. Pain improves slightly with learning provard; This case vareated was faulth. This study is being ordered for sometime for varieties and prolonged standing. Pain improves slightly with learning provard; This case vareated was faulth. This study is being ordered for sometime for varieties and prolonged standing. Pain improves slightly with learning provard; This case vareated was faulth. This study is being ordered for sometime to conservative therapy. This case was created was faulth). This study is being ordered for sometime to conservative therapy. This case was created was faulth. This study is being ordered for something other than imaging, pelvis; with contrast in maging, pelvis; with co							· ·
### Addiology Services	6/30/2023	4/1/2023	6/30/2023 Orthopedics Disapproval	lumbar; without contrast material	Medically Necessary		1 2023 2023
### African and prolonged standing. Pain improves slightly with learning forward. This case was created with a Radiology Services imaging, spinal canal and contents, lumbar, without contrast material (s) and prolonged standing. Pain improves slightly with learning forward. This case was created with a Radiology Services was created with a Radiology. Services was created with Radiology. Services was created with Radiology. Services was created							
4/1/2023 4/1/2023 0f30/2023 Orthopedics Disapproval Di						·	
44/1/2023 4/1/2023 6/30/2023 Orthopedics Disapproval lumbar; without contrast material lumbar; without contrast material ly 1/2023 6/30/2023 Orthopedics Disapproval lumbar; without contrast material ly 1/2023 6/30/2023 Orthopedics Disapproval lumbar; without contrast material ly 1/2023 6/30/2023 Orthopedics Disapproval lumbar; without contrast material ly 1/2023 6/30/2023 Orthopedics Disapproval lumbar; without contrast material ly 1/2023 6/30/2023 Orthopedics Disapproval lumbar; without contrast material ly 1/2023 6/30/2023 Orthopedics Disapproval lumbar; without contrast material ly 1/2023 6/30/2023 Orthopedics Disapproval lumbar; without contrast material ly 1/2023 6/30/2023 Orthopedics Disapproval lumbar; without contrast material ly 1/2023 6/30/2023 Orthopedics Disapproval lumbar; without contrast material ly 1/2023 6/30/2023 Orthopedics Disapproval lumbar; without contrast material ly 1/2023 6/30/2023 Orthopedics Disapproval lumbar; without contrast material ly 1/2023 6/30/2023 Orthopedics Disapproval lumbar; without contrast material ly 1/2023 6/30/2023 Orthopedics Disapproval lumbar; without contrast material ly 1/2023 6/30/2023 Orthopedics Disapproval lumbar; without contrast material ly 1/2023 6/30/2023 Orthopedics Disapproval lumbar; without contrast material ly 1/2023 6/30/2023 Orthopedics Disapproval lumbar; without contrast material ly 1/2023 6/30/2023 Orthopedics Disapproval lumbar; without contrast material ly 1/2023 6/30/2023 Orthopedics Disapproval lumbar; without contrast material ly 1/2023 6/30/2023 Orthopedics Disapproval lumbar; without contrast material ly 1/2023 6/30/2023 Orthopedics Disapproval lumbar; without contrast material ly 1/2023 6/30/2023 Orthopedics Disapproval lumbar; without contrast material ly 1/2023 6/30/2023 Orthopedics Disapproval lumbar; without contrast material ly 1/2023 6/30/2023 Orthopedics Disapproval lumbar; without contrast material ly 1/2023 6/30/2023 Orthopedics Disapproval lumbar; without contrast material ly 1/2023 6/30/2023 Orthopedics Disapproval lumbar; w							
6/30/2023 orthopedics Disapproval wimbar, without contrast material (Africa) (Africa							
Work up of point tenderness of spine and recent leukocytosis; There has been treatment or conservative therapy.; This case was created via RadMD., This study is being ordered for inflammatory / Infectious Disease; The primary symptoms began more than 1 year ago; Apr-Jun Medically Necessary Medically Necessary Medically Necessary Medical Spine and recent leukocytosis; There has been treatment or conservative therapy.; This case was created via RadMD., This study is being ordered for joint pain or suspicion of joint or bone infections. Disease; The primary symptoms began more than 1 year ago; Apr-Jun Medically Necessary Medical Spine and recent leukocytosis; There has been treatment or conservative therapy.; This case was created via RadMD., This study is being ordered for joint pain or suspicion of joint or bone infections. The study is being ordered for something other than a proposed ladary. This is a request for a Pelvis MRII; The study is being ordered for something other than a proposed ladary. This is a request for a Pelvis MRII. The study is being ordered for suspicion of suspicion of joint or bone infections. The study is being ordered for something other than a proposed ladary. This is a request for a Pelvis MRII. The study is being ordered for something other than a proposed ladary. This is a request for a Pelvis MRII. The study is being ordered for something other than a proposed ladary. This is a request for suspicion of joint or bone infections, The study is being ordered for something other than a proposed ladary. This is a request for a Pelvis MRII. The study is being ordered for suspicion of suspicion of suspicion of joint or bone infections, The study is being ordered for suspicion of suspicion of joint or bone infections, The study is being ordered for something other than a proposed ladary. This is a request is a proposed ladary. This i						• • • • • • • • • • • • • • • • • • • •	
4/1/2023 - 6/30/2023 Orthopedics Disapproval umbary without contrast material Medically Necessary 4/1/2023 - 6/30/2023 Orthopedics Disapproval umbary without contrast material Medically Necessary 4/1/2023 - 6/30/2023 Orthopedics Disapproval umbary without contrast material Medically Necessary 4/1/2023 - 6/30/2023 Orthopedics Disapproval Umbary without contrast material Medically Necessary 4/1/2023 - 6/30/2023 Orthopedics Disapproval Medically Necessary 4/1/2023 - 6/30/2023 Orthopedics Disapprova	6/30/2023	4/1/2023	6/30/2023 Orthopedics Disapproval	lumbar; without contrast material	Medically Necessary		1 2023 2023
4/1/2023 6/30/2023 Orthopedics Disapproval imaging, spinal canal and contents, 6/30/2023 (4/1/2023 6/30/2023 Orthopedics Disapproval imaging, spinal canal and contents, 6/30/2023 (4/1/2023 6/30/2023 Orthopedics Disapproval imaging, spelvis; with contrast material (s) and 4/1/2023 6/30/2023 Orthopedics Disapproval imaging, spelvis; with contrast material (s) and 4/1/2023 6/30/2023 Orthopedics Disapproval imaging, spelvis; with contrast material (s) and 4/1/2023 6/30/2023 Orthopedics Disapproval imaging, spelvis; with contrast material (s) and 4/1/2023 6/30/2023 Orthopedics Disapproval imaging, spelvis; with contrast material (s) and 4/1/2023 6/30/2023 Orthopedics Disapproval imaging, spelvis; with contrast material (s) and 4/1/2023 6/30/2023 Orthopedics Disapproval imaging, spelvis; with contrast material (s) and 4/1/2023 6/30/2023 Orthopedics Disapproval imaging, spelvis; with contrast material (s) and 4/1/2023 6/30/2023 Orthopedics Disapproval imaging, spelvis; with contrast material (s) and 4/1/2023 6/30/2023 Orthopedics Disapproval imaging, spelvis; with contrast material (s) and 4/1/2023 6/30/2023 Orthopedics Disapproval imaging, spelvis; with contrast material (s) and 4/1/2023 6/30/2023 Orthopedics Disapproval imaging, spelvis; with contrast material (s) and 4/1/2023 6/30/2023 Orthopedics Disapproval imaging, spelvis; with contrast material (s) and 4/1/2023 6/30/2023 Orthopedics Disapproval imaging, spelvis; with contrast material (s) and 4/1/2023 6/30/2023 Orthopedics Disapproval imaging, spelvis; with contrast material (s) and 4/1/2023 6/30/2023 Orthopedics Disapproval imaging, spelvis; with contrast material (s) and 4/1/2023 6/30/2023 Orthopedics Disapproval imaging, spelvis; with contrast material (s) and 4/1/2023 6/30/2023 Orthopedics Disapproval imaging, spelvis; with contrast material (s) and 4/1/2023 6/30/2023 Orthopedics Disapproval imaging, spelvis; with contrast material (s) and 4/1/2023 6/30/2023 Orthopedics Disapproval imaging, spelvis; with contrast material (s) and 4/1/2023 6/30/2023 Orthope				724.40.84	Darlialana Camilana		
6/30/2023 4/1/2023 6/30/2023 Orthopedics Disapproval lumbar; without contrast material Medically Necessary (Medications were given for this diagnosis 1 2023 2023 suspected ladral; This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for something other than material(s) material(s) material(s) Medically Necessary (all bone pain or injury. 72196 Magnetic resonance (eg, proton) material(s) Medically Necessary (all bone pain or injury. 72196 Magnetic resonance (eg, proton) material(s) Medically Necessary (all bone pain or injury. 72196 Magnetic resonance (eg, proton) material(s) Medically Necessary (all bone pain or injury. 72196 Magnetic resonance (eg, proton) material(s) Medically Necessary (all bone pain or injury. 72196 Magnetic resonance (eg, proton) material(s) Medically Necessary (all bone pain or injury. 72196 Magnetic resonance (eg, proton) material(s) Medically Necessary (all bone pain or injury. 72196 Magnetic resonance (eg, proton) material(s) Medically Necessary (all bone pain or injury. 72196 Magnetic resonance (eg, proton) material(s) Medically Necessary (all bone pain or injury. 72210 Magnetic resonance (eg, proton) material(s) and further sequences (all objects) material(s) mate	4 /4 /2022					• • • • • • • • • • • • • • • • • • • •	A constitute
suspected ladral; This is a request for a Pelvis MRI; The study is being ordered for joint pain or Apr-Jun Agr-Jun (Aj/2023 - Aj/2023 Orthopedics Disapproval material(s) and third to contrast material(s) and point of your perstremity, other than joint, without contrast material(s) and point of your perstremity; of Javan (Aj/2023 Aj/2023 Orthopedics Disapproval Dis		4/4/2022	C/20/2022 Orthonodics Discoursed				
72196 Magnetic resonance (eg, proton) Radiology Services maging, pelvis; with contrast Denied Not Medically Necessary The patient is male; Tumor, mass, neoplasm, or metastatic disease best describes the Apr-Jun A	6/30/2023	4/1/2023	6/30/2023 Orthopedics Disapproval	lumbar; without contrast material	Medically Necessary	• • •	1 2023 2023
4/1/2023 - 6/30/2023 Orthopedics Disapproval imaging, pelvis; with contrast Medically Necessary tail bone pain or injury. tail bone				72196 Magnetic reconance (eg. proten)	Padiology Sonvices		
6/30/2023 Orthopedics Disapproval material(s) Medically Necessary tail bone pain or injury. 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) Medically Necessary tail bone pain or injury. 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) Medically Necessary reason for this procedure; The patient's cancer is in remission/surveillance 1 2023 2023 72196 Magnetic resonance (eg. proton) imaging, pelvis; with contrast material(s) Medically Necessary reason for this procedure; The patient's cancer is in remission/surveillance 1 2023 2023 72196 Magnetic resonance (eg. proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s), and followed by contrast material(s) and discontrast material(s) and followed by contrast material states and followed by contrast material states and followed by contrast material states and followed by contrast material st	4/1/2022						Apr lup
72196 Magnetic resonance (eg. proton) Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Orthopedics Disapproval material(s) Medically Necessary Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Orthopedics Disapproval Medically Necessary Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Orthopedics Disapproval Apr-Jun 7/2021 Apretic resonance (eg, proton) Apr-Jun 7/2021 Apre	1 1	4/1/2022	6/20/2022 Orthopodics Disapproval				· ·
4/1/2023 d/1/2023 O/1/2023 O/1	0/30/2023	4/1/2023	0/30/2023 Orthopeuics Disapproval	material(s)	ivieuically ivecessary	tall borie pairt of injury.	1 2023 2023
4/1/2023 d/1/2023 O/1/2023 O/1				72196 Magnetic resonance (eg. proton)	Radiology Services		
Medically Necessary reason for this procedure; The patient's cancer is in remission/surveillance 1 2023 2023 4/1/2023 6/30/2023 Orthopedics Disapproval material(s) material(s) post-perative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or 4/1/2023 6/30/2023 Orthopedics Disapproval further sequences Medically Necessary ordering physician is an orthopedist. 73221 Magnetic resonance (eg, proton) in Mal.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The Apr-Jun ordering physician is an orthopedist. 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; Denied Not primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis Bilateral scapholunate ligament tears without significant radial scaphoid arthritis.; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist, Oncology, This case was created via RadMD.; The primary is being ordered for trauma or injury.; There has been treatment or conservative therapy.; There has been	4/1/2023 -					The natient is male: Tumor mass neonlasm or metastatic disease best describes the	Anr-lun
73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint, without contrast material(s), followed by contrast material(s) and further sequences Medically Necessary ordering physician is an orthopedist. 4/1/2023 - 6/30/2023 Orthopedics Disapproval Further sequences Medically Necessary ordering physician is an orthopedist. 73221 Magnetic resonance (eg, proton) Radiology Services ordering physician is an orthopedist. 73221 Magnetic resonance (eg, proton) Radiology Services imaging, any joint of upper extremity; 84/1/2023 - 6/30/2023 Orthopedics Disapproval Without contrast material(s) 73221 Magnetic resonance (eg, proton) Radiology Services imaging, any joint of upper extremity; 73221 Magnetic resonance (eg, proton) Radiology Services imaging, any joint of upper extremity; 84/1/2023 - 6/30/2023 Orthopedics Disapproval Without contrast material(s) 73221 Magnetic resonance (eg, proton) Radiology Services imaging, any joint of upper extremity; 73221 Magnetic resonance (eg, proton) Radiology Services is being ordered for trauma or injury. There has been treatment or conservative therapy; The ordering MDs specialty is NOT Hematologisty (Oncologist, Thoracic Surgery, Oncology, Bialderal scapholid arthritis; This study is being ordered for trauma or injury. There has been treatment or conservative therapy; The ordering MDs specialty is NOT Hematologisty (Oncologist, Thoracic Surgery, Oncology, Hoscase was created via RadMD.; The study is being ordered for trauma or injury. There has been treatment or conservative therapy; The ordering MDs specialty is NOT Hematologisty (Oncologist, Thoracic Surgery, Oncology, Hoscase was created via RadMD.; The primary Apr-Juny A	1 1	4/1/2023	6/30/2023 Orthonedics Disapproval	· · · · · · · · · · · · · · · · ·			
imaging, upper extremity, other than joint; without contrast material(s), ad/1/2023 - 4/1/2023 - 6/30/2023 Orthopedics Disapproval further sequences Medically Necessary Medically Necessary Sologo Medically Nece	0,50,2025	., 1, 2020	6/56/2625 6.thopeans 2.5approva.	. ,		reason for this procedure, the patients cancer is in terms for your remande	1 2023 2025
4/1/2023 - 6/30/2023 Orthopedics Disapproval further sequences followed by contrast material(s) and 6/30/2023 Orthopedics Disapproval further sequences followed by contrast material(s) and 6/30/2023 Orthopedics Disapproval further sequences followed by contrast material(s) and 6/30/2023 Orthopedics Disapproval further sequences for trauma or injury.; There is no suspicion of upper extremity bone or soft tissue infection.; The Apr-Jun 6/30/2023 Orthopedics Disapproval further sequences for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary supproval began less than 6 months ago; Physical Therapy was completed for this in being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, This case was created via RadMD.; The primary supproval began less than 6 months ago; Physical Therapy was completed for this diagnosis liaberal scapholunate ligament tears without significant radial scaphoid arthritis.; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; 73221 Magnetic resonance (eg, proton) Radiology Services is being ordered for trauma or injury.; There has been treatment or conservative therapy.; 8 Bilateral scapholunate ligament tears without significant radial scaphoid arthritis.; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; 73221 Magnetic resonance (eg, proton) Radiology Services is being ordered for trauma or injury.; There has been treatment or conservative therapy.; 8 Bilateral scapholunate ligament tears without significant radial scaphoid arthritis.; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; 8 Bilateral scapholunate ligament tears withou						The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent	
4/1/2023 - 6/30/2023 Orthopedics Disapproval further sequences Medically Necessary ordering physician is an orthopedist. ; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary Apr-Jun 8 dialogy Services or Salza Magnetic resonance (eg, proton) imaging, any joint of upper extremity; oncologist, ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary Apr-June					Radiology Services		
; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, 73221 Magnetic resonance (eg, proton) Radiology Services imaging, any joint of upper extremity; Denied Not primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis diagnosis shall be a support of upper extremity; Services imaging, any joint of upper extremity; Denied Not Services imaging, any joint of upper extremity; Services imaging, any joint of upper extremity; Services imaging, any joint of upper extremity; Denied Not Services imaging, any joint of upper extremity; Denied Not Services imaging, any joint of upper extremity; Denied Not Services imaging, any joint of upper extremity; Denied Not Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary Apr-June Apr-June or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary Apr-June of the primary surgical oncology or Radiation Oncology; This case was created via RadMD.; The primary Apr-June of the primary surgical oncology or Radiation Oncology; This case was created via RadMD.; The primary Apr-June of the primary surgical oncology or Radiation Oncology; This case was created via RadMD.; The primary Apr-June of the primary surgical oncology or Radiation Oncology; This case was created via RadMD.; The primary surgical oncology or Radiation Oncology; This case was created via RadMD.; The primary surgical oncology or Radiation Oncology; This case was created via RadMD.; The primary surgical oncology or Radiation Oncology; This case was created via RadMD.; The primary surgical oncology or Radiatio	4/1/2023 -			•			Apr-Jun
; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, 73221 Magnetic resonance (eg, proton) Radiology Services imaging, any joint of upper extremity; Denied Not primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis diagnosis shall be a support of upper extremity; Services imaging, any joint of upper extremity; Denied Not Services imaging, any joint of upper extremity; Services imaging, any joint of upper extremity; Services imaging, any joint of upper extremity; Denied Not Services imaging, any joint of upper extremity; Denied Not Services imaging, any joint of upper extremity; Denied Not Services imaging, any joint of upper extremity; Denied Not Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary Apr-June Apr-June or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary Apr-June of the primary surgical oncology or Radiation Oncology; This case was created via RadMD.; The primary Apr-June of the primary surgical oncology or Radiation Oncology; This case was created via RadMD.; The primary Apr-June of the primary surgical oncology or Radiation Oncology; This case was created via RadMD.; The primary Apr-June of the primary surgical oncology or Radiation Oncology; This case was created via RadMD.; The primary surgical oncology or Radiation Oncology; This case was created via RadMD.; The primary surgical oncology or Radiation Oncology; This case was created via RadMD.; The primary surgical oncology or Radiation Oncology; This case was created via RadMD.; The primary surgical oncology or Radiatio		4/1/2023	6/30/2023 Orthopedics Disapproval				· ·
therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, 73221 Magnetic resonance (eg, proton) Apr-June 4/1/2023 - 4/1/2023 - 6/30/2023 Orthopedic Disapproval without contrast material(s) 84724 - 84725 - 84				·			
73221 Magnetic resonance (eg, proton) Radiology Services Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this Apr-Jun diagnosis (algnosis diagnosis diagn							
6/30/2023 Orthopedics Disapproval without contrast material(s) Medically Necessary diagnosis Bilateral scapholunate ligament tears without significant radial scaphoid arthritis.; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; 73221 Magnetic resonance (eg, proton) Radiology Services Imaging, any joint of upper extremity; Denied Not Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary Apr-Jun				73221 Magnetic resonance (eg, proton)	Radiology Services		
Bilateral scapholunate ligament tears without significant radial scaphoid arthritis.; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; 73221 Magnetic resonance (eg, proton) Radiology Services The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, 4/1/2023 - Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary Apr-Jun	4/1/2023 -			imaging, any joint of upper extremity;	Denied Not	primary symptoms began less than 6 months ago; Physical Therapy was completed for this	Apr-Jun
is being ordered for trauma or injury.; There has been treatment or conservative therapy.; 73221 Magnetic resonance (eg, proton) Radiology Services The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, 4/1/2023 - Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary Apr-Jun	6/30/2023	4/1/2023	6/30/2023 Orthopedics Disapproval		Medically Necessary		
73221 Magnetic resonance (eg, proton) Radiology Services The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, 4/1/2023 - Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary Apr-Jun						Bilateral scapholunate ligament tears without significant radial scaphoid arthritis.; This study	
4/1/2023 - imaging, any joint of upper extremity; Denied Not Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary Apr-Jun						is being ordered for trauma or injury.; There has been treatment or conservative therapy.;	
				73221 Magnetic resonance (eg, proton)	Radiology Services	The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,	
6/30/2023 4/1/2023 6/30/2023 Orthopedics Disapproval without contrast material(s) Medically Necessary symptoms began more than 1 year ago; Medications were given for this diagnosis 2 2023 2023	4/1/2023 -			imaging, any joint of upper extremity;	Denied Not	Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary	
	6/30/2023	4/1/2023	6/30/2023 Orthopedics Disapproval	without contrast material(s)	Medically Necessary	symptoms began more than 1 year ago; Medications were given for this diagnosis	2 2023 2023

			73221 Magnetic resonance (eg, proton)	Radiology Services	The pain is described as chronic; The member has failed a 4 week course of conservative	
4/1/2023 -			imaging, any joint of upper extremity;	Denied Not	management in the past 3 months.; This is a request for an elbow MRI; The study is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Orthopedics Disapproval	without contrast material(s)		requested for evaluation of elbow pain.	1 2023 2023
		·	· ·			
			73221 Magnetic resonance (eg, proton)	Radiology Services	The pain is from a recent injury.; There is a suspicion of fracture not adequately determined	
4/1/2023 -			imaging, any joint of upper extremity;	Denied Not	by x-ray.; Tendon or ligament injuryis not suspected.; This is a request for an elbow MRI; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Orthopedics Disapproval	without contrast material(s)	Medically Necessary	study is requested for evaluation of elbow pain.	1 2023 2023
					The patient is a 78 year old female seen today for the right shoulder. The symptoms began	
					gradually over time. Symptoms began 12/06/2022. Pain is severe with a rating of 10/10. She	
					describes the symptoms as sharp, stabbing, throbbing, aching, burning and; This study is	
					being ordered for trauma or injury.; It is not known if there has been any treatment or	
			72221 Magnetic reconance (eg. proten)	Radiology Consisos	conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -			73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity;	Denied Not	Oncology; This case was created via RadMD.; The primary symptoms began less than 6	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Orthopedics Disapproval	without contrast material(s)	Medically Necessary		1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Offilopedics Disapproval	without contrast material(s)	ivieuically ivecessary	months ago	1 2023 2023
			73221 Magnetic resonance (eg, proton)	Radiology Services	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	
4/1/2023 -			imaging, any joint of upper extremity;	Denied Not	described as chronic; It is not known if the physician has directed conservative treatment for	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Orthopedics Disapproval	without contrast material(s)	Medically Necessary	the past 4 weeks.	5 2023 2023
					The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	
			73221 Magnetic resonance (eg, proton)	Radiology Services	described as chronic; The physician has directed conservative treatment for the past 4	
4/1/2023 -			imaging, any joint of upper extremity;	Denied Not	weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Orthopedics Disapproval	without contrast material(s)	Medically Necessary		12 2023 2023
					The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	
					described as chronic; The physician has directed conservative treatment for the past 4	
					weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been	
					treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home	
			73221 Magnetic resonance (eg, proton)	Radiology Services	treatment did include exercise, prescription medication and follow-up office visits.; HOME	
4/1/2023 -			imaging, any joint of upper extremity;	Denied Not	EXERCISES AND STRETCHES 3 TIMES A WEEK. ATTACHED IS THE REGIMEN; The patient	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Orthopedics Disapproval	without contrast material(s)		received oral analgesics.	1 2023 2023
			`,		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	
					described as chronic; The physician has directed conservative treatment for the past 4	
					weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been	
					treated with medication.; The patient has not completed 4 weeks or more of Chiropractic	
			73221 Magnetic resonance (eg, proton)		care.; The physician has directed a home exercise program for at least 4 weeks.; The home	
4/1/2023 -	. / . /		imaging, any joint of upper extremity;	Denied Not	treatment did include exercise, prescription medication and follow-up office visits.; Home	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Orthopedics Disapproval	without contrast material(s)	Medically Necessary	exercises; The patient received oral analgesics.	2 2023 2023
					The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	
					described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been	
					treated with medication.; The patient has not completed 4 weeks or more of Chiropractic	
			73221 Magnetic resonance (eg, proton)	Radiology Services	care.; The physician has directed a home exercise program for at least 4 weeks.; The home	
4/1/2023 -			imaging, any joint of upper extremity;	Denied Not	treatment did include exercise, prescription medication and follow-up office visits.; home	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Orthopedics Disapproval	without contrast material(s)		exercises; The patient received oral analgesics.	2 2023 2023
				•	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	
			73221 Magnetic resonance (eg, proton)	Radiology Services	described as chronic; The physician has directed conservative treatment for the past 4	
4/1/2023 -			imaging, any joint of upper extremity;	Denied Not	weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Orthopedics Disapproval	without contrast material(s)	Medically Necessary	treated with medication.; The patient recevied joint injection(s).	6 2023 2023
			72224 14-2-1-1-1-1	Padialana C	The appropriate distribution of Charledge ANDL The appropriate Charlesge Cha	
4/4/2022			73221 Magnetic resonance (eg, proton)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	A 1
4/1/2023 - 6/30/2023	1/1/2022	6/30/2023 Orthopedics Disapproval	imaging, any joint of upper extremity; without contrast material(s)	Denied Not Medically Necessary	described as chronic; The physician has not directed conservative treatment for the past 4	Apr-Jun 2 2023 2023
0/30/2023	7/1/2023	0/30/2023 Orthopeuics Disappi OVal	without contrast material(s)	ivicultally ivecessary	WEERS.	2 2023 2023

		73221 Magnetic resonance (eg, proton)) Radiology Services	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a	
4/1/2023 -		imaging, any joint of upper extremity;	Denied Not	recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is	Apr-Jui
6/30/2023 4/1/2023	6/30/2023 Orthopedics Disapproval	without contrast material(s)		not know if surgery or arthrscopy is scheduled in the next 4 weeks.	4 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, , , , , , , , , , , , , , , , , , , ,		
		73221 Magnetic resonance (eg, proton)) Radiology Services	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a	
4/1/2023 -		imaging, any joint of upper extremity;	Denied Not	recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.;	Apr-Ju
5/30/2023 4/1/2023	6/30/2023 Orthopedics Disapproval	without contrast material(s)	Medically Necessary	Surgery or arthrscopy is not scheduled in the next 4 weeks.	19 2023 2023
		73221 Magnetic resonance (eg, proton)	Radiology Services	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a	
4/1/2023 -		imaging, any joint of upper extremity;	Denied Not	recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.;	Apr-Ju
5/30/2023 4/1/2023	6/30/2023 Orthopedics Disapproval	without contrast material(s)	Medically Necessary	Surgery or arthrscopy is scheduled in the next 4 weeks.; This is NOT a Medicare member.	4 2023 2023
		73221 Magnetic resonance (eg, proton)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from	
4/1/2023 -		imaging, any joint of upper extremity;	Denied Not	an old injury.; It is not known if the physician has directed conservative treatment for the	Apr-Ju
5/30/2023 4/1/2023	6/30/2023 Orthopedics Disapproval	without contrast material(s)	Medically Necessary	·	3 2023 2023
				The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from	
		73221 Magnetic resonance (eg, proton)	·	an old injury.; The physician has directed conservative treatment for the past 4 weeks.; It is	
4/1/2023 -		imaging, any joint of upper extremity;	Denied Not	not known if the patient has completed 4 weeks of physical therapy?; The patient has been	Apr-Jur
6/30/2023 4/1/2023	6/30/2023 Orthopedics Disapproval	without contrast material(s)	Medically Necessary	treated with medication.; The patient recevied joint injection(s).	1 2023 2023
		72224 Managatia anagana dan arabani	N. Dadialanı Candara	The assumption of the Charles MDI. The assumption for a health and in The assist in force	
4/4/2022		73221 Magnetic resonance (eg, proton)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from	A 1
4/1/2023 -	C/20/2022 Outle or disc. Bissesses	imaging, any joint of upper extremity;	Denied Not	an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The	Apr-Jui
6/30/2023 4/1/2023	6/30/2023 Orthopedics Disapproval	without contrast material(s)	Medically Necessary	patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	5 2023 2023
		72221 Magnatic reconnect (eq. master)	\ Dadialamı Camiasa	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from	
4/1/2023 -		73221 Magnetic resonance (eg, proton)		an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The	A 1
	C/20/2022 Outhanding Discoursed	imaging, any joint of upper extremity;	Denied Not	patient has not completed 4 weeks of physical therapy?; The patient has been treated with	Apr-Ju 1 2023 2023
6/30/2023 4/1/2023	6/30/2023 Orthopedics Disapproval	without contrast material(s)	iviedically necessary	medication.; The patient recevied joint injection(s).	1 2023 2023
		73221 Magnetic resonance (eg, proton)) Radiology Services		
4/1/2023 -		imaging, any joint of upper extremity;	Denied Not	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from	Apr-Jur
6/30/2023 4/1/2023	6/30/2023 Orthopedics Disapproval	without contrast material(s)		an old injury.; The physician has not directed conservative treatment for the past 4 weeks.	4 2023 2023
., ., ., .,	о, от, тот от тереного тот регото		, , , , , , , , , , , , , , , , , , , ,		
		73221 Magnetic resonance (eg, proton)) Radiology Services		
4/1/2023 -		imaging, any joint of upper extremity;	Denied Not	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is not	Apr-Jur
6/30/2023 4/1/2023	6/30/2023 Orthopedics Disapproval	without contrast material(s)	Medically Necessary	from a recent injury, old injury, chronic pain or a mass.	2 2023 2023
				The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; The	
		73221 Magnetic resonance (eg, proton)	Radiology Services	study is for infection or inflammation.; There are not physical exam findings, laboratory	
4/1/2023 -		imaging, any joint of upper extremity;	Denied Not	results, other imaging including bone scan or ultrasound confirming infection, inflammation	Apr-Jur
6/30/2023 4/1/2023	6/30/2023 Orthopedics Disapproval	without contrast material(s)	Medically Necessary	and or aseptic necrosis.	1 2023 2023
		73221 Magnetic resonance (eg, proton)	·	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; There	
4/1/2023 -		imaging, any joint of upper extremity;	Denied Not	is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthrscopy is	Apr-Jui
6/30/2023 4/1/2023	6/30/2023 Orthopedics Disapproval	without contrast material(s)	Medically Necessary	not scheduled in the next 4 weeks.; The member has a recent injury.	2 2023 2023
				The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; There	
		73221 Magnetic resonance (eg, proton)		is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthrscopy is	
4/1/2023 -		imaging, any joint of upper extremity;	Denied Not	scheduled in the next 4 weeks.; The member has a recent injury.; This is NOT a Medicare	Apr-Jui
6/30/2023 4/1/2023	6/30/2023 Orthopedics Disapproval	without contrast material(s)	Medically Necessary		1 2023 2023
				History of Present Illness:;Hannah Hatcher is a 30-year-old female who presents to the office	
				regarding her left hip pain. The patient reports pain with sitting for prolonged periods. She	
				injured her hip over 1 year ago while squatting. At the bottom of ; This study is being	
				ordered for trauma or injury.; There has been treatment or conservative therapy.; The	
. /. /			Radiology Services	ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,	
4/1/2023 -	6/00/0000 0 11 11 11 11	73700 Computed tomography, lower	Denied Not	Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary	Apr-Jur
6/30/2023 4/1/2023	6/30/2023 Orthopedics Disapproval	extremity; without contrast material	Medically Necessary	symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1 2023 2023

					Pain is getting worse. Associated with swelling. Patient has been treated by chiropractor	
					without help;;Small radiolucency seen and subchondral at the talus might be consistent with	
					some osteochondral defect. Lateral view showed moderate large spurring a; This study is	
					being ordered for trauma or injury.; There has been treatment or conservative therapy.; The	
				Radiology Services	ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,	
4/1/2023 -			73700 Computed tomography, lower	Denied Not	Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary	Apr-Jun
6/30/2023 4	4/1/2023	6/30/2023 Orthopedics Disapproval	extremity; without contrast material	Medically Necessary	symptoms began 6 months to 1 year; Medications were given for this diagnosis	2 2023 2023
4/4/2022			72700 Community discounts and the second seco	Radiology Services	There is a section of a larger state of the section	A I
4/1/2023 -	. /. /2022	s/20/2022 0 H H B: B:	73700 Computed tomography, lower	Denied Not	There is suspicion of a lower extremity neoplasm, tumor or metastasis.; This is Diagnostic	Apr-Jun
6/30/2023 4	4/1/2023	6/30/2023 Orthopedics Disapproval	extremity; without contrast material	Medically Necessary	(being used to determine the cause of pain or follow up on prior abnormal imaging)	1 2023 2023
					This is a request for a foot CT.; "There is a history (within the past six weeks) of significant	
. /. /				Radiology Services	trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is	
4/1/2023 -			73700 Computed tomography, lower	Denied Not	a history of new onset of severe pain in the foot within the last two weeks.; Yes this is a	Apr-Jun
6/30/2023 4	4/1/2023	6/30/2023 Orthopedics Disapproval	extremity; without contrast material	Medically Necessary	request for a Diagnostic CT	1 2023 2023
					This is a year, set fay a him CT. This study is not being audored in conjugation with a nature	
					This is a request for a hip CT.; This study is not being ordered in conjunction with a pelvic	
					CT.; There is a suspected infection of the hip.; The patient has been treated with and failed a	
					course of supervised physical therapy.; There is a mass adjacent to or near the hip.; "There is	
					no a history (within the last six months) of significant trauma, dislocation, or injury to the	
					hip."; There is a suspicion of AVN.; The patient had an abnormal plain film study of the hip	
					other than arthritis.; The patient has used a cane or crutches for greater than four weeks.;	
					The patient has a documented limitation of their range of motion.; The patient has been	
				Radiology Services	treated with anti-inflammatory medication in conjunction with this complaint.; This study is	
4/1/2023 -			73700 Computed tomography, lower	Denied Not	being ordered by the operating surgeon for pre-operative planning.; Yes this is a request for	Apr-Jun
6/30/2023 4	4/1/2023	6/30/2023 Orthopedics Disapproval	extremity; without contrast material	Medically Necessary	a Diagnostic CT; A Total Hip Arthroplasty is being planned or has already been performed.	1 2023 2023
					This study is being ordered for trauma or injury.; There has not been any treatment or	
					conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is	
				Radiology Services	NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -			73700 Computed tomography, lower	Denied Not	Oncology; This case was created via BBI.; The primary symptoms began less than 6 months	Apr-Jun
6/30/2023 4	4/1/2023	6/30/2023 Orthopedics Disapproval	extremity; without contrast material	Medically Necessary	ago	2 2023 2023
			73720 Magnetic resonance (eg, proton)		; This study is being ordered for trauma or injury.; There has not been any treatment or	
			imaging, lower extremity other than		conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is	
			joint; without contrast material(s),	Radiology Services	NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -			followed by contrast material(s) and	Denied Not	Oncology; This case was created via RadMD.; The primary symptoms began less than 6	Apr-Jun
6/30/2023 4	4/1/2023	6/30/2023 Orthopedics Disapproval	further sequences	Medically Necessary	months ago	2 2023 2023
			73720 Magnetic resonance (eg, proton)			
			imaging, lower extremity other than			
			joint; without contrast material(s),	Radiology Services	This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They had	
4/1/2023 -			followed by contrast material(s) and	Denied Not	2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has been	Apr-Jun
6/30/2023 4	4/1/2023	6/30/2023 Orthopedics Disapproval	further sequences	Medically Necessary	treated with a protective boot for at least 4 weeks.	1 2023 2023
			73720 Magnetic resonance (eg, proton)			
			imaging, lower extremity other than			
			joint; without contrast material(s),	Radiology Services		
4/1/2023 -			followed by contrast material(s) and	Denied Not	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being	Apr-Jun
6/30/2023 4	4/1/2023	6/30/2023 Orthopedics Disapproval	further sequences		ordered for acute pain.	1 2023 2023
		, , , , , , , , , , , , , , , , , , , ,	73720 Magnetic resonance (eg, proton)	, , , , , , , , , , , , , , , , , , , ,		
			imaging, lower extremity other than		This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being	
			joint; without contrast material(s),	Radiology Services	ordered for known or suspected septic arthritis or osteomyelitis.; A plain x-ray of the area	
4/1/2023 -			followed by contrast material(s) and	Denied Not	been done.; The results of the plain film x-ray were normal.; The patient has NOT had any	Apr-Jun
6/30/2023 4	4/1/2023	6/30/2023 Orthopedics Disapproval	further sequences		abornormal lab studies.	1 2023 2023
3,33,2023 4	., _, _0_5	1,11, 2020 Cranopedies Disapproval	73720 Magnetic resonance (eg, proton)			1 2023 2023
			imaging, lower extremity other than			
			ioint: without contrast material(s)	Radiology Services	This is a request for a foot MRI: The study is being ordered forfoot pain: The study is being	
4/1/2022 -			joint; without contrast material(s),		This is a request for a foot MRI.; The study is being ordered for foot pain.; The study is being ordered for plantar fascilitis. The patient has had foot pain for over 4 weeks. The patient has	Apralup
4/1/2023 - 6/30/2023 4	1/1/2022	6/30/2023 Orthopedics Disapproval	joint; without contrast material(s), followed by contrast material(s) and further sequences	Denied Not	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for plantar fasciitis.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	Apr-Jun 1 2023 2023

		72720 Magnetic reconance (eg. proten	<u> </u>		
		73720 Magnetic resonance (eg, proton) imaging, lower extremity other than	1		
		joint; without contrast material(s),	Radiology Services	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being	
4/1/2023 -		followed by contrast material(s) and	Denied Not	ordered for plantar fasciitis.; The patient has had foot pain for over 4 weeks.; The patient has	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Disapproval	further sequences		been treated with orthotics for at least 6 weeks.	1 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	., ,	73720 Magnetic resonance (eg, proton)			
		imaging, lower extremity other than			
		joint; without contrast material(s),	Radiology Services		
4/1/2023 -		followed by contrast material(s) and	Denied Not	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Disapproval	further sequences	Medically Necessary	imaging.; 'None of the above' were noted as an indication for knee imaging.	1 2023 2023
		73720 Magnetic resonance (eg, proton)			
		imaging, lower extremity other than			
		joint; without contrast material(s),	Radiology Services	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
4/1/2023 -		followed by contrast material(s) and	Denied Not	an indication for knee imaging; Baker's cyst (swelling in the back of the knee) was noted on	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Disapproval	further sequences		the physical examination; The ordering MDs specialty is Orthopedics.	1 2023 2023
		73720 Magnetic resonance (eg, proton)			
		imaging, lower extremity other than			
. /. /		joint; without contrast material(s),	Radiology Services	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
4/1/2023 -	s /20 /2002 O II II DI	followed by contrast material(s) and	Denied Not	an indication for knee imaging; Instability was noted on the physical examination; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Disapproval	further sequences		patient is being treated with a Knee brace; The ordering MDs specialty is Orthopedics.	1 2023 2023
		73720 Magnetic resonance (eg, proton)			
		imaging, lower extremity other than	Radiology Consisos	This is a request for a Knoo MDL. Abnormal physical examination of the knoo was noted as	
4/1/2023 -		joint; without contrast material(s),	Radiology Services Denied Not	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	Anr lun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Disapproval	followed by contrast material(s) and further sequences		an indication for knee imaging; Instability was noted on the physical examination; The patient is being treated with an Ace bandage; The ordering MDs specialty is Orthopedics.	Apr-Jun 1 2023 2023
0/30/2023 4/1/2023	6/30/2023 Orthopedics Disapproval	73720 Magnetic resonance (eg, proton)		patient is being treated with an Ace bandage, The ordering MDs specially is Orthopedics.	1 2023 2023
		imaging, lower extremity other than	•		
		joint; without contrast material(s),	Radiology Services	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
4/1/2023 -		followed by contrast material(s) and	Denied Not	an indication for knee imaging; Instability was noted on the physical examination; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Disapproval	further sequences	Medically Necessary		1 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,	73720 Magnetic resonance (eg, proton)		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
		imaging, lower extremity other than		an indication for knee imaging; Instability was noted on the physical examination; The	
		joint; without contrast material(s),	Radiology Services	patient is not being treated with any of the listed items (crutches, knee immobilizer, wheel	
4/1/2023 -		followed by contrast material(s) and	Denied Not	chair, neoprene knee sleeve, ace bandage, knee brace); The ordering MDs specialty is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Disapproval	further sequences	Medically Necessary	Orthopedics.	1 2023 2023
		73720 Magnetic resonance (eg, proton)			
		imaging, lower extremity other than			
		joint; without contrast material(s),	Radiology Services	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
4/1/2023 -		followed by contrast material(s) and	Denied Not	an indication for knee imaging; Locking was noted on the physical examination; The ordering	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Disapproval	further sequences		MDs specialty is Orthopedics.	1 2023 2023
		73720 Magnetic resonance (eg, proton)			
		imaging, lower extremity other than			
4/4/2022		joint; without contrast material(s),	Radiology Services	This is a second for a Mary MDI. The analysis and the second seco	
4/1/2023 -	C/20/2022 Outle 1: 2:	followed by contrast material(s) and	Denied Not	This is a request for a Knee MRI.; The ordering physician is an orthopedist.; This study is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Disapproval	further sequences		being ordered for Suspected meniscus, tendon, or ligament injury	9 2023 2023
		73720 Magnetic resonance (eg, proton) imaging, lower extremity other than			
		joint; without contrast material(s),	Radiology Services		
4/1/2023 -		followed by contrast material(s) and	Denied Not	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Disapproval	further sequences		physician supervised home exercise in the past 3 months	1 2023 2023
5,30,2023 4,1,2023	5, 50, 2025 Orthopedics Disapproval	73720 Magnetic resonance (eg, proton)		p. 13 South Super vised from exercise in the past 5 months	1 2023 2023
		imaging, lower extremity other than	•		
		joint; without contrast material(s),	Radiology Services	This is a request for a Knee MRI.; The patient had recent plain films of the knee.; The plain	
4/1/2023 -		followed by contrast material(s) and	Denied Not	films were not normal.; This study is being ordered for Suspicious Mass or Suspected Tumor/	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Orthopedics Disapproval	further sequences	Medically Necessary	· · · · · · · · · · · · · · · · · · ·	1 2023 2023
		•			

4/1/2023 -			73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and	Radiology Services Denied Not	This is a request for an Ankle MRI.; The study is requested for a reason other that ankle pain.; The study is for infection or inflammation.; There are physical exam findings, laboratory results, other imaging including bone scan or ultrasound confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is planned in the next 4	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Orthopedics Disapproval	further sequences	Medically Necessary		1 2023 2023
0,00,2020	., _,	0,00,2020 0.1pane 2.02pp.010.	73720 Magnetic resonance (eg, proton)	, , , , , , , , , , , , , , , , , , , ,		
			imaging, lower extremity other than			
			joint; without contrast material(s),	Radiology Services	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a	
4/1/2023 -			followed by contrast material(s) and	Denied Not	suspicion of a tendon or ligament injury.; It is not know if surgery or arthrscopy is scheduled	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Orthopedics Disapproval	further sequences	Medically Necessary	in the next 4 weeks.	1 2023 2023
			73720 Magnetic resonance (eg, proton)			
			imaging, lower extremity other than			
			joint; without contrast material(s),	Radiology Services	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a	
4/1/2023 -			followed by contrast material(s) and	Denied Not	suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Orthopedics Disapproval	further sequences	Medically Necessary	4 weeks.	5 2023 2023
			73720 Magnetic resonance (eg, proton)			
			imaging, lower extremity other than	Dadida a Canda	This is a second for an Aplila MADL. The study is assurated for calling at a Thomas	
4/1/2023 -			joint; without contrast material(s),	Radiology Services	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a	Anr lun
6/30/2023	4/1/2022	6/30/2023 Orthopedics Disapproval	followed by contrast material(s) and further sequences	Denied Not Medically Necessary	suspicion of a tendon or ligament injury.; Surgery or arthrscopy is scheduled in the next 4	Apr-Jun 1 2023 2023
0/30/2023	4/1/2023	6/30/2023 Orthopedics Disapproval	73720 Magnetic resonance (eg, proton)		weeks.	1 2023 2023
			imaging, lower extremity other than			
			joint; without contrast material(s),	Radiology Services	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO	
4/1/2023 -			followed by contrast material(s) and	Denied Not	suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Orthopedics Disapproval	further sequences		4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	2 2023 2023
		•	73720 Magnetic resonance (eg, proton)			
			imaging, lower extremity other than		This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a	
			joint; without contrast material(s),	Radiology Services	fracture which does not show healing (non-union fracture).; This is a pre-operative study for	
4/1/2023 -			followed by contrast material(s) and	Denied Not	planned surgery.; Non Joint is being requested.; A Total Hip or Knee Arthroplasty is being	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Orthopedics Disapproval	further sequences	Medically Necessary	planned or has already been performed.	1 2023 2023
			73720 Magnetic resonance (eg, proton)			
			imaging, lower extremity other than	Davidada en Carridada	This is not a substitution of a infantise. This is not a study for	
4/1/2023 -			joint; without contrast material(s), followed by contrast material(s) and	Radiology Services Denied Not	This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a fracture which does not show healing (non-union fracture).; This is not a pre-operative study	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Orthopedics Disapproval	further sequences		for planned surgery.; Non Joint is being requested.	4 2023 2023
0/30/2023	4/1/2023	0/30/2023 Orthopedies Disapproval	ruriner sequences	ivicultury recessury	Tor planned surgery, won some is being requested.	4 2023 2023
					; This study is being ordered for trauma or injury.; There has been treatment or conservative	
			73721 Magnetic resonance (eg, proton)	Radiology Services	therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery,	
4/1/2023 -			imaging, any joint of lower extremity;	Denied Not	Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Orthopedics Disapproval	without contrast material	Medically Necessary	primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1 2023 2023
					This is a 40 year old female who is being seen for right hip pain. This occurred in the context	
					of having chronic;hip pain. She has been treated with NSAIDs, ibuprofen, Tylenol, which	
					partially alleviates symptoms, and Ultram, which; worsens symptoms. Sh; This study is being	
					ordered for something other than: known trauma or injury, metastatic disease, a	
					neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular	
			72724 Managaria and	Dadislas C. 1	disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is	
4/1/2022			73721 Magnetic resonance (eg, proton)		NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	A margin to the
4/1/2023 - 6/30/2023	1/1/2022	6/30/2023 Orthopedics Disapproval	imaging, any joint of lower extremity; without contrast material	Denied Not	Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	Apr-Jun 1 2023 2023
0/30/2023	7/1/2023	0/30/2023 Orthopeuics Disapproval	without contrast material	ivicultally ivecessary	year, i nysicar i licrapy was completed for this diagnosis	1 2023 2023
			73721 Magnetic resonance (eg, proton)	Radiology Services	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; It is not	
4/1/2023 -			imaging, any joint of lower extremity;	Denied Not	known if the member has failed a 4 week course of conservative management in the past 3	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Orthopedics Disapproval	without contrast material	Medically Necessary		1 2023 2023
				,		
			73721 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -			imaging, any joint of lower extremity;	Denied Not	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Orthopedics Disapproval	without contrast material	Medically Necessary	member has failed a 4 week course of conservative management in the past 3 months.	6 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Orthopedics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Denied Not	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has not failed a 4 week course of conservative management in the past 3 months.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Orthopedics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Denied Not	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; Tendon or ligament injuryis not suspected.; There is a suspicion of fracture not adequately determined by x-ray.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Orthopedics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Denied Not	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; It is not know if surgery or arthrscopy is scheduled in the next 4 weeks.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Orthopedics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Denied Not	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent injury.; There is a suspicion of tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Orthopedics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to an old injury.; The member has failed a 4 week course of conservative management in the past 3 months.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Orthopedics	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Denied Not	This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Orthopedics	Disapproval	73725 Magnetic resonance angiography, lower extremity, with or without contrast material(s)	Radiology Services Denied Not Medically Necessary	Lower leg trauma, neurovasc/lig/tendon injury suspected; Is this a request for one of the following? MR Angiogram lower extremity	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Osteopath	Annroval	73706 Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing		Yes, this is a request for CT Angiography of the lower extremity.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	•	6/30/2023 Osteopath	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Osteopath	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test. This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Approval	70450 Computed tomography, head or brain; without contrast material		NOT on anticoagulation or blood thinner treatments; There are recent neurological symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision defects, speech impairments or sudden onset of severe dizziness	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is on anticoagulation or blood thinner treatments	Apr-Jun 2 2023 2023

					This is a request for a brain/head CT.; The patient has the worst headache of patient's life	
4/1/2023 -				70450 Computed tomography, head or	with onset in the past 5 days; This is NOT a Medicare member.; Headache best describes the	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Other	Approval	brain; without contrast material	reason that I have requested this test.	2 2023 2023
					This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or suspected	
4/1/2023 -				70450 Computed tomography, head or	blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Other	Approval	brain; without contrast material	symptoms best describes the reason that I have requested this test.	1 2023 2023
					"This request is for orbit, sella, int. auditory canal, temporal bone, mastoid, CT.239.8"; "There	
				70480 Computed tomography, orbit,	is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is	
				sella, or posterior fossa or outer,	not a history of serious head or skull, trauma or injury.ostct"; "There is not suspicion of	
4/1/2023 -				middle, or inner ear; without contrast	neoplasm, or metastasis.ostct"; This is not a preoperative or recent postoperative	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Other	Approval	material	evaluation.; "There is not suspicion of acoustic neuroma, pituitary or other tumor. ostct"	1 2023 2023
				70486 Computed tomography,		
4/1/2023 -				maxillofacial area; without contrast	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Other	Approval	material	immune-compromised.; Yes this is a request for a Diagnostic CT	2 2023 2023
					This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT	
					immune-compromised.; The patient's current rhinosinusitis symptoms are described as	
				70.406 6	(sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial	
4/4/2022				70486 Computed tomography,	pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in	A 1
4/1/2023 -	4/4/2022	C /20 /2022 OH	A	maxillofacial area; without contrast	duration); It has been 14 or more days since onset AND the patient failed a course of	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Other	Approval	material	antibiotic treatment; Yes this is a request for a Diagnostic CT	1 2023 2023
				7049C Commuted towns are but	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT	
4/1/2023 -				70486 Computed tomography, maxillofacial area; without contrast	immune-compromised.; The patient's current rhinosinusitis symptoms are described as	A 1
6/30/2023	4/1/2022	6/30/2023 Other	Approval	maxinoraciai area; without contrast	Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
0/30/2023	4/1/2023	6/30/2023 Other	Approvai	material	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT	1 2023 2023
				70486 Computed tomography,	immune-compromised.; The patient's current rhinosinusitis symptoms are described as	
4/1/2023 -				maxillofacial area; without contrast	Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a	Apr-Jun
6/30/2023	4/1/2022	6/30/2023 Other	Approval	material	Diagnostic CT	1 2023 2023
0/30/2023	4/1/2023	6/30/2023 Other	Approvai	Hidterial	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a	1 2023 2023
4/1/2023 -				70490 Computed tomography, soft	palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was	Apr-Jun
6/30/2023	A/1/2023	6/30/2023 Other	Approval	tissue neck; without contrast material	NOT done.; Yes this is a request for a Diagnostic CT	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Other	Арріочаі	tissue neck, without contrast material	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a	1 2023 2023
					palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has	
4/1/2023 -				70490 Computed tomography, soft	been examined twice at least 30 days apart.; It is unknown if the lump got smaller.; Yes this	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Other	Approval	tissue neck; without contrast material	is a request for a Diagnostic CT	1 2023 2023
0,00,2020	., 2, 2025	0,00,2020 01.10.	7.661.0101	70496 Computed tomographic	Bilateral Carotid Bruits, Thoracic aortic aneurysm without rupture; This study is being	1 2023 2023
				angiography, head, with contrast	ordered for Vascular Disease.; There has been treatment or conservative therapy.; The	
				material(s), including noncontrast	ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,	
4/1/2023 -				images, if performed, and image	Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Other	Approval	postprocessing	symptoms began more than 1 year ago; Medications were given for this diagnosis	1 2023 2023
.,,	, ,	.,,	1.1.	70498 Computed tomographic	Bilateral Carotid Bruits, Thoracic aortic aneurysm without rupture; This study is being	
				angiography, neck, with contrast	ordered for Vascular Disease.; There has been treatment or conservative therapy.; The	
				material(s), including noncontrast	ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,	
4/1/2023 -				images, if performed, and image	Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Other	Approval	postprocessing	symptoms began more than 1 year ago; Medications were given for this diagnosis	1 2023 2023
				70498 Computed tomographic		
				angiography, neck, with contrast		
				material(s), including noncontrast	This case was created via RadMD.; Agree; This procedure is being requested for evaluation	
4/1/2023 -				images, if performed, and image	for vascular disease; Other best describes the clinical indication for requesting this	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Other	Approval	postprocessing	procedure	1 2023 2023
				70498 Computed tomographic		
				angiography, neck, with contrast		
				material(s), including noncontrast	This case was created via RadMD.; Agree; This procedure is being requested for evaluation	
4/1/2023 -				images, if performed, and image	for vascular disease; Recent stroke or TIA (transient ischemic attack) best describes the	Apr-Jun

### April 1997 This case was greated the RudMD. Agree. This procedure is being requested for evaluation of prescription streets. In the prescription of the reaction of the reaction of the second or the prescription of the reaction of th				704000		
### International State Page Page				70498 Computed tomographic		
### April 17/10/32 - Fig. 17/10/32 Fig. 17/1						
\$47/2023 47/20	. /. /			· · · ·		
1/1/2021		- / /				
Margine 2014, 1972 Margine	6/30/2023 4/1/2023	6/30/2023 Other	Approval	postprocessing	(50% or more) best describes the clinical indication for requesting this procedure	3 2023 2023
Margine 2014, 1972 Margine						
1/2023 1						
It his is a request for an internal Auditory Crand MRII; There is not a supported Accounter Neuronan or tumor forms or modelized in these is not a supported Accounter of the ear. The patient has a flat a secent training. To MRII within the last 90 days. There are no neurologic promotors with early in the last 90 days. There are no neurologic promotors with early in the last 90 days. There are no neurologic promotors with the same training to the last 7 may be important to defects or sudden ornest of severe discusses; This is not a pre-operative evaluation for a 2003 and 12023 at 12	1 1 1				· · · · · · · · · · · · · · · · · · ·	
Neurona of tumor of the linear or middle ear, There is not a suppected cheesteatame of the ear; The patient day a Freed train of 10 days, There are no neurologic pringtons or deficits such as one-sided wealness, speech impairments, vision defects or sadion of the ear; The patient day a Freed train of 10 days, There are no neurologic pringtons or deficits such as one-sided wealness, speech impairments, vision defects or sadion of the ear; The patient day is being requested for evaluation of a hostache; The patient does not have a student severe, the patient has a thrusterdap headache or worst headache of the patient's life (within the last a months). 4/1/2023 6/30/2023 0/1/202	6/30/2023 4/1/2023	6/30/2023 Other	Approval	without contrast material(s)		1 2023 2023
4/1/2023 4/1/2023 6/30/2023 Other Approval Ap						
### 1/2023						
Al/J2023 6/J30/2023 Other Aproval without contrast material Aproval without contrast material Aproval Al/J2023 6/J30/2023 Other Aproval Without contrast material This request is for a Brain MRI; The study is being requested for evaluation of a headarche; April Apr						
4/1/2023 4/1/2023 6/30/2023 Other Approval without contrast material Industrial parallel including brain stems; To a Brain MRI; The study is being requested for evaluation of a headache; Ap-Jun Industrial parallel including brain stems; To a Brain MRI; The study is being requested for evaluation of a headache; Ap-Jun Industrial parallel including brain stems; To a Brain MRI; The study is being requested for evaluation of a headache; Ap-Jun Industrial parallel including brain including brain stems; To a Brain MRI; The study is being requested for evaluation of a headache; Ap-Jun Industrial Brain Stems; To a Brain MRI; The study is being requested for evaluation of a headache; Ap-Jun Industrial Brain Stems; To a Brain MRI; The study is being requested for evaluation of a headache; Ap-Jun Industrial Brain Stems; To a Brain MRI; The study is being requested for evaluation of a headache; Industrial Brain Stems; To a Brain MRI; The study is being requested for evaluation of a headache; Industrial Brain Stems; To a Brain MRI; The study is being requested for evaluation of a headache; Industrial Brain Stems; To a Brain MRI; The study is being requested for evaluation of a headache; Industrial Brain Industrial Brain stems; The patient has a chronic or recurring headache or worst headache of the patient's life (within the last 9 months). 4/1/2023 6/30/2023 0ther Approval without contrast material Brain Industrial Brain						
4/1/2023 6/30/2023 Other Approval imaging, brain (including brain stem); This request is for a Brain MRI; The study is being requested for evaluation of a headache; Apr-line fig. This request is for a Brain MRI; The study is being requested for evaluation of a headache; Apr-line fig. This request is for a Brain MRI; The study is being requested for evaluation of a headache; Imaging, brain (including brain stem); The patient had a stunderclap headache or worst headache of the patient's life (within the last 3 months). 4/1/2023 6/30/2023 Other Approval without contrast material Imaging, brain (including brain stem); The patient had a stunderclap headache or worst headache of the patient's life (within the last 3 months). This request is for a Brain MRI; The study is being requested for evaluation of a headache; Imaging, brain (including brain stem); The patient had a stunderclap headache or worst headache of the patient's life (within the last 3 months). This request is for a Brain MRI; The study is being requested for evaluation of a headache; Imaging, brain (including brain stem); The patient had a stunderclap headache or worst headache of the patient's life (within the last 3 months). This request is for a Brain MRI; The study is being requested for evaluation of a headache; Imaging, brain (including brain stem); This request is for a Brain MRI; The study is being requested for evaluation of a headache; Imaging, brain (including brain stem); This request is for a Brain MRI; The study is being requested for evaluation of a headache; Imaging, brain (including brain stem); This request is for a Brain MRI; The study is being requested for evaluation of a headache; Imaging, brain (including brain stem); This request is for a Brain MRI; The study is being requested for evaluation of a headache; Imaging, brain (including brain stem); This request is for a Brain MRI; The study is being requested for evaluation of a headache; Imaging, brain (including brain stem); This request is for a Brain MRI; The study is being or						
Imaging, brain (including brain stem); This request is for a Brain MRI; The study is being requested for evaluation of a headache; Apr-Jun (50)/2023 4/1/2023 6/30/2023 Other Approval without contrast material headache; Imaging, brain (including brain stem); The patient has a stunderdap headache or worst headache of the patient's life (within the fast) and the patient's life (within the last 3 months). This request is for a Brain MRI; The study is being requested for evaluation of a headache; Imaging, brain (including brain stem); The patient had a thunderdap headache or worst headache or the patient's life (within the last 3 months). The patient had a thunderdap headache or worst headache or the patient's life (within the last 3 months). This request is for a Brain MRI; The study is being requested for evaluation of a headache; Imaging, brain (including brain stem); The patient had a thunderdap headache or worst headache or the patient's life (within the last 3 months). The patient had a thunderdap headache or worst headache or the patient's life (within the last 3 months). The patient had a thunderdap headache or worst headache of the patient's life (within the last 3 months). The patient had a thunderdap headache or worst headache or the patient's life (within the last 3 months). The patient had a thunderdap headache or worst headache o	6/30/2023 4/1/2023	6/30/2023 Other	Approval	without contrast material	known tumor of the middle or inner ear.	1 2023 2023
Imaging, brain (including brain stem); This request is for a Brain MRI; The study is being requested for evaluation of a headache; Apr-Jun (50)/2023 4/1/2023 6/30/2023 Other Approval without contrast material headache; Imaging, brain (including brain stem); The patient has a stunderdap headache or worst headache of the patient's life (within the fast) and the patient's life (within the last 3 months). This request is for a Brain MRI; The study is being requested for evaluation of a headache; Imaging, brain (including brain stem); The patient had a thunderdap headache or worst headache or the patient's life (within the last 3 months). The patient had a thunderdap headache or worst headache or the patient's life (within the last 3 months). This request is for a Brain MRI; The study is being requested for evaluation of a headache; Imaging, brain (including brain stem); The patient had a thunderdap headache or worst headache or the patient's life (within the last 3 months). The patient had a thunderdap headache or worst headache or the patient's life (within the last 3 months). The patient had a thunderdap headache or worst headache of the patient's life (within the last 3 months). The patient had a thunderdap headache or worst headache or the patient's life (within the last 3 months). The patient had a thunderdap headache or worst headache o						
6/30/2023 4/1/2023 6/30/2023 Other Approval without contrast material The patient does not have a sudden severe, chonic or recurring or a thunderclap headache. 70551 Magnetic resonance (eg. proton) imaging, brain (including brain stem); 6/30/2023 4/1/2023 6/30/2023 Other Approval without contrast material last 3 months). 70551 Magnetic resonance (eg. proton) imaging, brain (including brain stem); 10531 Magnetic resonance (eg. proton) imaging, brain (including brain stem); 10541 Magnetic resonance (eg. proton) imaging, brain (including brain stem); 10541 Magnetic resonance (eg. proton) imaging, brain (including brain stem); 10541 Magnetic resonance (eg. proton) imaging, brain (including brain stem); 10541 Magnetic resonance (eg. proton) imaging, brain (including brain stem); 10541 Magnetic resonance (eg. proton) imaging, brain (including brain stem); 10541 Magnetic resonance (eg. proton) imaging, brain (including brain stem); 10541 Magnetic resonance (eg. proton) imaging, brain (including brain stem); 10541 Magnetic resonance (eg. proton) imaging, brain (including brain stem); 10541 Magnetic resonance (eg. proton) imaging, brain (including brain stem); 10541 Magnetic resonance (eg. proton) imaging, brain (including brain stem); 10541 Magnetic resonance (eg. proton) imaging, brain (including brain stem); 10541 Magnetic resonance (eg. proton) imaging, brain (including brain stem); 10541 Magnetic resonance (eg. proton) imaging, brain (including brain stem); 10541 Magnetic resonance (eg. proton) imaging, brain (including brain stem); 10541 Magnetic resonance (eg. proton) imaging, brain (including brain stem); 10541 Magnetic resonance (eg. proton) imaging, brain (including brain stem); 10541 Magnetic resonance (eg. proton) imaging, brain (including brain stem); 10541 Magnetic resonance (eg. proton) imaging, brain (including brain stem); 10541 Magnetic resonance (eg. proton) imaging, brain (including brain stem); 10541 Magnetic resonance (eg. proton) imaging, brain (including brain stem); 10541 Magnetic resonance (e						
4/1/2023 6/30/2023 Other Approval without contrast material 70551 Magnetic resonance (eg. proton) imaging, brain (including brain stem); the patient had a thunderclap headache or worst headache of the patient's life (within the patient had a thunderclap headache or worst headache of the patient's life (within the patient had a thunderclap headache or worst headache of the patient's life (within the patient had a thunderclap headache or worst headache of the patient's life (within the patient had a thunderclap headache or worst headache of the patient's life (within the patient had a thunderclap headache or worst headache of the patient's life (within the patient had a thunderclap headache or worst headache of the patient's life (within the patient had a thunderclap headache or worst headache of the patient's life (within the patient had a thunderclap headache or worst headache of the patient's life (within the patient had a thunderclap headache or worst headache of the patient's life (within the patient had a thunderclap headache or worst headache of the patient's life (within the patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months). 4/1/2023 6/30/2023 0ther Approval without contrast material 4/1/2023 6/30/2023 0ther Approval without contrast						
### factors and a thunderclap headache or worst headache of the patient's life (within the fapr-Jun fals/3 months). ### factors that a thunderclap headache or worst headache of the patient's life (within the fapr-Jun fals/3 months). ### factors that a thunderclap headache or worst headache of the patient's life (within the fast a favorst headache). ### factors that a thunderclap headache or worst headache of the patient's life (within the fast age.) ### factors that a thunderclap headache or worst headache or worst headache of the patient's life (within the fast age.) ### factors that a thunderclap headache or worst headache of the patient's life (within the fast age.) ### factors that a thunderclap headache or worst headache of the patient's life (within the fast age.) ### factors that a thunderclap headache or worst headache or worst headache. ### factors that a thunderclap headache or worst headache or worst headache. ### factors that a thunderclap headache or worst headache or worst headache. ### factors that a thunderclap headache or worst headache or worst headache. ### factors that a thunderclap headache or worst headache or worst headache. ### factors that a thunderclap headache or worst headache or worst headache. ### factors that a thunderclap headache or worst headache or worst headache. ### factors that a thunderclap headache or worst headache or worst headache. ### factors that a thunderclap headache or worst headache. ### factors that a thunderclap headache or worst headache. ### factors that a thunderclap headache. ### factor	6/30/2023 4/1/2023	6/30/2023 Other	Approval	without contrast material	The patient does not have a sudden severe, chronic or recurring or a thunderclap headache.	1 2023 2023
### factors and a thunderclap headache or worst headache of the patient's life (within the fapr-Jun fals/3 months). ### factors that a thunderclap headache or worst headache of the patient's life (within the fapr-Jun fals/3 months). ### factors that a thunderclap headache or worst headache of the patient's life (within the fast a favorst headache). ### factors that a thunderclap headache or worst headache of the patient's life (within the fast age.) ### factors that a thunderclap headache or worst headache or worst headache of the patient's life (within the fast age.) ### factors that a thunderclap headache or worst headache of the patient's life (within the fast age.) ### factors that a thunderclap headache or worst headache of the patient's life (within the fast age.) ### factors that a thunderclap headache or worst headache or worst headache. ### factors that a thunderclap headache or worst headache or worst headache. ### factors that a thunderclap headache or worst headache or worst headache. ### factors that a thunderclap headache or worst headache or worst headache. ### factors that a thunderclap headache or worst headache or worst headache. ### factors that a thunderclap headache or worst headache or worst headache. ### factors that a thunderclap headache or worst headache or worst headache. ### factors that a thunderclap headache or worst headache or worst headache. ### factors that a thunderclap headache or worst headache. ### factors that a thunderclap headache or worst headache. ### factors that a thunderclap headache. ### factor						
April Section Company April				70551 Magnetic resonance (eg, proton)	This request is for a Brain MRI; The study is being requested for evaluation of a headache.;	
70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); The patient has a chronic or recurring headache or worst headache of the patient's life (within the last 3 months). 3 2023 2023 41/2023 6/30/2023 Other Approval 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); The patient has a chronic or recurring headache. 12 2023 2023 2023 41/2023 6/30/2023 Other Approval 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); The patient has a chronic or recurring headache. 13 2023 2023 2023 2023 2023 2023 2023 2					The patient had a thunderclap headache or worst headache of the patient's life (within the	· ·
Alyzour Alyzour Approval Imaging, brain (including brain stem); The patient had a thunderclap headache or worst headache of the patient's life (within the App-Jun ast 3 months). 3 2023 2023 2023	6/30/2023 4/1/2023	6/30/2023 Other	Approval	without contrast material	last 3 months).	2 2023 2023
Alyzour Alyzour Approval Imaging, brain (including brain stem); The patient had a thunderclap headache or worst headache of the patient's life (within the App-Jun ast 3 months). 3 2023 2023 2023						
6/30/2023 4/1/2023 6/30/2023 Other Approval without contrast material last 3 months). 3 2023 2023 2023 2023 2023 2023 2023 2				70551 Magnetic resonance (eg, proton)	This request is for a Brain MRI; The study is being requested for evaluation of a headache.;	
4/1/2023 6/30/2023 Other Approval Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material This request is for a Brain MRI; The study is being requested for evaluation of a headache.; Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Other Approval Minute contrast material This request is for a Brain MRI; The study is being requested for evaluation of a headache.; Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Other Approval Minute contrast material This request is for a Brain MRI; The study is being requested for evaluation of a headache.; Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Other Approval Minute contrast material The patient has a sudden and severe headache. 12 2023 2023 2023 2023 2023 2023 2023 2				imaging, brain (including brain stem);	The patient had a thunderclap headache or worst headache of the patient's life (within the	·
4/1/2023 - 6/30/2023 Other Approval without contrast material imaging, brain (including brain stem); This request is for a Brain MRI; The study is being requested for evaluation of a headache.; Apr-Jun 70551 Magnetic resonance (eg. proton) imaging, brain (including brain stem); This request is for a Brain MRI; The study is being requested for evaluation of a headache.; Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Other Aproval without contrast material The patient has a chronic or recurring headache. 13 2023 2023 2023 2023 2023 2023 2023 2	6/30/2023 4/1/2023	6/30/2023 Other	Approval	without contrast material	last 3 months).	3 2023 2023
4/1/2023 - 6/30/2023 Other Approval without contrast material imaging, brain (including brain stem); This request is for a Brain MRI; The study is being requested for evaluation of a headache.; Apr-Jun 70551 Magnetic resonance (eg. proton) imaging, brain (including brain stem); This request is for a Brain MRI; The study is being requested for evaluation of a headache.; Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Other Aproval without contrast material The patient has a chronic or recurring headache. 13 2023 2023 2023 2023 2023 2023 2023 2						
6/30/2023 4/1/2023 6/30/2023 Other Approval without contrast material The patient has a chronic or recurring headache. 12 2023 2023 4/1/2023 - 6/30/2023 Other Approval without contrast material The patient has a chronic or recurring headache. 13 2023 2023 4/1/2023 - 6/30/2023 Other Approval without contrast material The patient has a chronic or recurring headache. 13 2023 2023 4/1/2023 - 70551 Magnetic resonance (eg. proton) imaging, brain (including brain stem); imaging, brain				70551 Magnetic resonance (eg, proton)		
4/1/2023 - 6/30/2023 Other Approval without contrast material This request is for a Brain MRI; The study is being requested for evaluation of a headache.; Apr-Jun The patient has a chronic or recurring headache. 4/1/2023 - 6/30/2023 Other Approval Without contrast material This request is for a Brain MRI; The study is being requested for evaluation of a headache.; Apr-Jun Gayo/2023 4/1/2023 6/30/2023 Other Approval Without contrast material The patient has a sudden and severe headache. 4/1/2023 - 6/30/2023 Other Approval Without contrast material This request is for a Brain MRI; The study is being requested for evaluation of a headache.; Apr-Jun Gayo/2023 4/1/2023 6/30/2023 Other Approval Without contrast material This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has a sudden change Apr-Jun in mental status. 1 2023 2023 This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has a sudden change in mental status. 1 2023 2023 This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has new sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms. This study is being ordered for Multiple Apr-Jun (without contrast material Sclerosis.; The patient has new symptoms. 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); Without contrast material Sclerosis.; The patient has new symptoms. 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); Without contrast material Sclerosis.; The patient has new symptoms. 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); Without contrast material Sclerosis.; The patient has new symptoms. 70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); Without contrast material Sclerosis.	4/1/2023 -			imaging, brain (including brain stem);	This request is for a Brain MRI; The study is being requested for evaluation of a headache.;	Apr-Jun
4/1/2023 - 6/30/2023 Other Approval imaging, brain (including brain stem); This request is for a Brain MRI; The study is being requested for evaluation of a headache.; Apr-Jun 70551 Magnetic resonance (eg. proton) imaging, brain (including brain stem); This request is for a Brain MRI; The study is being requested for evaluation of a headache.; Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Other Approval without contrast material The patient has a sudden and severe headache. Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Other Approval without contrast material The patient has a sudden and severe headache. The patient has a sudden and severe headache. The patient has a sudden change approved by the patient has a sudden and severe headache. The patient has a sudden change approved by the patient has a sudden change approved	6/30/2023 4/1/2023	6/30/2023 Other	Approval	without contrast material	The patient has a chronic or recurring headache.	12 2023 2023
4/1/2023 - 6/30/2023 Other Approval imaging, brain (including brain stem); This request is for a Brain MRI; The study is being requested for evaluation of a headache.; Apr-Jun 70551 Magnetic resonance (eg. proton) imaging, brain (including brain stem); This request is for a Brain MRI; The study is being requested for evaluation of a headache.; Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Other Approval without contrast material The patient has a sudden and severe headache. Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Other Approval without contrast material The patient has a sudden and severe headache. The patient has a sudden and severe headache. The patient has a sudden change approved by the patient has a sudden and severe headache. The patient has a sudden change approved by the patient has a sudden change approved						
6/30/2023 4/1/2023 6/30/2023 Other Approval without contrast material The patient has a chronic or recurring headache. 13 2023 2023 70551 Magnetic resonance (eg. proton) imaging, brain (including brain stem); This request is for a Brain MRI; The study is being requested for evaluation of a headache.; Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Other Approval without contrast material The patient has a sudden and severe headache. 1 2023 2023 70551 Magnetic resonance (eg. proton) This request is for a Brain MRI; The study is being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has a sudden and severe headache. 1 2023 2023 70551 Magnetic resonance (eg. proton) This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has a sudden change in mental status. 1 2023 2023 70551 Magnetic resonance (eg. proton) Headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset without contrast material Sclerosis.; The patient has one sided arm or leg weakness.; The patient had a recent onset imaging, brain (including brain stem); (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset imaging, brain (including brain stem); (within the last 4 weeks) of neurologic symptoms. This study is being ordered for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset imaging, brain (including brain stem); (within the last 4 weeks) of neurologic symptoms. This study is being ordered for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset imaging, brain (including brain stem); (within the last 4 weeks) of neurologic symptoms. This study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weak				70551 Magnetic resonance (eg, proton)		
4/1/2023 - 6/30/2023 Other Approval without contrast material This request is for a Brain MRI; The study is being requested for evaluation of a headache.; Apr-Jun 1 2023 2023 4/1/2023 6/30/2023 Other Approval without contrast material This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has a sudden change in mental status. 4/1/2023 - 6/30/2023 Other Approval without contrast material in mental status. 4/1/2023 - 6/30/2023 Other Approval without contrast material in mental status. 4/1/2023 - 6/30/2023 Other Approval without contrast material in mental status. 4/1/2023 - 6/30/2023 Other Approval without contrast material in mental status. 4/1/2023 - 6/30/2023 Other Approval without contrast material in mental status. 4/1/2023 - 6/30/2023 Other Approval without contrast material in mental status. 5/20/2023 Other Approval without contrast material in mental status. 6/30/2023 Other Approval without contrast material in mental status. 6/30/2023 Other Approval without contrast material in mental status. 7/20/20/20/20/20/20/20/20/20/20/20/20/20/	4/1/2023 -			imaging, brain (including brain stem);	This request is for a Brain MRI; The study is being requested for evaluation of a headache.;	Apr-Jun
4/1/2023 - 6/30/2023 Other Approval imaging, brain (including brain stem); This request is for a Brain MRI; The study is being requested for evaluation of a headache.; Apr-Jun The patient has a sudden and severe headache. 70551 Magnetic resonance (eg. proton) imaging, brain (including brain stem); headache.; It is unknown why this study is being ordered.; The patient has a sudden change Apr-Jun in mental status. 70551 Magnetic resonance (eg. proton) imaging, brain (including brain stem); headache.; It is unknown why this study is being ordered.; The patient has a sudden change Apr-Jun in mental status. 70551 Magnetic resonance (eg. proton) headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms. 4/1/2023 - 6/30/2023 Other Approval without contrast material Sclerosis.; The patient has new symptoms. 70551 Magnetic resonance (eg. proton) headache.; The patient has new symptoms. 1 2023 2023 2023 2023 2023 2023 2023 202	6/30/2023 4/1/2023	6/30/2023 Other	Approval	without contrast material	The patient has a chronic or recurring headache.	13 2023 2023
4/1/2023 - 6/30/2023 Other Approval imaging, brain (including brain stem); This request is for a Brain MRI; The study is being requested for evaluation of a headache.; Apr-Jun The patient has a sudden and severe headache. 70551 Magnetic resonance (eg. proton) imaging, brain (including brain stem); headache.; It is unknown why this study is being ordered.; The patient has a sudden change Apr-Jun in mental status. 70551 Magnetic resonance (eg. proton) imaging, brain (including brain stem); headache.; It is unknown why this study is being ordered.; The patient has a sudden change Apr-Jun in mental status. 70551 Magnetic resonance (eg. proton) headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms. 4/1/2023 - 6/30/2023 Other Approval without contrast material Sclerosis.; The patient has new symptoms. 70551 Magnetic resonance (eg. proton) headache.; The patient has new symptoms. 1 2023 2023 2023 2023 2023 2023 2023 202						
6/30/2023 4/1/2023 6/30/2023 Other Approval without contrast material The patient has a sudden and severe headache. 1 2023 2023 4/1/2023 6/30/2023 Other Aproval without contrast material This request is for a Brain MRI; The study is NOT being requested for evaluation of a imaging, brain (including brain stem); headache.; It is unknown why this study is being ordered.; The patient has a sudden change Apr-Jun in mental status. 1 2023 2023 This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset imaging, brain (including brain stem); (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Multiple Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Other Aproval without contrast material Sclerosis.; The patient has new symptoms. 4/1/2023 - COSST Magnetic resonance (eg, proton) headache.; The patient has new symptoms. This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has new symptoms. 1 2023 2023 This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has new symptoms. 1 2023 2023 This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or Apr-Jun (within the last 4 weeks) of neurologic symptoms.; This study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a Par-Jun (within the last 4 weeks) of neurologic symptoms.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; The patient had a recent ons				70551 Magnetic resonance (eg, proton)		
70551 Magnetic resonance (eg, proton) 4/1/2023 - 6/30/2023 0ther Approval without contrast material in mental status. 70551 Magnetic resonance (eg, proton) 4/1/2023 - 6/30/2023 0ther Approval without contrast material 70551 Magnetic resonance (eg, proton) 6/30/2023 0ther Approval without contrast material 70551 Magnetic resonance (eg, proton) 6/30/2023 0ther Approval without contrast material 70551 Magnetic resonance (eg, proton) 6/30/2023 0ther Approval without contrast material 70551 Magnetic resonance (eg, proton) 705	4/1/2023 -			imaging, brain (including brain stem);	This request is for a Brain MRI; The study is being requested for evaluation of a headache.;	
4/1/2023 - 4/1/2023 6/30/2023 Other Approval without contrast material imaging, brain (including brain stem); headache.; It is unknown why this study is being ordered.; The patient has a sudden change in mental status. 1 2023 2023 This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset imaging, brain (including brain stem); (within the last 4 weeks) of neurologic symptoms. This study is being ordered for Multiple Apr-Jun (within the last 4 weeks) of neurologic symptoms. 1 2023 2023 This request is for a Brain MRI; The study is NOT being requested for evaluation of a Sclerosis.; The patient has new symptoms. 1 2023 2023 This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Stroke or Apr-Jun (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or Apr-Jun (Tal (transient ischemic attack)). 2 2023 2023 This request is for a Brain MRI; The study is NOT being requested for evaluation of a Tal (transient ischemic attack). 2 2023 2023 This request is for a Brain MRI; The study is NOT being requested for evaluation of a Headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; The patient had a recent onset	6/30/2023 4/1/2023	6/30/2023 Other	Approval	without contrast material	The patient has a sudden and severe headache.	1 2023 2023
4/1/2023 - 4/1/2023 6/30/2023 Other Approval without contrast material imaging, brain (including brain stem); headache.; It is unknown why this study is being ordered.; The patient has a sudden change in mental status. 1 2023 2023 This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset imaging, brain (including brain stem); (within the last 4 weeks) of neurologic symptoms. This study is being ordered for Multiple Apr-Jun (within the last 4 weeks) of neurologic symptoms. 1 2023 2023 This request is for a Brain MRI; The study is NOT being requested for evaluation of a Sclerosis.; The patient has new symptoms. 1 2023 2023 This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Stroke or Apr-Jun (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or Apr-Jun (Tal (transient ischemic attack)). 2 2023 2023 This request is for a Brain MRI; The study is NOT being requested for evaluation of a Tal (transient ischemic attack). 2 2023 2023 This request is for a Brain MRI; The study is NOT being requested for evaluation of a Headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; The patient had a recent onset						
6/30/2023 4/1/2023 6/30/2023 Other Approval without contrast material in mental status. 1 2023 2023 This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset imaging, brain (including brain stem); (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Multiple Apr-Jun Sclerosis.; The patient has new symptoms. 1 2023 2023 This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has new symptoms. 1 2023 2023 This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Other Approval without contrast material TIA (transient ischemic attack). 2 2023 2023 This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 4/1/2023 - imaging, brain (including brain stem); weeks) of neurologic symptoms.; There has been a recent assessment of the patient's visual Apr-Jun						
This request is for a Brain MRI; The study is NOT being requested for evaluation of a 70551 Magnetic resonance (eg, proton) headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset 4/1/2023 - 6/30/2023 Other Approval without contrast material Sclerosis.; The patient has new symptoms. 70551 Magnetic resonance (eg, proton) headache.; The patient has new symptoms. This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset 70551 Magnetic resonance (eg, proton) headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset 4/1/2023 - 6/30/2023 Other Approval without contrast material 70551 Magnetic resonance (eg, proton) headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is NOT being requested for evaluation of a headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 headache.; The patient has one sided arm or leg weakness.; The patient has one sided arm or leg weakness.; The patient has one sided arm or leg weakness.; The patient has one sided a	1 1 1			0 0, 1		
headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset 4/1/2023 - 6/30/2023 Other Approval without contrast material Sclerosis.; The patient has one sided arm or leg weakness.; The patient had a recent onset 4/1/2023 - 6/30/2023 Other Approval without contrast material Sclerosis.; The patient has new symptoms. 70551 Magnetic resonance (eg, proton) headache.; The patient has new symptoms. This request is for a Brain MRI; The study is NOT being requested for evaluation of a 70551 Magnetic resonance (eg, proton) headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset 4/1/2023 - 6/30/2023 Other Approval without contrast material TiA (transient ischemic attack). 70551 Magnetic resonance (eg, proton) headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset 4/1/2023 - 70551 Magnetic resonance (eg, proton) headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset 70551 Magnetic resonance (eg, proton) headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 70551 Magnetic resonance (eg, proton) headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 70551 Magnetic resonance (eg, proton) headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 70551 Magnetic resonance (eg, proton) headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 70551 Magnetic resonance (eg, proton) headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 70551 Magnetic resonance (eg, proton) headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 70551 Magnetic resonance (eg, proton) headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 70551 Magnetic resonance (eg, proton) headache.; The patient	6/30/2023 4/1/2023	6/30/2023 Other	Approval	without contrast material	in mental status.	1 2023 2023
4/1/2023 - 6/30/2023 Other Approval Mithout contrast material Sclerosis.; The patient has new symptoms. This study is being ordered for Multiple Apr-Jun Sclerosis.; The patient has new symptoms. This study is NOT being requested for evaluation of a 70551 Magnetic resonance (eg, proton) headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Multiple Apr-Jun Apr-Jun without contrast material Sclerosis.; The patient has new symptoms. This study is NOT being requested for evaluation of a 70551 Magnetic resonance (eg, proton) headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or Apr-Jun This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; There has been a recent assessment of the patient's visual Apr-Jun					· · · · · · · · · · · · · · · · · · ·	
6/30/2023 Other Approval without contrast material Sclerosis.; The patient has new symptoms. 1 2023 2023 This request is for a Brain MRI; The study is NOT being requested for evaluation of a 70551 Magnetic resonance (eg, proton) headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset 4/1/2023 - 4/1/2023 6/30/2023 Other Approval without contrast material TIA (transient ischemic attack). 2 2023 2023 This request is for a Brain MRI; The study is NOT being requested for evaluation of a Apr-Jun TIA (transient ischemic attack). 2 2023 2023 This request is for a Brain MRI; The study is NOT being requested for evaluation of a This request is for a Brain MRI; The study is NOT being requested for evaluation of a Headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 4/1/2023 - imaging, brain (including brain stem); weeks) of neurologic symptoms.; There has been a recent assessment of the patient's visual Apr-Jun					· · · · · · · · · · · · · · · · · · ·	
This request is for a Brain MRI; The study is NOT being requested for evaluation of a 70551 Magnetic resonance (eg, proton) 4/1/2023 -						
headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset 4/1/2023 -	6/30/2023 4/1/2023	6/30/2023 Other	Approval	without contrast material		1 2023 2023
4/1/2023 - Imaging, brain (including brain stem); (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or Apr-Jun 6/30/2023						
6/30/2023 4/1/2023 6/30/2023 Other Approval without contrast material TIA (transient ischemic attack). 2 2023 2023 This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 imaging, brain (including brain stem); weeks) of neurologic symptoms.; There has been a recent assessment of the patient's visual Apr-Jun						
This request is for a Brain MRI; The study is NOT being requested for evaluation of a 70551 Magnetic resonance (eg, proton) headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 4/1/2023 - weeks) of neurologic symptoms.; There has been a recent assessment of the patient's visual Apr-Jun	4/1/2023 -			imaging, brain (including brain stem);	(within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or	
70551 Magnetic resonance (eg, proton) headache.; The patient has vision changes.; The patient had a recent onset (within the last 4 4/1/2023 - imaging, brain (including brain stem); weeks) of neurologic symptoms.; There has been a recent assessment of the patient's visual Apr-Jun	6/30/2023 4/1/2023	6/30/2023 Other	Approval	without contrast material	TIA (transient ischemic attack).	2 2023 2023
4/1/2023 - imaging, brain (including brain stem); weeks) of neurologic symptoms.; There has been a recent assessment of the patient's visual Apr-Jun					This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
				70551 Magnetic resonance (eg, proton)	headache.; The patient has vision changes.; The patient had a recent onset (within the last 4	
6/30/2023 4/1/2023 6/30/2023 Other Approval without contrast material acuity.; This study is being ordered for stroke or TIA (transient ischemic attack). 1 2023 2023	4/1/2023 -			imaging, brain (including brain stem);	· · · · · · · · · · · · · · · · · · ·	Apr-Jun
	6/30/2023 4/1/2023	6/30/2023 Other	Approval	without contrast material	acuity.; This study is being ordered for stroke or TIA (transient ischemic attack).	1 2023 2023

patient has a biopsy proven cancer 1 2023 2023 **This request is for a Brain MRI; The study is NOT being requested for evaluation of a limaging, brain (including brain stems): **Major 1						
M1/2023					This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
1/12/23 1/12						
1/1/2023		- / /				
Mapping Mapp	6/30/2023 4/1/2023	6/30/2023 Other	Approval	without contrast material	visual acuity.; This study is being ordered for stroke or TIA (transient ischemic attack).	2 2023 2023
Mapping Mapp				70551 Magnetic resonance (eg. proton)	This request is for a Brain MRI: The study is NOT being requested for evaluation of a	
### Affairs ### Affairs ### Approval without contrast material proven concer 2 2023 2023 ### Affairs This request for or a fairsh MRI; The study is NOT being requested for evaluation of a headsche,. This study is being ordered for follow-up. The patient has NOT completed a course of themselvance cancer 2 2023 2023 ### Affairs Affairs	4/1/2023 -					Δnr-lun
This request is for a Brain Molic The study is MOT being requested for evaluation of a headard This study is being ordered for supperformed more than NOT completed a course of neutrons (e.g. proton) imaging, brain (including brain stem); and ordered for a supperformed more than 12 months ago; and 12023 colds and 1		6/30/2023 Other	Approval	5 5, t 5 11	, , ,	•
	1/1/2020	0/00/2020 011101	7,66,010	Without contrast material	•	2 2020 2020
Alt/2023 - Formation of the mother age of the mo					· · · · · · · · · · · · · · · · · · ·	
April Apri				70551 Magnetic resonance (eg, proton)		
1	4/1/2023 -				., ., ., ., ., .,	Apr-Jun
### Approval without contrast material (Approval without contrast material) ### Approval without contrast material (Approval without contrast material) ### Approval without contrast material (Approval without contrast material) ### Approval without contrast material (Approval without contrast material) ### Approval without contrast material (Approval without contrast material) ### Approval without contrast material (Approval without contrast material) ### Approval without contrast material (Approval without contrast material) ### Approval without contrast material (Approval without contrast material) ### Approval without contrast material (Approval without contrast material) ### Approval without contrast material (Approval without contrast material) ### Approval without contrast material (Approval without contrast material) ### Approval without contrast material (Approval without contrast material) ### Approval without contrast material (Approval without contrast material) ### Approval without contrast material (Approval without contrast material) ### Approval without contrast material (Approval without contrast material) ### Approval without contrast material (Approval without contrast material) ### Approval without contrast material (Approval without contrast material) ### Approval without contrast material (Approval without contrast material) ### Approval without contrast material (Approval without contrast material) ### Approval without contrast material (Approval without contrast material) ### Approval without contrast material (Approval without contrast material) ### Approval without contrast material (Approval without contrast material) ### Approval without contrast material (Approval without contrast material) ### Approval without contrast material) ### Approval without contrast material (Approval without contrast material) ### Approval without contrast mate	6/30/2023 4/1/2023	6/30/2023 Other	Approval		•	
### Approval without contrast material (Approval without contrast material) ### Approval without contrast material (Approval without contrast material) ### Approval without contrast material (Approval without contrast material) ### Approval without contrast material (Approval without contrast material) ### Approval without contrast material (Approval without contrast material) ### Approval without contrast material (Approval without contrast material) ### Approval without contrast material (Approval without contrast material) ### Approval without contrast material (Approval without contrast material) ### Approval without contrast material (Approval without contrast material) ### Approval without contrast material (Approval without contrast material) ### Approval without contrast material (Approval without contrast material) ### Approval without contrast material (Approval without contrast material) ### Approval without contrast material (Approval without contrast material) ### Approval without contrast material (Approval without contrast material) ### Approval without contrast material (Approval without contrast material) ### Approval without contrast material (Approval without contrast material) ### Approval without contrast material (Approval without contrast material) ### Approval without contrast material (Approval without contrast material) ### Approval without contrast material (Approval without contrast material) ### Approval without contrast material (Approval without contrast material) ### Approval without contrast material (Approval without contrast material) ### Approval without contrast material (Approval without contrast material) ### Approval without contrast material (Approval without contrast material) ### Approval without contrast material) ### Approval without contrast material (Approval without contrast material) ### Approval without contrast mate						
4/1/2023 - 4/1/2023 6/30/2023 Other Approval without contrast material change in seizure pattern or a new seizure. 1 2023 2023 2023 2023 2023 2023 2023 20				70551 Magnetic resonance (eg, proton)	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/1/2023 - 4/1/2023 6/30/2023 Other Approval without contrast material 70551 Magnetic resonance (eg. proton) imaging, brain influding brain stem); headache; This study is being ordered for seizures; There has been a change in seizure Aprivan 4/1/2023 6/30/2023 Other Approval without contrast material 70551 Magnetic resonance (eg. proton) imaging, brain influding brain stem); headache; This study is being ordered for seizures; There has been a change in seizure Aprivan 4/1/2023 6/30/2023 Other Approval without contrast material 70551 Magnetic resonance (eg. proton) imaging, brain influding brain stem); headache; This study is NOT being requested for evaluation of a headache; This study is being ordered for staging; This study is being ordered for a tumor; 2 2023 2023 70551 Magnetic resonance (eg. proton) imaging, brain including brain stem); headache; This study is being ordered for a tumor; 2 2023 2023 70561 Magnetic resonance (eg. proton) imaging, brain including brain stem); headache; This study is being ordered for a tumor; 2 2023 2023 70561 Magnetic resonance (eg. proton) imaging, brain including brain stem); headache; This study is being ordered for a tumor; 2 2023 2023 70561 Magnetic resonance or stem of the stage of the stage of the stage of the study is the study is being ordered for a tumor; 7 8 41/2023 71250 Computed tomography, thorax; 1 2023 2023 71250 Computed tomography, thorax; 1 2023 2023 71250 Magnetic or 2 2023 71250 Magnetic or 2 2023 71250 Magnetic ordered tomography, thorax; 2 2023 71250 Magnetic ord	4/1/2023 -			imaging, brain (including brain stem);	headache.; This study is being ordered for seizures.; It is unknown if there has there been a	Apr-Jun
4/1/2023 4/2023 Office Approval without contrast material partern or a new seizure. 70551 Magnetic resonance (eg. proton) imaging, brain (including brain stem); headache,: This study is being ordered for seizures; There has been a change in seizure pattern or a new seizure. 70551 Magnetic resonance (eg. proton) imaging, brain (including brain stem); headache,: This study is being ordered for staging,: This study is being ordered for staging. This study is being ordered for stag	6/30/2023 4/1/2023	6/30/2023 Other	Approval	without contrast material	change in seizure pattern or a new seizure.	1 2023 2023
4/1/2023 4/2023 Office Approval without contrast material partern or a new seizure. 70551 Magnetic resonance (eg. proton) imaging, brain (including brain stem); headache,: This study is being ordered for seizures; There has been a change in seizure pattern or a new seizure. 70551 Magnetic resonance (eg. proton) imaging, brain (including brain stem); headache,: This study is being ordered for staging,: This study is being ordered for staging. This study is being ordered for stag						
6/30/2023 4/1/2023 6/30/2023 Other Approval without contrast material pattern or a new seizure. 1 2023 2023 2023 2023 4/1/2023 6/30/2023 Other Approval without contrast material pattern or a new seizure. 1 2023 2023 2023 2023 4/1/2023 6/30/2023 Other Approval without contrast material pattern or a new seizure. 1 2023 2023 2023 2023 2023 2023 2023 20				70551 Magnetic resonance (eg, proton)	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
41/2023 - 41/2023 6/30/2023 Other Approval without contrast material Page 1/2024 (1/2023 6/30/2023 Other Approval Page 2/2023 Oth	4/1/2023 -			imaging, brain (including brain stem);	headache.; This study is being ordered for seizures.; There has been a change in seizure	
41/2023 4/1023 6/30/2023 Other Approval without contrast material maging, brain (including brain stem); headache; This study is being ordered for staging; This study is being ordered for a tumor.; Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Other Approval without contrast material following treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT; This study is being ordered for a known cancer or tumor; This is a request for a Chest CT; This study is being requested for known cancer or tumor; This is a request for a Chest CT; This study is being requested for known cancer or tumor; This study is being requested for known cancer or tumor; This is a request for a Chest CT; This study is being requested for known cancer or tumor; This is a request for a Chest CT; This study is being requested for known cancer or tumor; This study is being requested for known cancer or tumor; This study is being requested for known cancer or tumor; This study is being requested for known cancer or tumor; This study is being requested for known cancer or tumor; This study is being requested for known cancer or tumor; This study is being requested for known cancer or tumor; This study is being requested for known cancer or tumor; This study is being requested for known cancer or tumor; This study is being requested for known cancer or tumor; This study is being requested for known cancer or tumor; This study is being requested for known cancer or tumor; This study is being requested for known cancer or tumor; This study is being requested for known cancer or tumor; This study is being requested for known cancer or tumor; This study is being requested for known cancer or tumor; This study is being requested for known cancer or tumor; This study is being requested for known cancer or tumor; This study is being ordered for none of the above. 41/2003 41/2003 41/2003 6/30/2003 Other Approval without contrast material being ordered for known tumor. 41/2003 41/2003 6/30/2003 Other Approval witho	6/30/2023 4/1/2023	6/30/2023 Other	Approval	without contrast material	pattern or a new seizure.	1 2023 2023
41/2023 4/1023 6/30/2023 Other Approval without contrast material maging, brain (including brain stem); headache; This study is being ordered for staging; This study is being ordered for a tumor.; Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Other Approval without contrast material following treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT; This study is being ordered for a known cancer or tumor; This is a request for a Chest CT; This study is being requested for known cancer or tumor; This is a request for a Chest CT; This study is being requested for known cancer or tumor; This study is being requested for known cancer or tumor; This is a request for a Chest CT; This study is being requested for known cancer or tumor; This is a request for a Chest CT; This study is being requested for known cancer or tumor; This study is being requested for known cancer or tumor; This study is being requested for known cancer or tumor; This study is being requested for known cancer or tumor; This study is being requested for known cancer or tumor; This study is being requested for known cancer or tumor; This study is being requested for known cancer or tumor; This study is being requested for known cancer or tumor; This study is being requested for known cancer or tumor; This study is being requested for known cancer or tumor; This study is being requested for known cancer or tumor; This study is being requested for known cancer or tumor; This study is being requested for known cancer or tumor; This study is being requested for known cancer or tumor; This study is being requested for known cancer or tumor; This study is being requested for known cancer or tumor; This study is being requested for known cancer or tumor; This study is being requested for known cancer or tumor; This study is being ordered for none of the above. 41/2003 41/2003 41/2003 6/30/2003 Other Approval without contrast material being ordered for known tumor. 41/2003 41/2003 6/30/2003 Other Approval witho						
April Apri				- · · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , , ,	
None of the above' describes the reason for this request; Surveillance of a known cancer following treatment is related to this request for imaging of a known cancer or tumor; This study is being requested for known cancer or tumor; This study is being requested for known cancer or tumor; This study is being requested for known cancer or tumor; This study is being requested for known cancer or tumor; This study is being requested for known cancer or tumor; This study is being requested for known cancer or tumor; This study is being requested for known cancer or tumor; This study is being requested for shop a request for a Diagnostic CT on the study is being requested for home of the above describes the reason for this request; This study is being requested for none of the above describes the reason for this request; This study is being requested for none of Apr-Jun 41/2023 and 1/2023 dollar approach without contrast material of the above; Yes this is a request for a Chest CT; This study is being ordered for non of the above. Yes Apr-Jun 41/2023 dollar approach without contrast material this is a request for a Diagnostic CT; This study is being ordered for none of the above. Yes Apr-Jun 41/2023 dollar approach without contrast material this is a request for a Diagnostic CT; This study is being ordered for none of the above. Yes Apr-Jun 41/2023 dollar approach without contrast material being ordered for known tumor. Achest/Thorax CT is being ordered, Yes this is a request for a Diagnostic CT; This study is design ordered for Unresolved cough; A chest x-ray has been completed; The patient has Apr-Jun 41/2023 dollar approach without contrast material being ordered for the cough approach of the cough approach without contrast material for this request, This is a request for a Diagnostic CT. This study is being ordered for Unresolved cough; A chest x-ray has been completed; The patient has Apr-Jun 41/2023 dollar approach without contrast material for this request. This is a request for a Chest CT; Yes this is a reque						
following treatment is related to this request for imaging of a known cancer or tumor; This is Apr-Jun (4)/2023 4/1/2023 6/30/2023 0ther Approval without contrast material and the stream of the above describes the reason for this request, This study is being requested for known cancer or tumor; This is a request for a Chest CT., This study is being requested for known cancer or tumor; This is a request for a Chest CT., This study is being requested for known cancer or tumor; This is a request for a Chest CT., This study is being requested for Apr-Jun (4)/2023 4/1/2023 6/30/2023 0ther Approval without contrast material of the above; Yes this is a request for a Chest CT.; This study is being requested for none of the above; Yes this is a request for a Chest CT.; This study is being requested for none of the above; Yes this is a request for a Chest CT.; This study is being requested for none of the above; Yes this is a request for a Chest CT.; This study is being ordered for none of the above; Yes this is a request for a Chest CT.; This study is being ordered for none of the above; Yes this is a request for a Chest CT.; This study is being ordered for none of the above; Yes this is a request for a Diagnostic CT. This study is being ordered for none of the above. Yes this is a request for a Chest CT.; This study is being ordered for none of the above; Yes this is a request for a Chest CT.; This study is being ordered for none of the above. Yes this is a request for a Chest CT.; This study is being ordered for none of the above; Yes this is a request for a Chest CT.; This study is being ordered for none of the above; Yes this is a request for a Diagnostic CT; This study is being ordered for none of the above; Yes this is a request for a Diagnostic CT; This study is being ordered. Yes this is a request for a Diagnostic CT; This study is being ordered. Yes this is a request for a Chest CT.; Yes this is a request for a Chest CT.; Yes this is a request for a Chest CT.; Yes this is a request for a Chest CT.; Yes this is	6/30/2023 4/1/2023	6/30/2023 Other	Approval	without contrast material		2 2023 2023
4/1/2023 - 4/1/2023 - 6/30/2023 Other Approval without contrast material is a request for a Diagnostic CT in Study is beign requested for known cancer or tumor; Yes this is a facquest for a Diagnostic CT in Study is being requested for known cancer or tumor; Yes this is a request for a Diagnostic CT in Study is being requested for more of the above describes the reason for this request; This study is being requested for none of the above describes the reason for this request; This study is being requested for none of the above; Yes this is a request for a Chest CT.; This study is being requested for none of the above; Yes this is a request for a Diagnostic CT in Study is Deing requested for none of the above; Yes this is a request for a Diagnostic CT in Study is Deing ordered for none of the above; Yes this is a request for a Diagnostic CT; This study is Deing ordered for none of the above; Yes this is a request for a Diagnostic CT; This study is Deing ordered for none of the above; Yes this is a request for a Diagnostic CT; This study is Deing ordered; Yes this is a request for a Diagnostic CT; This study is Deing ordered; Yes this is a request for a Diagnostic CT; This study is Deing ordered; Yes this is a request for a Diagnostic CT; This study is Deing ordered; Yes this is a request for a Diagnostic CT; This study is Deing ordered; Yes this is a request for a Diagnostic CT; This study is Deing ordered; Yes this is a request for a Diagnostic CT; This study is Deing ordered; Yes this is a request for a Diagnostic CT; This study is Deing ordered; Yes this is a request for a Diagnostic CT; This study is Deing ordered; Yes this is a request for a Diagnostic CT; This study is Deing ordered; Yes this is a request for a Diagnostic CT; This study is Deing ordered; Yes this is a request for a Diagnostic CT; This study is Deing ordered; Yes this is a request for a Diagnostic CT; This study is Deing ordered; Yes this is a request for a Diagnostic CT; This study is Deing ordered; Yes this is a request for a Diagnostic C					•	
4/1/2023 6/30/2023 0ther Approval without contrast material is a request for a Diagnostic CT **Topo Computed tomography, thorax; 'none of the above'; Assistis a request for a Chest CT.; This study is being requested for none of the above'; Assistis a request for a Chest CT.; This study is being requested for none of the above'; Assistis a request for a Diagnostic CT **Topo Computed tomography, thorax; 'none of the above'; This is a request for a Diagnostic CT **Topo Computed tomography, thorax; 'none of the above'; This is a request for a Diagnostic CT; This study is being ordered for none of the above; This is a request for a Diagnostic CT; This study is being ordered for none of the above; This is a request for a Diagnostic CT; This study is being ordered for none of the above. 2 2023 2023 **Topo Computed tomography, thorax; 'none of the above'; This is this is a request for a Diagnostic CT; This study is being ordered for none of the above. 2 2023 2023 **Topo Computed tomography, thorax; 'none of the above'; This is the province of the above. 2 2023 2023 **Topo Computed tomography, thorax; 'none of the above'; This is a request for a Diagnostic CT; This study is being ordered for none of the above. 2 2023 2023 **Topo Computed tomography, thorax; 'none of the above'; This is a request for a Diagnostic CT; This study is being ordered for none of the above. 2 2023 2023 **Topo Computed tomography, thorax; 'none of the above'; This is a request for a Diagnostic CT; This study is being ordered for none of the above. 2 2023 2023 **Topo Computed tomography, thorax; 'none of the above'; This is a request for a Diagnostic CT; This study is being ordered for none of the above. 2 2023 2023 **Topo Computed tomography, thorax; 'none of the above'; This is a request for a Diagnostic CT 'none of the above'; This is a request for a Diagnostic CT 'none of the above'; This is a request for a Diagnostic CT 'none of the above'; This is a request for a Diagnostic CT 'none of the above'; This is a request for a Diagnosti	. /. /				The state of the s	
None of the above' describes the reason for this request; This study is being requested for none of the above' describes the reason for this request; This study is being requested for none of the above'. This is a request for a Chest CT.; This study is being requested for none of the above. This is a request for a Chest CT.; This study is being requested for none of the above. This is a request for a Chest CT.; This study is being ordered for none of the above. This is a request for a Chest CT.; This study is being ordered for none of the above. This is a request for a Diagnostic CT. The study is being ordered for none of the above. This is a request for a Diagnostic CT. The study is being ordered for none of the above. This is a request for a Diagnostic CT. The study is being ordered for none of the above. This is a request for a Diagnostic CT. The study is being ordered for none of the above. This is a request for a Diagnostic CT. This study is being ordered for none of the above. This is a request for a Diagnostic CT. This study is being ordered for none of the above. This is a request for a Diagnostic CT. This study is being ordered for none of the above. This is a request for a Diagnostic CT. This study is being ordered for none of the above. This is a request for a Diagnostic CT. This study is being ordered for none of the above. This is a request for a Diagnostic CT. This study is being ordered for none of the above. This is a request for a Diagnostic CT. This study is being ordered for none of the above. This is a request for a Diagnostic CT. This study is being ordered for none of the above. This is a request for a Diagnostic CT. This study is being ordered for none of the above. This is a request for a Diagnostic CT. This study is being ordered for none of the above. This is a request for a Diagnostic CT. This study is being ordered for none of the above. This is a request for a Diagnostic CT. This study is being ordered for none of the above. This is a request for a Diagnostic CT. This study is being	, ,	C/20/2022 Oth	A		· · · · · · · · · · · · · · · · · · ·	
4/1/2023 - 4/1/2023 - 6/30/2023 Other Approval without contrast material of the above*, 'This is a request for a Chest CT.; This study is being requested for none of the above*, 'Se this is a request for a Diagnostic CT and Diag	6/30/2023 4/1/2023	6/30/2023 Other	Approval	without contrast material	·	1 2023 2023
6/30/2023 4/1/2023 6/30/2023 Other Approval without contrast material of the above.; Yes this is a request for a Diagnostic T 1 2023 2023 4/1/2023 4/1/2023 6/30/2023 Other Approval without contrast material this is a request for a Diagnostic CT; This study is being ordered for non of the above. 2 2023 2023 4/1/2023 6/30/2023 Other Approval without contrast material this is a request for a Diagnostic CT; This study is being ordered for non of the above. 2 2023 2023 4/1/2023 6/30/2023 Other Approval without contrast material this is a request for a Diagnostic CT; This study is being ordered for non of the above. 2 2023 2023 4/1/2023 6/30/2023 Other Approval without contrast material this is a request for a Diagnostic CT; This study is Apr-Jun being ordered for known tumor. A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is Apr-Jun being ordered for known tumor. A Chest/Thorax CT is being ordered, is this is a request for a Diagnostic CT; This study is Apr-Jun being ordered for Unresolved cough; A chest x-ray has been completed; The patient has Apr-Jun been treated for the cough 4/1/2023 6/30/2023 Other Approval without contrast material been treated for the cough 5/30/2023 Other Approval without contrast material for this request; This is a request for a Diagnostic CT 1 2023 2023 2023 4/1/2023 6/30/2023 Other Approval without contrast material for this request; This is a request for a Diagnostic CT 1 2023 2023 2023 2023 2023 2023 2023 20	4/4/2022			71250 Committed to management thereon	· · · · · · · · · · · · · · · · · · ·	Amm Ivon
4/1/2023 - 6/30/2023 Other Approval without contrast material this is a request for a Diagnostic CT; The study is being ordered for non of the above.; Yes Apr-Jun 6/30/2023 (4/1/2023 6/30/2023 Other Approval without contrast material this is a request for a Diagnostic CT; The study is being ordered for none of the above. 2 2023 2023 4/1/2023 6/30/2023 Other Approval without contrast material being ordered for known tumor. 1 2023 2023 4/1/2023 6/30/2023 Other Approval without contrast material being ordered for known tumor. 2 2023 4/1/2023 6/30/2023 Other Approval without contrast material being ordered for Unresolved cough; A chest x-ray has been completed; The patient has Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Other Approval without contrast material been treated for the cough 2 2023 2023 4/1/2023 6/30/2023 Other Approval without contrast material been treated for the cough 2 2023 2023 4/1/2023 6/30/2023 Other Approval without contrast material for this request; This is a request for a Diagnostic CT 1 2023 2023 4/1/2023 6/30/2023 Other Approval without contrast material for this request; This is a request for a Diagnostic CT 1 2023 2023 4/1/2023 6/30/2023 Other Approval without contrast material for this request; This is a request for a Diagnostic CT 1 2023 2023 4/1/2023 6/30/2023 Other Approval without contrast material for this request; This is a request for a Diagnostic CT 1 2023 2023 4/1/2023 6/30/2023 Other Approval without contrast material CT; Yes this is a request for a Diagnostic CT 6 2023 2023 4/1/2023 6/30/2023 Other Approval without contrast material CT; Yes this is a request for a Diagnostic CT 6 2023 2023 4/1/2023 6/30/2023 Other Approval without contrast material CT; Yes this is a request for a Diagnostic CT 7 2023 2023 4/1/2023 6/30/2023 Other Approval without contrast material CT; Yes this is a request for a Diagnostic CT 7 2023 2023 4/1/2023 6/30/2023 Other Approval Without contrast material CT; Yes this is a request for a Diagnostic CT 7 2023 2023 4/1/2023 6/30/2023 Other Approval Without cont		6/20/2022 Othor	Approval		the state of the s	•
6/30/2023 4/1/2023 6/30/2023 Other Approval without contrast material this is a request for a Diagnostic CT; The study is being ordered for none of the above. 2 2023 2023 4/1/2023 6/30/2023 Other Approval without contrast material being ordered for known tumor. 1 2023 2023 4/1/2023 6/30/2023 Other Approval without contrast material being ordered for Unresolved cough; A chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Other Approval without contrast material been treated for Unresolved cough; A chest x-ray has been completed; The patient has Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Other Approval without contrast material been treated for the cough 2 2023 2023 2023 2023 4/1/2023 6/30/2023 Other Approval without contrast material for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT 1 2023 2023 4/1/2023 6/30/2023 Other Approval without contrast material for this request.; This is a request for a Chest CT.; Yes this is a request for a Chest C		6/30/2023 Other	Арргочаг		· · · · · · · · · · · · · · · · · · ·	
4/1/2023 - 6/30/2023 Other Aproval without contrast material being ordered for known tumor. A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for known tumor. A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for known tumor. A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for Unresolved cough; A chest x-ray has been completed; The patient has Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Other Approval without contrast material been treated for the cough 2 2023 2023 Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Other Approval without contrast material for this request; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT 1 2023 2023 4/1/2023 6/30/2023 Other Approval without contrast material for this request; This is a request for a Chest CT.; Yes this is a request for a Chest CT.; Yes this is a request for a Chest CT.; Yes this is a request for a Chest CT.; Yes this is a request for a Chest CT.; Yes this is a request for a Chest CT.; Yes this is a request for a Chest CT.; Yes this is a request for a Chest CT.; Yes this is a request for a Chest CT.; Yes this is a request for a Chest CT.; Yes this is a request for a Chest CT.; Yes this is a request for a Chest CT.; Yes this is a request for a Chest CT.; Yes this is a request for a Diagnostic CT 7 2023 2023 4/1/2023 6/30/2023 Other Approval without contrast material CT.; Yes this is a request for a Diagnostic CT 7 2023 2023 4/1/2023 6/30/2023 Other Approval without contrast material CT.; Yes this is a request for a Diagnostic CT 7 2023 2023 4/1/2023 6/30/2023 Other Approval without contrast material CT.; Yes this is a request for a Diagnostic CT 7 2023 2023 4/1/2023 6/30/2023 Other Approval without contrast material CT.; Yes this is a request for a Diagnostic CT 7 2023 2023 4/1/2023 6/30/2023 Other Approval Without contrast material CT.; Yes this is a request for a Diagnostic CT		6/20/2022 Othor	Approval			•
k/30/2023 4/1/2023 6/30/2023 Other Approval without contrast material being ordered for known tumor. 1 2023 2023 A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for Unresolved cough; A chest x-ray has been completed; The patient has Apr-Jun been treated for the cough 2 2023 2023 4/1/2023 6/30/2023 Other Approval without contrast material been treated for the cough 2 2023 2023 4/1/2023 6/30/2023 Other Approval without contrast material for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT 1 2023 2023 4/1/2023 6/30/2023 Other Approval without contrast material for this request.; This is a request for a Diagnostic CT 1 2023 2023 4/1/2023 6/30/2023 Other Approval without contrast material for this request. This is a request for a Diagnostic CT 6 2023 2023 4/1/2023 6/30/2023 Other Approval without contrast material for this is a request for a Diagnostic CT 6 2023 2023 4/1/2023 6/30/2023 Other Approval without contrast material for this is a request for a Diagnostic CT for this request. This is a request for a Diagnostic CT for this request. This is a request for a Diagnostic CT for this request. This is a request for a Diagnostic CT for this request. This is a request for a Diagnostic CT for this request. This is a request for a Diagnostic CT for this request. This is a request for a Diagnostic CT for this request. This is a request for a Diagnostic CT for this request. This is a request for a Diagnostic CT for this request. This is a request for a Diagnostic CT for this request. This is a request for a Diagnostic CT for this request. This is a request for a Diagnostic CT for this request. This is a request for a Diagnostic CT for this request. This is a request for a Diagnostic CT for this request. This is a request for a Diagnostic CT for this request. This is a request for a Diagnostic CT for this request. This is a request for a Diagnostic CT for this request. This is a request for a Diagnostic CT for thi		0/30/2023 Other	Арріочаі			
A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for Unresolved cough; A chest x-ray has been completed; The patient has 6/30/2023 4/1/2023 6/30/2023 Other Approval without contrast material been treated for the cough 2 2023 2023 4/1/2023 6/30/2023 Other Approval without contrast material been treated for the cough 2 2023 2023 4/1/2023 6/30/2023 Other Approval without contrast material for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT 1 2023 2023 4/1/2023 6/30/2023 Other Approval without contrast material for this request.; This is a request for a Chest CT.; Yes this	1. 1	6/30/2023 Other	Annroval	- · · · · · · · · · · · · · · · · · · ·		•
4/1/2023 - 6/30/2023 Other Approval without contrast material been treated for Unresolved cough; A chest x-ray has been completed; The patient has Apr-Jun been treated for the cough 2 2 2023 2023 4/1/2023 6/30/2023 Other Approval without contrast material been treated for the cough 2 2 2023 2023 4/1/2023 4/1/2023 6/30/2023 Other Approval without contrast material for this request; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT 1 2023 2023 4/1/2023 4/1/2023 6/30/2023 Other Approval without contrast material for this request; This is a request for a Chest CT.; Yes this is a request for a Chest CT.; Yes this is a request for a Chest CT.; Yes this is a request for a Chest CT.; Yes this is a request for a Chest CT.; Yes this is a request for a Diagnostic CT 1 2023 2023 4/1/2023 6/30/2023 Other Approval without contrast material CT.; Yes this is a request for a Diagnostic CT 6 2023 2023 4/1/2023 6/30/2023 Other Approval without contrast material CT.; Yes this is a request for a Diagnostic CT 7 2023 2023 4/1/2023 6/30/2023 Other Approval without contrast material CT.; Yes this is a request for a Diagnostic CT 7 2023 2023 4/1/2023 6/30/2023 Other Approval without contrast material CT.; Yes this is a request for a Diagnostic CT 7 2023 2023 4/1/2023 6/30/2023 Other Approval without contrast material CT.; Yes this is a request for a Diagnostic CT 7 2023 2023 4/1/2023 6/30/2023 Other Approval without contrast material CT.; Yes this is a request for a Diagnostic CT 7 2023 2023 4/1/2023 6/30/2023 Other Approval Without contrast material CT.; Yes this is a request for a Diagnostic CT 7 2023 2023 4/1/2023 6/30/2023 Other Approval Without contrast material CT.; Yes this is a request for a Diagnostic CT 7 2023 2023 4/1/2023 6/30/2023 Other Approval Without contrast material CT.; Yes this is a request for a Diagnostic CT 7 2023 2023 4/1/2023 6/30/2023 Other Approval Without contrast material CT.; Yes this is a request for a Diagnostic CT 7 2023 2023 4/1/2023 6/30/2023 Other Approval Wit	1/2/2020	0/00/2020 011101	7.55.010.	Without contrast material	•	1 2020 2020
been treated for the cough Approval without contrast material been treated for the cough Approval without contrast material been treated for the cough Approval without contrast material been treated for the cough Approval without contrast material for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT 1 2023 2023 Approval without contrast material for this request.; This is a request for a Chest CT.; Yes this is a request for a Chest CT	4/1/2023 -			71250 Computed tomography, thorax:		Apr-Jun
4/1/2023 - 4/1/2023 6/30/2023 Other Approval without contrast material for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT 1 2023 2023 4/1/2023 6/30/2023 Other Approval without contrast material for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT 1 2023 2023 4/1/2023 6/30/2023 Other Approval without contrast material CT.; Yes this is a request for a Diagnostic CT 6 2023 2023 4/1/2023 6/30/2023 Other Approval without contrast material CT.; Yes this is a request for a Diagnostic CT 6 2023 2023 4/1/2023 6/30/2023 Other Approval without contrast material CT.; Yes this is a request for a Diagnostic CT 6 2023 2023 4/1/2023 6/30/2023 Other Approval without contrast material CT.; Yes this is a request for a Diagnostic CT 7 2023 2023 4/1/2023 6/30/2023 Other Approval without contrast material CT.; Yes this is a request for a Diagnostic CT 7 2023 2023 4/1/2023 6/30/2023 Other Approval without contrast material CT.; Yes this is a request for a Diagnostic CT 7 2023 2023 4/1/2023 6/30/2023 Other Approval Without contrast material CT.; Yes this is a request for a Diagnostic CT 7 2023 2023 4/1/2023 6/30/2023 Other Approval Without contrast material CT.; Yes this is a request for a Diagnostic CT 7 2023 2023 4/1/2023 6/30/2023 Other Approval Without contrast material CT.; Yes this is a request for a Diagnostic CT 6 2023 2023 4/1/2023 6/30/2023 Other Approval Without contrast material CT.; Yes this is a request for a Diagnostic CT 6 2023 2023 4/1/2023 6/30/2023 Other Approval Without contrast material CT.; Yes this is a request for a Diagnostic CT 7 2023 2023 4/1/2023 6/30/2023 Other Approval Without contrast material CT.; Yes this is a request for a Diagnostic CT 7 2023 2023 4/1/2023 6/30/2023 Other Approval Without contrast material CT.; Yes this is a request for a Diagnostic CT 6 2023 2023 4/1/2023 6/30/2023 Other Approval Without contrast material CT.; Yes this is a request for a Diagnostic CT 6 2023 2023 4/1/2023 6/30/2023 Other Approval		6/30/2023 Other	Approval			·
6/30/2023 4/1/2023 - 6/30/2023 Other Approval without contrast material for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT 1 2023 2023 4/1/2023 - 71250 Computed tomography, thorax; Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT 6 2023 2023 4/1/2023 6/30/2023 Other Approval without contrast material CT.; Yes this is a request for a Diagnostic CT 6 2023 2023 4/1/2023 - 71250 Computed tomography, thorax; Abnormal imaging test describes the reason for this request.; This is a request for a Chest Apr-Jun 6/30/2023 4/1/2023 - 6/30/2023 Other Approval without contrast material CT.; Yes this is a request for a Diagnostic CT 6 2023 2023 Apr-Jun 6/30/2023 4/1/2023 - 71250 Computed tomography, thorax; Abnormal imaging test describes the reason for this request.; This is a request for a Chest Apr-Jun 6/30/2023 4/1/2023 - 71250 Computed tomography, thorax; Abnormal imaging test describes the reason for this request.; This is a request for a Chest Apr-Jun 6/30/2023 4/1/2023 - 71250 Computed tomography, thorax; Abnormal imaging test describes the reason for this request.; This is a request for a Chest Apr-Jun 6/30/2023 4/1/2023 - 71250 Computed tomography, thorax; Abnormal imaging test describes the reason for this request.; This is a request for a Chest Apr-Jun 6/30/2023 4/1/2023 - 71250 Computed tomography, thorax; Abnormal imaging test describes the reason for this request.; This is a request for a Chest Apr-Jun 6/30/2023 4/1/2023 - 71250 Computed tomography, thorax; Abnormal imaging test describes the reason for this request.; This is a request for a Chest Apr-Jun 6/30/2023 4/1/2023 - 71250 Computed tomography, thorax; Abnormal imaging test describes the reason for this request.; This is a request for a Diagnostic CT	,,,,,	.,,	, , ,			
4/1/2023 - 4/1/2023 - 6/30/2023 Other Approval without contrast material CT.; Yes this is a request for a Diagnostic CT 6 2023 2023 4/1/2023 4/1/2023 - 6/30/2023 Other Approval without contrast material CT.; Yes this is a request for a Diagnostic CT 6 2023 2023 4/1/2023 - 71250 Computed tomography, thorax; Abnormal imaging test describes the reason for this request.; This is a request for a Chest Apr-Jun 6/30/2023 0ther Approval without contrast material CT.; Yes this is a request for a Diagnostic CT 7 2023 2023 PT HAD A BONE DENSITY SCAN AND AN EKG, This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation 4/1/2023 - 71250 Computed tomography, thorax; Oncology; This case was created via RadMD.; The primary symptoms began less than 6 Apr-Jun	4/1/2023 -			71250 Computed tomography, thorax;	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason	Apr-Jun
4/1/2023 - 4/1/2023 - 6/30/2023 Other Approval without contrast material CT.; Yes this is a request for a Diagnostic CT 6 2023 2023 4/1/2023 4/1/2023 - 6/30/2023 Other Approval without contrast material CT.; Yes this is a request for a Diagnostic CT 6 2023 2023 4/1/2023 - 71250 Computed tomography, thorax; Abnormal imaging test describes the reason for this request.; This is a request for a Chest Apr-Jun 6/30/2023 0ther Approval without contrast material CT.; Yes this is a request for a Diagnostic CT 7 2023 2023 PT HAD A BONE DENSITY SCAN AND AN EKG, This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation 4/1/2023 - 71250 Computed tomography, thorax; Oncology; This case was created via RadMD.; The primary symptoms began less than 6 Apr-Jun	6/30/2023 4/1/2023	6/30/2023 Other	Approval			•
Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Other Approval without contrast material CT.; Yes this is a request for a Diagnostic CT 7 2023 2023 PT HAD A BONE DENSITY SCAN AND AN EKG; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation 4/1/2023 - 71250 Computed tomography, thorax; Oncology; This case was created via RadMD.; The primary symptoms began less than 6 Apr-Jun	4/1/2023 -					Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Other Approval without contrast material CT.; Yes this is a request for a Diagnostic CT 7 2023 2023 PT HAD A BONE DENSITY SCAN AND AN EKG; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation 4/1/2023 - 71250 Computed tomography, thorax; Oncology; This case was created via RadMD.; The primary symptoms began less than 6 Apr-Jun	6/30/2023 4/1/2023	6/30/2023 Other	Approval	without contrast material	CT.; Yes this is a request for a Diagnostic CT	6 2023 2023
PT HAD A BONE DENSITY SCAN AND AN EKG; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation 4/1/2023 - 71250 Computed tomography, thorax; Oncology; This case was created via RadMD.; The primary symptoms began less than 6 Apr-Jun	4/1/2023 -			71250 Computed tomography, thorax;	Abnormal imaging test describes the reason for this request.; This is a request for a Chest	Apr-Jun
injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation 4/1/2023 - 71250 Computed tomography, thorax; Oncology; This case was created via RadMD.; The primary symptoms began less than 6 Apr-Jun	6/30/2023 4/1/2023	6/30/2023 Other	Approval	without contrast material	CT.; Yes this is a request for a Diagnostic CT	7 2023 2023
NOT Hematologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation 4/1/2023 - 71250 Computed tomography, thorax; Oncology; This case was created via RadMD.; The primary symptoms began less than 6 Apr-Jun					PT HAD A BONE DENSITY SCAN AND AN EKG; This study is being ordered for trauma or	
4/1/2023 - 71250 Computed tomography, thorax; Oncology; This case was created via RadMD.; The primary symptoms began less than 6 Apr-Jun					injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is	
					NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
5/30/2023 4/1/2023 6/30/2023 Other Approval without contrast material months ago; Medications were given for this diagnosis 1 2023 2023	4/1/2023 -				, , , , , ,	
	6/30/2023 4/1/2023	6/30/2023 Other	Approval	without contrast material	months ago; Medications were given for this diagnosis	1 2023 2023

There is no radiologic evidence of asbestosis.; "There is no radiologic evidence o	
sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of	_
abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. bl	_
disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia	
after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.;	Yes this is a
4/1/2023 - 71250 Computed tomography, thorax; request for a Diagnostic CT; This study is being ordered for known or suspected	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Other Approval without contrast material inflammatory disease or pneumonia.	1 2023 2023
There is no radiologic evidence of mediastinal widening.; There is not a known in	nflammatory
disease.; There is not a known tumor.; There is known vascular disease.; A Chest	:/Thorax CT
is being ordered.; The patient is NOT having an operation on the chest or lungs.;	This study is
4/1/2023 - 71250 Computed tomography, thorax; being ordered for a pre-operative evaluation.; Yes this is a request for a Diagnos	tic CT ; The Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Other Approval without contrast material study is being ordered for none of the above.	1 2023 2023
There is radiologic evidence of non-resolving pneumonia for 6 weeks after antib	iotic
treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a req	uest for a
4/1/2023 - 71250 Computed tomography, thorax; Diagnostic CT; This study is being ordered for known or suspected inflammatory	/ disease or Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Other Approval without contrast material pneumonia.	1 2023 2023
They did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; \	res this is a
request for a Diagnostic CT; This study is being ordered for work-up for suspicio	
4/1/2023 - 71250 Computed tomography, thorax; There is radiographic evidence of lung, mediastinal mass, or physical evidence o	
6/30/2023 4/1/2023 6/30/2023 Other Approval without contrast material mass noted in the last 90 days	1 2023 2023
They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; Yes this is	
for a Diagnostic CT; This study is being ordered for work-up for suspicious mass	
4/1/2023 - 71250 Computed tomography, thorax; radiographic evidence of lung, mediastinal mass, or physical evidence of chest w	
6/30/2023 4/1/2023 6/30/2023 Other Approval without contrast material noted in the last 90 days	3 2023 2023
This study is being ordered for a metastatic disease.; The ordering MDs specialty	
4/1/2023 - 71250 Computed tomography, thorax; Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radi	
6/30/2023 4/1/2023 6/30/2023 Other Approval without contrast material Oncology; This case was created via BBI.	1 2023 2023
4/1/2023 - 71250 Computed tomography, thorax; Unexplained weight loss describes the reason for this request.; This is a request	
6/30/2023 4/1/2023 6/30/2023 Other Approval without contrast material CT; yes this is a request for a Diagnostic CT	1 2023 2023
This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NO	
Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.	
is between 50 and 80 years old.; This patient is a smoker or has a history of smol	
patient has a 20 pack per year history of smoking.; The patient is NOT presenting	
pulmonary signs or symptoms of lung cancer nor are there other diagnostic test	
71271 Computed tomography, thorax, of lung cancer.; Patients who have stopped smoking 15 or more years ago do no	
4/1/2023 - low dose for lung cancer screening, criteria for lung cancer screening; The patient quit smoking 15 or more years ago do no	
	1 2023 2023
6/30/2023 4/1/2023 6/30/2023 Other Approval without contrast material(s) health carrier is NOT Virginia Premier Health Plan This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NO	
Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.	
is between 50 and 80 years old.; This patient is a smoker or has a history of smol	•
patient has a 20 pack per year history of smoking.; The patient is NOT presenting	[*]
71271 Computed tomography, thorax, pulmonary signs or symptoms of lung cancer nor are there other diagnostic test	
4/1/2023 - low dose for lung cancer screening, of lung cancer.; The patient has not quit smoking.; The health carrier is NOT Virg	•
6/30/2023 4/1/2023 6/30/2023 Other Approval without contrast material(s) Health Plan	14 2023 2023
This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NO	
Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.	' '
is between 50 and 80 years old.; This patient is a smoker or has a history of smol	
patient has a 20 pack per year history of smoking.; The patient is NOT presenting	
71271 Computed tomography, thorax, pulmonary signs or symptoms of lung cancer nor are there other diagnostic test	
4/1/2023 - low dose for lung cancer screening, of lung cancer.; The patient quit smoking less than 15 years ago.; The health carr	·
6/30/2023 4/1/2023 6/30/2023 Other Approval without contrast material(s) Virginia Premier Health Plan	2 2023 2023

					At last visit, patient reports chest pain that had been intermittent for about 2 years. Nuclear stress testing showed no reversible ischemia with LVEF of 61%. Today, patient reports	
				71275 Computed tomographic	episodes of sharp stabbing pain between shoulder blades that occurs with; This study is not	
				angiography, chest (noncoronary), with	requested to evaluate suspected pulmonary embolus.; This study will not be performed in	
				contrast material(s), including	conjunction with a Chest CT.; This study is being ordered for another reason besides Known	
4/1/2023 -				noncontrast images, if performed, and	or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a	Apr-Jun
6/30/2023 4/1/2	2023	6/30/2023 Other	Approval	image postprocessing	request for a Chest CT Angiography.	1 2023 2023
0,00,2020 1,2,2		-,,		go postprocessing	104 - 100 -	
				71275 Computed tomographic	Mildly enlarged aortic root measuring 4.1 cm in diameter, yearly follow up; This study is not	
				angiography, chest (noncoronary), with	requested to evaluate suspected pulmonary embolus.; This study will not be performed in	
				contrast material(s), including	conjunction with a Chest CT.; This study is being ordered for another reason besides Known	
4/1/2023 -				noncontrast images, if performed, and	or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a	Apr-Jun
6/30/2023 4/1/2	2023	6/30/2023 Other	Approval	image postprocessing	request for a Chest CT Angiography.	1 2023 2023
				71275 Computed tomographic		
				angiography, chest (noncoronary), with		
				contrast material(s), including		
4/1/2023 -				noncontrast images, if performed, and	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for	Apr-Jun
6/30/2023 4/1/2	2023	6/30/2023 Other	Approval	image postprocessing	a Chest CT Angiography.	2 2023 2023
				71550 Magnetic resonance (eg, proton)		
				imaging, chest (eg, for evaluation of	Patient has swelling over her chest that is apparent when she stands. Xray and ultrasound is	
				hilar and mediastinal	negative/normal. Patient needs further testing; This study is being ordered for a work-up of	
4/1/2023 -				lymphadenopathy); without contrast	a suspicious mass.; There is no radiographic or physical evidence of a lung or chest mass.;	Apr-Jun
6/30/2023 4/1/2	2023	6/30/2023 Other	Approval	material(s)	This is a request for a chest MRI.	1 2023 2023
					; This study is being ordered for something other than: known trauma or injury, metastatic	
					disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
					vascular disease.; There has been treatment or conservative therapy.; The ordering MDs	
4/4/2022				72425 Committed to manually and test	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	A 1
4/1/2023 - 6/30/2023 4/1/2	2022	6/30/2023 Other	Approval	72125 Computed tomography, cervical spine; without contrast material	Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
0/30/2023 4/1/2	2025	6/30/2023 Other	Арргочаг	spine, without contrast material	months to 1 year, Medications were given for this diagnosis	1 2023 2023
4/1/2023 -				72125 Computed tomography, cervical	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is	Apr-Jun
6/30/2023 4/1/2	2023	6/30/2023 Other	Approval	spine; without contrast material	no reason why the patient cannot have a Cervical Spine MRI.	1 2023 2023
0/30/2023 4/1/2	2023	0/30/2023 Other	приста	Spirie, without contrast material	no reason why the patient cumot have a cervical spine with.	1 2025 2025
4/1/2023 -				72128 Computed tomography, thoracic	; This is a request for a thoracic spine CT.; There is no reason why the patient cannot	Apr-Jun
6/30/2023 4/1/2	2023	6/30/2023 Other	Approval	spine; without contrast material	undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		.,,		,	; This study is being ordered for something other than: known trauma or injury, metastatic	
					disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
					vascular disease.; There has been treatment or conservative therapy.; The ordering MDs	
					specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
4/1/2023 -				72128 Computed tomography, thoracic	Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6	Apr-Jun
6/30/2023 4/1/2	2023	6/30/2023 Other	Approval	spine; without contrast material	months to 1 year; Medications were given for this diagnosis	1 2023 2023
					PT HAD A BONE DENSITY SCAN AND AN EKG; This study is being ordered for trauma or	
					injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is	
					NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -				72128 Computed tomography, thoracic	Oncology; This case was created via RadMD.; The primary symptoms began less than 6	Apr-Jun
6/30/2023 4/1/2	2023	6/30/2023 Other	Approval	spine; without contrast material	months ago; Medications were given for this diagnosis	1 2023 2023
					This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have	
					new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.;	
					The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is	
4/1/2023 -				72131 Computed tomography, lumbar	no weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.;	Apr-Jun
6/30/2023 4/1/2	2023	6/30/2023 Other	Approval	spine; without contrast material	Yes this is a request for a Diagnostic CT	1 2023 2023

				This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have	
				new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.;	
				The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is	
				reflex abnormality.; pain with lumbar extension, left reflection and right causes pain.	
4/1/2023 -			72131 Computed tomography, lumbar	bilateral joint causes paint, tenderness on both sides of I3-s1; There is not x-ray evidence of	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	spine; without contrast material	a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2023 2023
				This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have	
				new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.;	
				The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is	
				weakness.; The patients gait appears to be asymmetric and abnormal. The patient was	
4/1/2023 -			72131 Computed tomography, lumbar	unable to do heel walk.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	spine; without contrast material	request for a Diagnostic CT	1 2023 2023
				This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not	
				have new or changing neurologic signs or symptoms.; The patient has had back pain for over	
				4 weeks.; The patient has seen the doctor more then once for these symptoms.; The	
				physician has directed conservative treatment for the past 6 weeks.; The patient has not	
				completed 6 weeks of physical therapy?; The patient has been treated with medication.; The	
				patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of	
				Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.;	
				The home treatment did include exercise, prescription medication and follow-up office	
4/1/2023 -			72131 Computed tomography, lumbar	visits.; patient has been doing back, hip, and SI stretches twice a day for over 3 months; Yes	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	spine; without contrast material	this is a request for a Diagnostic CT	1 2023 2023
				This is a request for a lumbar spine CT.; Neurological deficits; The patient does have new or	
				changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The	
4/1/2023 -			72131 Computed tomography, lumbar	patient does have new signs or symptoms of bladder or bowel dysfunction.; Yes this is a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	spine; without contrast material	request for a Diagnostic CT	1 2023 2023
				Lomax, Nathan presents for Chronic Pain Lower Back Pain, Mid Back Pain, Neck Pain	
				evaluation and;management. He is an established patient. He complains of exacerbation of	
				Chronic Pain for more than six; weeks, not being managed with activity modification; There	
			72141 Magnetic resonance (eg, proton)	has been treatment or conservative therapy.; This case was created via RadMD.; This study is	
4/1/2023 -			imaging, spinal canal and contents,	being ordered for Neurological Disorder; The primary symptoms began more than 1 year	Apr-Jun
	6/30/2023 Other	Approval	cervical; without contrast material	ago; Medications were given for this diagnosis	1 2023 2023
., ., ., ., ., .,	.,,			Physical Examination; Constitutional: The patient is appropriate-looking for stated age.	
				Caucasian female in no acute distress.; Neurology - Mental Status: The patient is oriented to	
				person, place and time. Both recent and remote memory;appears to be nor; There has been	
			72141 Magnetic resonance (eg, proton)	treatment or conservative therapy.; This case was created via RadMD.; This study is being	
4/1/2023 -			imaging, spinal canal and contents,	ordered for Other; The primary symptoms began more than 1 year ago; Medications were	Apr-Jun
' '	6/30/2023 Other	Approval	cervical; without contrast material	given for this diagnosis	1 2023 2023
0,00,2020 1,1,2020	0,00,2020 01.10.	7.pp. 0 tu:	cerrical, menoar contract material	given for this diagnosis	1 2023 2023
			72141 Magnetic resonance (eg, proton)	There has been treatment or conservative therapy.; This case was created via BBI.; This study	
4/1/2023 -			imaging, spinal canal and contents,	is being ordered for Other; The primary symptoms began less than 6 months ago;	Apr-Jun
	6/30/2023 Other	Approval	cervical; without contrast material	Medications were given for this diagnosis	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Other	Approvai	cervical, without contrast material	They report continued chronic;pain limiting daily function and enjoyment of life.;The patient	1 2023 2023
				complains of pain in lower back, in left;knee, in shoulder and in shoulder. The patient has	
				been experiencing this pain for; more than 10 years. She reports s; There has been treatment	
			72141 Magnetic resonance (eg, proton)	or conservative therapy.; This case was created via RadMD.; This study is being ordered for	
4/1/2023 -			imaging, spinal canal and contents,	Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed	Apr-Jun
	6/20/2022 Othor	Annroyal			· ·
6/30/2023 4/1/2023	6/30/2023 Other	Approval	cervical; without contrast material	for this diagnosis	1 2023 2023
			721.41 Magnetic reconance (eg. proton)	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic	
4/1/2022			72141 Magnetic resonance (eg, proton)		A mar laws
4/1/2023 -	6/20/2022 0+6	Annrous	imaging, spinal canal and contents,	deficits; This is a Medicare member.; The patient has Dermatomal sensory changes on	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	cervical; without contrast material	physical examination	1 2023 2023
			721.41 Magnetic recommend (or muchan)		
4/1/2022			72141 Magnetic resonance (eg, proton)	This is a year each far against a line MDI. The years for any later this house is Normale.	A 1
4/1/2023 -	C/20/2022 Other	A	imaging, spinal canal and contents,	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	cervical; without contrast material	deficits; This is a Medicare member.; The patient has Focal upper extremity weakness	1 2023 2023

			72141 Magnetic resonance (eg, proton)		
4/1/2023 -			imaging, spinal canal and contents,	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval			2 2023 2023
6/30/2023 4/1/2023	6/30/2023 Other	Approval	cervical; without contrast material	deficits; This is a Medicare member.; The patient has Focal upper extremity weakness	2 2023 2023
			72141 Magnetic resonance (eg, proton)		
4/1/2023 -			imaging, spinal canal and contents,	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic	Apr-Jun
	C/20/2022 Other	A			
6/30/2023 4/1/2023	6/30/2023 Other	Approval	cervical; without contrast material	deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1 2023 2023
			721.41 Magnetic reconces (eq. mater)	This is a various few consists only a NADI. This proceedings is being various and few Character /	
4/1/2022			72141 Magnetic resonance (eg, proton)	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	A 1
4/1/2023 -	C/20/2022 Oth	A	imaging, spinal canal and contents,	longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	cervical; without contrast material	other significant abnormality involving the cervical spine; This is NOT a Medicare member.	1 2023 2023
. /. /			72141 Magnetic resonance (eg, proton)	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	
4/1/2023 -	- / /		imaging, spinal canal and contents,	longstanding neck pain; The patient has a neurological deficit; The patient has None of the	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	cervical; without contrast material	above	1 2023 2023
			72141 Magnetic resonance (eg, proton)	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	
4/1/2023 -			imaging, spinal canal and contents,	longstanding neck pain; The patient has a neurological deficit; This is a Medicare member.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	cervical; without contrast material	The patient has Dermatomal sensory changes on physical examination	1 2023 2023
			72141 Magnetic resonance (eg, proton)	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	
4/1/2023 -			imaging, spinal canal and contents,	longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	cervical; without contrast material	member.; The patient has Abnormal Reflexes	1 2023 2023
			72141 Magnetic resonance (eg, proton)	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	
4/1/2023 -			imaging, spinal canal and contents,	longstanding neck pain; The patient has been treated with a facet joint or epidural injection	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	cervical; without contrast material	within the past 6 weeks	1 2023 2023
				This is a request for cervical spine MRI; This procedure is being requested for Chronic /	
			72141 Magnetic resonance (eg, proton)	longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or	
4/1/2023 -			imaging, spinal canal and contents,	failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	cervical; without contrast material	Medicare member.	2 2023 2023
				This is a request for cervical spine MRI; This procedure is being requested for Chronic /	
			72141 Magnetic resonance (eg, proton)	longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or	
4/1/2023 -			imaging, spinal canal and contents,	failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	cervical; without contrast material	NOT a Medicare member.	4 2023 2023
			72146 Magnetic resonance (eg, proton)	; There has been treatment or conservative therapy.; This case was created via RadMD.; This	
4/1/2023 -			imaging, spinal canal and contents,	study is being ordered for Other; The primary symptoms began more than 1 year ago;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	thoracic; without contrast material	Physical Therapy was completed for this diagnosis	1 2023 2023
				Lomax, Nathan presents for Chronic Pain Lower Back Pain, Mid Back Pain, Neck Pain	
				evaluation and; management. He is an established patient. He complains of exacerbation of	
				Chronic Pain for more than six; weeks, not being managed with activity modification; There	
			72146 Magnetic resonance (eg, proton)	has been treatment or conservative therapy.; This case was created via RadMD.; This study is	
4/1/2023 -			imaging, spinal canal and contents,	being ordered for Neurological Disorder; The primary symptoms began more than 1 year	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	thoracic; without contrast material	ago; Medications were given for this diagnosis	1 2023 2023
1, 11, 2020 1, 2, 2020	2,30,2020 00101	, ipp. 0 101		This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic	1 2020 2020
				back pain; The patient does have new or changing neurologic signs or symptoms.; The	
			72146 Magnetic resonance (eg, proton)	patient does not have a new foot drop.; The patient does not have new signs or symptoms of	
4/1/2023 -			imaging, spinal canal and contents,	bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	thoracic: without contrast material	weakness.; see clinicals	1 2023 2023
0,30,2023 4,1,2023	5/30/2023 Otilel	Approval	anoracie, without contrast material	weakiness, see cillicals	1 2023 2023

				This is a request for a thoracic spine MRI.; This study is being ordered for Follow-up to	
				Surgery or Fracture within the last 6 months; The patient does have new or changing	
				neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does	
				not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence	
			72146 Magnetic resonance (eg, proton)	of a thoracic spine fracture.; There is weakness.; ; The patient been not been seen by or is	
4/1/2023 -			imaging, spinal canal and contents,	not the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.; There	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	thoracic; without contrast material	has not been a recurrence of symptoms following surgery.	1 2023 2023
			72148 Magnetic resonance (eg, proton)	; There has been treatment or conservative therapy.; This case was created via RadMD.; This	
4/1/2023 -			imaging, spinal canal and contents,	study is being ordered for Other; The primary symptoms began more than 1 year ago;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	lumbar; without contrast material	Physical Therapy was completed for this diagnosis	1 2023 2023
				chronic low back pain, Chronic right shoulder pain; This study is being ordered for trauma or	
				injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is	
			72148 Magnetic resonance (eg, proton)	NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -			imaging, spinal canal and contents,	Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	lumbar; without contrast material	year; Physical Therapy was completed for this diagnosis	1 2023 2023
				Lomax, Nathan presents for Chronic Pain Lower Back Pain, Mid Back Pain, Neck Pain	
				evaluation and; management. He is an established patient. He complains of exacerbation of	
				Chronic Pain for more than six; weeks, not being managed with activity modification; There	
			72148 Magnetic resonance (eg, proton)	has been treatment or conservative therapy.; This case was created via RadMD.; This study is	
4/1/2023 -			imaging, spinal canal and contents,	being ordered for Neurological Disorder; The primary symptoms began more than 1 year	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	lumbar; without contrast material	ago; Medications were given for this diagnosis	1 2023 2023
				Physical Examination; Constitutional: The patient is appropriate-looking for stated age.	
				Caucasian female in no acute distress.; Neurology - Mental Status: The patient is oriented to	
				person, place and time. Both recent and remote memory; appears to be nor; There has been	
			72148 Magnetic resonance (eg, proton)	treatment or conservative therapy.; This case was created via RadMD.; This study is being	
4/1/2023 -			imaging, spinal canal and contents,	ordered for Other; The primary symptoms began more than 1 year ago; Medications were	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	lumbar; without contrast material	given for this diagnosis	1 2023 2023
			72148 Magnetic resonance (eg, proton)		
4/1/2023 -			imaging, spinal canal and contents,	The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	lumbar; without contrast material	back pain.; This study is being requested for None of the above	1 2023 2023
			72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic	
4/1/2023 -			imaging, spinal canal and contents,	back pain.; This study is being requested for Follow-up to surgery or fracture within the last 6	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	lumbar; without contrast material	months	5 2023 2023
			72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic	
4/1/2023 -			imaging, spinal canal and contents,	back pain.; This study is being requested for Follow-up to surgery or fracture within the last 6	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	lumbar; without contrast material	months	6 2023 2023
			72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic	
4/1/2023 -			imaging, spinal canal and contents,	back pain.; This study is being requested for Known or suspected tumor with or without	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	lumbar; without contrast material	metastasis	2 2023 2023
			72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -			imaging, spinal canal and contents,	This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	lumbar; without contrast material	Other	7 2023 2023
, , , , , , ,			,		
			72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -			imaging, spinal canal and contents,	This study is being requested for 6 weeks of completed conservative care in the past 6	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	lumbar; without contrast material	months	18 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-,,-520 00.01		and the second s		
			72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -			imaging, spinal canal and contents,	This study is being requested for an Abnormal x-ray indicating a complex fracture or severe	Apr-Jun
., _, _ = = = = = = = = = = = = = = = = =			00, 5pa. canarana ana contento,	I I I I I I I I I I I I I I I I I	, .p. Juli
6/30/2023 4/1/2023	6/30/2023 Other	Approval	lumbar; without contrast material	anatomic derangement of the lumbar spine; This is NOT a Medicare member.	1 2023 2023

			72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -			imaging, spinal canal and contents,	This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	lumbar; without contrast material	The patient has Dermatomal sensory changes on physical examination	1 2023 2023
. /. /2022			72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -	C/20/2022 Other	Ammanal	imaging, spinal canal and contents,	This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	lumbar; without contrast material	The patient has Focal extremity weakness	2 2023 2023
			72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -			imaging, spinal canal and contents,	This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	lumbar; without contrast material	The patient has New symptoms of bowel or bladder dysfunction	2 2023 2023
			72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -			imaging, spinal canal and contents,	This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	lumbar; without contrast material	The patient has New symptoms of paresthesia evaluated by a neurologist	1 2023 2023
			72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -			imaging, spinal canal and contents,	This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	lumbar; without contrast material	The patient has Physical exam findings consistent with myelopathy	1 2023 2023
	, ,		·		
			72148 Magnetic resonance (eg, proton)		
4/1/2023 -			imaging, spinal canal and contents,	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	lumbar; without contrast material	This study is being requested for None of the above	1 2023 2023
			724.40.14	The standard section of the Lambar Color MADI. This construction of the DDI. Madienting	
4/1/2023 -			72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; Medications have been taken for the patient's back pain; The procedure is being ordered for acute or	Anr lun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	imaging, spinal canal and contents, lumbar; without contrast material	chronic back pain	Apr-Jun 1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Other	Арргочаг	idilibal, without contrast material	Chi Onic Dack pain	1 2023 2023
			72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; A	
4/1/2023 -			imaging, spinal canal and contents,	Physician supervised home exercise program has been completed for the patient's back	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	lumbar; without contrast material	pain; The procedure is being ordered for acute or chronic back pain	1 2023 2023
. /. /2022			72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree;	
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Other	Ammanual	imaging, spinal canal and contents, lumbar; without contrast material	Medications have been taken for the patient's back pain; The procedure is being ordered for	Apr-Jun 5 2023 2023
6/30/2023 4/1/2023	6/30/2023 Other	Approval	lumbar; without contrast material	acute or chronic back pain	5 2023 2023
			72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree;	
4/1/2023 -			imaging, spinal canal and contents,	Physical therapy has been completed for the patient's back pain; The procedure is being	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	lumbar; without contrast material	ordered for acute or chronic back pain	6 2023 2023
			72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; The	
4/1/2023 -	s /20 /2022 . O./		imaging, spinal canal and contents,	patient had an Abnormal EMG (Electromyography); This procedure is NOT being ordered for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	lumbar; without contrast material	acute or chronic back pain	1 2023 2023
			72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; The	
4/1/2023 -			imaging, spinal canal and contents,	patient has Physical exam findings consistent with myelopathy; This procedure is NOT being	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	lumbar; without contrast material	ordered for acute or chronic back pain	2 2023 2023
			·	·	
			72148 Magnetic resonance (eg, proton)	There has been treatment or conservative therapy.; This case was created via BBI.; This study	
4/1/2023 -			imaging, spinal canal and contents,	is being ordered for Other; The primary symptoms began less than 6 months ago;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	lumbar; without contrast material	Medications were given for this diagnosis	1 2023 2023

				They report continued chronic; pain limiting daily function and enjoyment of life.; The patient	
				complains of pain in lower back, in left;knee, in shoulder and in shoulder. The patient has	
				been experiencing this pain for; more than 10 years. She reports s; There has been treatment	
			72148 Magnetic resonance (eg, proton)	or conservative therapy.; This case was created via RadMD.; This study is being ordered for	
4/1/2023 -			imaging, spinal canal and contents,	Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	lumbar; without contrast material	for this diagnosis	1 2023 2023
				eft SI injection with local anesthetics only and consider SI fusion if patient has more than	
				80% pain relief.;Patient already had SI injections x 2 with more than 80% pain relief for the	
				duration of the local anesthetics but; steroids only provided 1 wee; There is not a known	
				tumor.; This study is being ordered as pre-operative evaluation.; "The ordering physician is	
				an oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on	
				behalf of a specialist who has seen the patient."; There is NO known pelvic infection.; This is	
4/1/2023 -			72192 Computed tomography, pelvis;	a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT; The surgery being	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	without contrast material	considered is NOT a hip replacement surgery.	1 2023 2023
				surgical evaluation of left hip reconstruction due to cerebral palsy and left hip subluxation;	
				• • • • • • • • • • • • • • • • • • • •	
				There is not a known tumor.; This study is being ordered as pre-operative evaluation.; "The	
				ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or	
				PCP ordering on behalf of a specialist who has seen the patient."; There is NO known pelvic	
4/1/2023 -	- / /		72192 Computed tomography, pelvis;	infection.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	without contrast material	surgery being considered is NOT a hip replacement surgery.	1 2023 2023
				This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The	
				ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or	
4/1/2023 -			72192 Computed tomography, pelvis;	PCP ordering on behalf of a specialist who has seen the patient."; This study is being ordered	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	without contrast material	for initial staging.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Other	прргочи	Without contrast material	ct requested by neurosurgeon; This is a request for a Pelvis MRI.; The study is being ordered	1 2025 2025
			72196 Magnetic resonance (eg, proton)	for joint pain or suspicion of joint or bone infection.; The study is being ordered for	
4/1/2023 -			imaging, pelvis; with contrast	something other than arthritis, slipped femoral capital epiphysis, bilateral hip avascular	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	material(s)	necrosis, osteomylitis or tail bone pain or injury.	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Other	прргочи	72196 Magnetic resonance (eg, proton)	necrosis, oscernymas or can bone pain or injury.	1 2025 2025
4/1/2023 -			imaging, pelvis; with contrast	The patient is female.; Persistent pain best describes the reason for this procedure; An	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	material(s)	ultrasound is the only has been previously conducted.; The pain is in the Lower abdomen	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Other	Арргочаг	72196 Magnetic resonance (eg, proton)	dictasound is the only has been previously conducted., The paints in the Lower abdomen	1 2023 2023
4/1/2023 -			imaging, pelvis; with contrast	The patient is female.; Persistent pain best describes the reason for this procedure; The pain	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	material(s)	is best described as other not listed	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Other	Арргочаг	material(s)	This is a request for a Pelvis MRI.; The study is being ordered for suspicion of tumor, mass,	1 2023 2023
			72196 Magnetic resonance (eg, proton)	neoplasm, or metastatic disease.; An abnormality was found in the ovary.; A tumor or mass	
4/1/2023 -			imaging, pelvis; with contrast	was noted on previous imaging.; The patient had previous abnormal imaging including a CT,	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	material(s)	MRI or Ultrasound.	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Other	Approvai	material(s)	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.;	1 2023 2023
4/1/2023 -			72200 Computed tomography upper	There is a history of upper extremity joint or long bone trauma or injury.; Yes this is a	Ane line
1 ' '	6/20/2022 0+5	Annroyal	73200 Computed tomography, upper	, , , , , , , , , , , , , , , , , , , ,	Apr-Jun 1 2023 2023
6/30/2023 4/1/2023	6/30/2023 Other	Approval	extremity; without contrast material	request for a Diagnostic CT	1 2023 2023
			73220 Magnetic resonance (eg, proton)		
			imaging, upper extremity, other than		
4/4/2022			joint; without contrast material(s),	The country of the co	
4/1/2023 -	C/20/2022 OF		followed by contrast material(s) and	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	further sequences	postoperative evaluation.	2 2023 2023
			73220 Magnetic resonance (eg, proton)		
			imaging, upper extremity, other than		
			joint; without contrast material(s),	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent	
4/1/2023 -			followed by contrast material(s) and	postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	further sequences	metastasis.; There is suspicion of upper extremity bone or soft tissue infection.	1 2023 2023

				chronic low back pain, Chronic right shoulder pain; This study is being ordered for trauma or	
				injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is	
			73221 Magnetic resonance (eg, proton)	NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -			imaging, any joint of upper extremity;	Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	without contrast material(s)	year; Physical Therapy was completed for this diagnosis	1 2023 2023
				Patient was seen and examined in clinic today. Due to her previous rotator cuff history as	
				well as her severe limitations. She is presenting with signs of rotator cuff tear versus	
				atrophy. She is also presenting with a signs of a frozen shoulder of the le; This study is being	
				ordered for trauma or injury.; There has been treatment or conservative therapy.; The	
			73221 Magnetic resonance (eg, proton)	ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,	
4/1/2023 -			imaging, any joint of upper extremity;	Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	without contrast material(s)	symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	2 2023 2023
				The requested study is a Shoulder MRI.; It is not known if the study is requested for shoulder	
			73221 Magnetic resonance (eg, proton)	pain.; This study is being ordered for something other than recent injury, planned surgery,	
4/1/2023 -			imaging, any joint of upper extremity;	mass, tumor or cancer, joint infection/inflammation, post operative evaluation, or aseptic	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	without contrast material(s)	necrosis	1 2023 2023
				The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	
				described as chronic; The physician has directed conservative treatment for the past 4	
				weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been	
			73221 Magnetic resonance (eg, proton)	treated with medication.; The patient has not completed 4 weeks or more of Chiropractic	
4/1/2023 -			imaging, any joint of upper extremity;	care.; The physician has not directed a home exercise program for at least 4 weeks.; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	without contrast material(s)	patient received oral analgesics.	1 2023 2023
				The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	
				described as chronic; The physician has directed conservative treatment for the past 4	
				weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has not	
			73221 Magnetic resonance (eg, proton)	been treated with medication.; The patient has not completed 4 weeks or more of	
4/1/2023 -			imaging, any joint of upper extremity;	Chiropractic care.; The physician has not directed a home exercise program for at least 4	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	without contrast material(s)	weeks.	1 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,		(-)		
			73221 Magnetic resonance (eg, proton)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a	
4/1/2023 -			imaging, any joint of upper extremity;	recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	without contrast material(s)	Surgery or arthrscopy is not scheduled in the next 4 weeks.	1 2023 2023
0,00,2020	0,00,2020 0	7.pp.o.u.	without contrast material(s)	surgery or distinscopy is not some during ment. I receive	1 2020 2020
			73221 Magnetic resonance (eg, proton)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a	
4/1/2023 -			imaging, any joint of upper extremity;	recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	without contrast material(s)	Surgery or arthrscopy is scheduled in the next 4 weeks.; This is a Medicare member.	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Other	прргочи	without contrast material(s)	Surgery of artifiscopy is seriedated in the flexe 4 weeks., This is a medicare member.	1 2023 2023
			73221 Magnetic resonance (eg, proton)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a	
4/1/2023 -			imaging, any joint of upper extremity;	recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	without contrast material(s)	Surgery or arthrscopy is scheduled in the next 4 weeks.; This is NOT a Medicare member.	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Other	Approvai	without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a	1 2023 2023
			73221 Magnetic resonance (eg, proton)	recent injury.; There is not a suspicion of tendon, ligament, rotator cuff injury or labral tear.;	
4/1/2023 -					Apr lin
6/30/2023 4/1/2023	6/20/2022 Othor	Approval	imaging, any joint of upper extremity;	Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is not a suspicion of	Apr-Jun 1 2023 2023
6/30/2023 4/1/2023	6/30/2023 Other	Approval	without contrast material(s)	fracture not adequately determined by x-ray.	1 2023 2023
			72221 Magnetic recorded (as auston)	The requested study is a Chaulder MDL. The request is fear shoulder pain. The astrony	
4/1/2022			73221 Magnetic resonance (eg, proton)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from	A 1
4/1/2023 -	6/20/2022 011		imaging, any joint of upper extremity;	an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	without contrast material(s)	patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	1 2023 2023
			70004.4	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from	
. /. /			73221 Magnetic resonance (eg, proton)	an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The	
4/1/2023 -			imaging, any joint of upper extremity;	patient has not completed 4 weeks of physical therapy?; The patient has been treated with	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	without contrast material(s)	medication.; The patient recevied joint injection(s).	1 2023 2023
			73221 Magnetic resonance (eg, proton)		
4/1/2023 -			imaging, any joint of upper extremity;	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	without contrast material(s)	an old injury.; The physician has not directed conservative treatment for the past 4 weeks.	1 2023 2023

			73221 Magnetic resonance (eg, proton)	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; There	
4/1/2023 -			imaging, any joint of upper extremity;	is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthrscopy is	Apr-Jur
6/30/2023 4/1/2023	6/30/2023 Other	Approval	without contrast material(s)	not scheduled in the next 4 weeks.; The member has a recent injury.	1 2023 2023
				This is a request for a foot CT.; "There is not a history (within the past six weeks) of	
				significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.;	
				There is a history of new onset of severe pain in the foot within the last two weeks.; The	
4/1/2023 -			73700 Computed tomography, lower	patient has an abnormal plain film study of the foot other than arthritis.; The patient has a	Apr-Ju
6/30/2023 4/1/2023	6/30/2023 Other	Approval	extremity; without contrast material	documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1 2023 2023
				This is a request for an Ankle CT.; Yes this is a request for a Diagnostic CT; There a history of	
				significant trauma, dislocation, or injury to the ankle within the last 6 weeks; There is not a	
4/1/2023 -			73700 Computed tomography, lower	suspected tarsal coalition; There is a history of a new onset of severe pain in the ankle within	Apr-Jur
6/30/2023 4/1/2023	6/30/2023 Other	Approval	extremity; without contrast material	the last 2 weeks; The patient has documented limited range of motion	1 2023 2023
				; This study is being ordered for something other than: known trauma or injury, metastatic	
			73720 Magnetic resonance (eg, proton)	disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
			imaging, lower extremity other than	vascular disease.; There has been treatment or conservative therapy.; The ordering MDs	
			joint; without contrast material(s),	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
4/1/2023 -			followed by contrast material(s) and	Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6	Apr-Jur
6/30/2023 4/1/2023	6/30/2023 Other	Approval	further sequences	months to 1 year; Physical Therapy was completed for this diagnosis	2 2023 2023
			73720 Magnetic resonance (eg, proton)	Patient was in an accident causing bilateral tibial fractures, as well as a Meniscal tear.; This	
			imaging, lower extremity other than	study is being ordered for trauma or injury.; There has been treatment or conservative	
4/4/2022			joint; without contrast material(s),	therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery,	A 1
4/1/2023 -	C/20/2022 Other	A	followed by contrast material(s) and	Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The	Apr-Jur
6/30/2023 4/1/2023	6/30/2023 Other	Approval	further sequences	primary symptoms began less than 6 months ago; Medications were given for this diagnosis	2 2023 2023
				Patient was seen and examined in clinic today. We reviewed and discussed x-ray findings of bilateral knees. Patient does have a lateral riding patella's. She is presenting with meniscal	
				injuries. We will plan for bilateral MRIs at this time. We will see b; This study is being	
			73720 Magnetic resonance (eg, proton)	ordered for trauma or injury.; There has not been any treatment or conservative therapy.;	
			imaging, lower extremity other than	There are 2 exams are being ordered.; The ordering MDs specialty is NOT	
			joint; without contrast material(s),	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -			followed by contrast material(s) and	Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1	Apr-Jur
6/30/2023 4/1/2023	6/30/2023 Other	Approval	further sequences	year	2 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,	I I I	73720 Magnetic resonance (eg, proton)	7 **	
			imaging, lower extremity other than	This is a request for a foot MRI.; The study is being ordered for a known palpated mass.; It is	
			joint; without contrast material(s),	unknown if this study is being ordered for evaluation of Morton's Neuroma.; It is unknown if	
4/1/2023 -			followed by contrast material(s) and	surgery, fine needle aspirate or a biopsy is planned in the next 30 days.; A biopsy has NOT	Apr-Jur
6/30/2023 4/1/2023	6/30/2023 Other	Approval	further sequences	been completed.	1 2023 2023
			73720 Magnetic resonance (eg, proton)		
			imaging, lower extremity other than	This is a request for a foot MRI.; The study is being ordered for a known palpated mass.; This	
			joint; without contrast material(s),	study is NOT being ordered for evaluation of Morton's Neuroma.; It is unknown if surgery,	
4/1/2023 -			followed by contrast material(s) and	fine needle aspirate or a biopsy is planned in the next 30 days.; A biopsy has NOT been	Apr-Jur
6/30/2023 4/1/2023	6/30/2023 Other	Approval	further sequences	completed.	1 2023 2023
			73720 Magnetic resonance (eg, proton)		
			imaging, lower extremity other than		
			joint; without contrast material(s),	This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They had	
4/1/2023 -			followed by contrast material(s) and	2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has been	Apr-Jur
6/30/2023 4/1/2023	6/30/2023 Other	Approval	further sequences	treated with a protective boot for at least 4 weeks.	1 2023 2023
			73720 Magnetic resonance (eg, proton)		
			imaging, lower extremity other than		
4/4/2022			joint; without contrast material(s),	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being	
4/1/2023 -	C/20/2022 OH	Ammanus	followed by contrast material(s) and	ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has	Apr-Jur
6/30/2023 4/1/2023	6/30/2023 Other	Approval	further sequences	been treated with immobilization for at least 6 weeks.	1 2023 2023

			73720 Magnetic resonance (eg, proton)		
			imaging, lower extremity other than		
			joint; without contrast material(s),	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an	
4/1/2023 -			followed by contrast material(s) and	indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	further sequences	NOT Orthopedics.	2 2023 2023
			73720 Magnetic resonance (eg, proton)		
			imaging, lower extremity other than	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
			joint; without contrast material(s),	an indication for knee imaging; Instability was noted on the physical examination; The	
4/1/2023 -			followed by contrast material(s) and	patient is being treated with an Ace bandage; The ordering MDs specialty is NOT	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	further sequences	Orthopedics.	1 2023 2023
0,00,2020 1,2,2020	0,00,2020 0 0.00	7.66.010.	73720 Magnetic resonance (eg, proton)	or unopeales.	1 2023 2020
			imaging, lower extremity other than		
			joint; without contrast material(s),	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
4/1/2023 -					A 1
	s /20 /2022 O.J		followed by contrast material(s) and	an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	further sequences	noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	4 2023 2023
			73720 Magnetic resonance (eg, proton)		
			imaging, lower extremity other than		
			joint; without contrast material(s),		
4/1/2023 -			followed by contrast material(s) and	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	further sequences	physician supervised home exercise in the past 3 months	2 2023 2023
			73720 Magnetic resonance (eg, proton)		
			imaging, lower extremity other than		
			joint; without contrast material(s),	This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing	
4/1/2023 -			followed by contrast material(s) and	status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	further sequences	treated with Crutches; The ordering MDs specialty is NOT Orthopedics.	1 2023 2023
, , , , , , , ,		•	73720 Magnetic resonance (eg, proton)	· · · · · · · · · · · · · · · · · · ·	
			imaging, lower extremity other than	This is a request for an Ankle MRI.; The study is requested for a reason other that ankle	
			joint; without contrast material(s),	pain.; The study is for infection or inflammation.; There are not physical exam findings,	
4/1/2023 -			followed by contrast material(s) and	laboratory results, other imaging including bone scan or ultrasound confirming infection,	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	further sequences	inflammation and or aseptic necrosis.	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Other	Арргочаг	73720 Magnetic resonance (eg, proton)	illianimation and of aseptic necrosis.	1 2023 2023
			imaging, lower extremity other than		
				This is a second force Andre MDI. The study is a second of second or an area. There is a	
4/4/2022			joint; without contrast material(s),	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a	
4/1/2023 -	- / /		followed by contrast material(s) and	suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	further sequences	4 weeks.	3 2023 2023
			73720 Magnetic resonance (eg, proton)		
			imaging, lower extremity other than		
			joint; without contrast material(s),	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a	
4/1/2023 -			followed by contrast material(s) and	suspicion of a tendon or ligament injury.; Surgery or arthrscopy is scheduled in the next 4	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	further sequences	weeks.	1 2023 2023
			73720 Magnetic resonance (eg, proton)		
			imaging, lower extremity other than		
			joint; without contrast material(s),		
4/1/2023 -			followed by contrast material(s) and	This is not a pulsatile mass.; There is a suspicion of an infection.; The patient is taking	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	further sequences	antibiotics.; Non Joint is being requested.	1 2023 2023
1,10,100	0,00,000				
				This is a request for an Abdomen CT.; This study is being ordered for another reason besides	
				Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or	
				Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc; There	
4/1/2023 -			7/150 Computed tomography		Ane luc
	6/20/2022 Other	Annessal	74150 Computed tomography,	are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	abdomen; without contrast material	with gastroparesis; Yes this is a request for a Diagnostic CT	1 2023 2023
				PT HAD A BONE DENSITY SCAN AND AN EKG; This study is being ordered for trauma or	
				to the section of the	
				injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is	
			74176 Computed tomography,	NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -			abdomen and pelvis; without contrast	NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6	Apr-Jun
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Other	Approval		NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	Apr-Jun 1 2023 2023

				This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study	
				is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were	
			74176 Computed tomography,	abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for	
4/1/2023 -			abdomen and pelvis; without contrast	chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	material	Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2023 2023
				This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study	
				is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were	
			74176 Computed tomography,	abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for	
4/1/2023 -			abdomen and pelvis; without contrast	chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	material	lipase lab test.; Yes this is a request for a Diagnostic CT	1 2023 2023
				This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study	
				is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were	
			74176 Computed tomography,	abnormal.; The urinalysis was positive for protein.; The study is being ordered for chronic	
4/1/2023 -			abdomen and pelvis; without contrast	pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	material	of the lab test were normal.; Yes this is a request for a Diagnostic CT	1 2023 2023
				This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study	
			74176 Computed tomography,	is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were	
4/1/2023 -			abdomen and pelvis; without contrast	normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	material	The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	2 2023 2023
				This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This	
			74176 Computed tomography,	study is being requested for abdominal and/or pelvic pain.; The study is being ordered for	
4/1/2023 -			abdomen and pelvis; without contrast	chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or	Apr-Jun
	6/30/2023 Other	Approval	material	lipase lab test.; Yes this is a request for a Diagnostic CT	2 2023 2023
	· ·				
				This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This	
			74176 Computed tomography,	study is being requested for abdominal and/or pelvic pain.; The study is being ordered for	
4/1/2023 -			abdomen and pelvis; without contrast	chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The	Apr-Jun
1 1	6/30/2023 Other	Approval	material	results of the lab test were normal.; Yes this is a request for a Diagnostic CT	2 2023 2023
1, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,	1,11,111			This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been	
			74176 Computed tomography,	completed.; This study is being requested for abdominal and/or pelvic pain.; The study is	
4/1/2023 -			abdomen and pelvis; without contrast	being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the	Apr-Jun
	6/30/2023 Other	Approval	material	patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Other	Approvai	material	This is a request for an Abdomen and Pelvis CT.; The patient is presenting new symptoms.;	1 2023 2023
				This study is not being requested for abdominal and/or pelvic pain.; The patient had an	
				abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course	
				of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a	
			74176 Computed tomography,	Diagnostic CT; There is NO documentation of a known tumor or a known diagnosis of	
4/1/2023 -			abdomen and pelvis; without contrast	cancer; This is study being ordered for a concern of cancer such as for diagnosis or	Apr-Jun
1 1	6/30/2023 Other	Approval	material	treatment.	2 2023 2023
0/30/2023 4/1/2023	0/30/2023 Other	Approvai	material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The	2 2023 2023
				patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This	
			74176 Computed tomography,	study is not being requested for abdominal and/or pelvic pain.; The study is not requested	
4/1/2023 -			· · · · · · · · · · · · · · · · · · ·		Ane lun
1 ' '	6/20/2022 Other	Annroyal	abdomen and pelvis; without contrast	for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for	Apr-Jun 1 2023 2023
6/30/2023 4/1/2023	6/30/2023 Other	Approval	material 74176 Computed tomography	a concern of cancer such as for diagnosis or treatment.	1 2023 2023
4/4/2022			74176 Computed tomography,	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the	A 1
4/1/2023 -	C/20/2022 Other	A	abdomen and pelvis; without contrast	listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	material	study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	2 2023 2023
			744.76 Community of the second of	This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post	
4/4/2022			74176 Computed tomography,	op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The	
4/1/2023 -	- / / :		abdomen and pelvis; without contrast	study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	material	NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2023 2023
				This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
			74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical	
4/1/2023 -			abdomen and pelvis; without contrast	exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	material	Diagnostic CT	5 2023 2023

					This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
				74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical	
4/1/2023 -				abdomen and pelvis; without contrast	exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Other	Approval	material	Diagnostic CT	6 2023 2023
0,50,2025	., 2, 2020	0,00,2020 011101	7.pp.oru.	THE CONTROL	Sidgitostic of	0 2020 2020
					This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
				74176 Computed tomography		
. /. /				74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical	
4/1/2023 -				abdomen and pelvis; without contrast	exam.; The patient is male.; A rectal exam was performed.; The results of the exam were	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Other	Approval	material	normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic CT	1 2023 2023
					This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
				74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/1/2023 -				abdomen and pelvis; without contrast	this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Other	Approval	material	NOT performed.; Yes this is a request for a Diagnostic CT	3 2023 2023
			•			
					This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
				74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/4/2022					· · · · · · · · · · · · · · · · · · ·	A I
4/1/2023 -	. /. /2022	C /20 /2022 O.I		abdomen and pelvis; without contrast	this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Other	Approval	material	performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	2 2023 2023
					This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
				74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/1/2023 -				abdomen and pelvis; without contrast	this complaint.; There has been a physical exam.; The patient is female.; It is not known if a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Other	Approval	material	pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1 2023 2023
					This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
				74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/1/2023 -				abdomen and pelvis; without contrast	this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not	Apr-Jun
6/30/2023	4/1/2022	6/30/2023 Other	Approval	material	performed.; Yes this is a request for a Diagnostic CT	2 2023 2023
0/30/2023	4/1/2023	0/30/2023 Other	Approvai			2 2023 2023
				74176 Computed tomography,	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for	
4/1/2023 -				abdomen and pelvis; without contrast	abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Other	Approval	material	for a Diagnostic CT	1 2023 2023
	, ,				· · · · · · · · · · · · · · · · · · ·	1 2023 2023
	,,				This is a request for an Abdomen and Pelvis CT.; This study is not being requested for	1 2023 2023
	, ,			74176 Computed tomography,	· · · · · · · · · · · · · · · · · · ·	1 2023 2023
4/1/2023 -	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				This is a request for an Abdomen and Pelvis CT.; This study is not being requested for	Apr-Jun
		6/30/2023 Other		74176 Computed tomography,	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for	
4/1/2023 - 6/30/2023		6/30/2023 Other	Approval	74176 Computed tomography, abdomen and pelvis; without contrast	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	Apr-Jun
		6/30/2023 Other		74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. This is a request for an Abdomen and Pelvis CT.; This study is not being requested for	Apr-Jun
6/30/2023		6/30/2023 Other		74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography,	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT; There is	Apr-Jun 4 2023 2023
6/30/2023	4/1/2023		Approval	74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT; There is documentation of a known tumor or a known diagnosis of cancer; This is study being	Apr-Jun 4 2023 2023 Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Other 6/30/2023 Other		74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	Apr-Jun 4 2023 2023
6/30/2023 4/1/2023 - 6/30/2023	4/1/2023		Approval	74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography,	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment. This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT	Apr-Jun 4 2023 2023 Apr-Jun 2 2023 2023
6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 -	4/1/2023 4/1/2023	6/30/2023 Other	Approval Approval	74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment. This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	Apr-Jun 4 2023 2023 Apr-Jun 2 2023 2023 Apr-Jun
6/30/2023 4/1/2023 - 6/30/2023	4/1/2023 4/1/2023		Approval	74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment. This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.	Apr-Jun 4 2023 2023 Apr-Jun 2 2023 2023
6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 - 6/30/2023	4/1/2023 4/1/2023	6/30/2023 Other	Approval Approval	74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment. This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	Apr-Jun 4 2023 2023 Apr-Jun 2 2023 2023 Apr-Jun
6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 -	4/1/2023 4/1/2023	6/30/2023 Other	Approval Approval	74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment. This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.	Apr-Jun 4 2023 2023 Apr-Jun 2 2023 2023 Apr-Jun
6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 - 6/30/2023	4/1/2023 4/1/2023 4/1/2023	6/30/2023 Other	Approval Approval	74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74181 Magnetic resonance (eg, proton)	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment. This study is being ordered for a metastatic disease; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI. It is unknown if previous diagnostic imaging has been previously conducted.; Tumor, mass,	Apr-Jun 4 2023 2023 Apr-Jun 2 2023 2023 Apr-Jun 1 2023 2023
6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 -	4/1/2023 4/1/2023 4/1/2023	6/30/2023 Other 6/30/2023 Other	Approval Approval	74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment. This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI. It is unknown if previous diagnostic imaging has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Liver cancer is suspected.	Apr-Jun 4 2023 2023 Apr-Jun 2 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun
6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 - 6/30/2023	4/1/2023 4/1/2023 4/1/2023	6/30/2023 Other 6/30/2023 Other	Approval Approval	74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) 74181 Magnetic resonance (eg, proton)	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment. This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI. It is unknown if previous diagnostic imaging has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Liver cancer is suspected. No prior imaging was conducted; Tumor, mass, neoplasm, or metastatic disease best	Apr-Jun 4 2023 2023 Apr-Jun 2 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023
6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 -	4/1/2023 4/1/2023 4/1/2023	6/30/2023 Other 6/30/2023 Other 6/30/2023 Other	Approval Approval Approval	74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment. This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI. It is unknown if previous diagnostic imaging has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Liver cancer is suspected. No prior imaging was conducted; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being	Apr-Jun 4 2023 2023 Apr-Jun 2 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023
6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 - 6/30/2023	4/1/2023 4/1/2023 4/1/2023	6/30/2023 Other 6/30/2023 Other	Approval Approval	74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment. This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI. It is unknown if previous diagnostic imaging has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Liver cancer is suspected. No prior imaging was conducted; Tumor, mass, neoplasm, or metastatic disease best	Apr-Jun 4 2023 2023 Apr-Jun 2 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023
6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 - 6/30/2023	4/1/2023 4/1/2023 4/1/2023	6/30/2023 Other 6/30/2023 Other 6/30/2023 Other	Approval Approval Approval	74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) 74181 Magnetic resonance (eg, proton)	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment. This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI. It is unknown if previous diagnostic imaging has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Liver cancer is suspected. No prior imaging was conducted; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being	Apr-Jun 4 2023 2023 Apr-Jun 2 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023
6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 -	4/1/2023 4/1/2023 4/1/2023 4/1/2023 4/1/2023	6/30/2023 Other 6/30/2023 Other 6/30/2023 Other 6/30/2023 Other	Approval Approval Approval Approval	74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment. This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI. It is unknown if previous diagnostic imaging has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected. No prior imaging was conducted; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for suspected metastasis.	Apr-Jun 4 2023 2023 Apr-Jun 2 2023 2023 Apr-Jun 1 2023 2023
6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 - 6/30/2023	4/1/2023 4/1/2023 4/1/2023 4/1/2023 4/1/2023	6/30/2023 Other 6/30/2023 Other 6/30/2023 Other	Approval Approval Approval	74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) 74181 Magnetic resonance (eg, proton)	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment. This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI. It is unknown if previous diagnostic imaging has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Liver cancer is suspected. No prior imaging was conducted; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for suspected metastasis.	Apr-Jun 4 2023 2023 Apr-Jun 2 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023
6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 -	4/1/2023 4/1/2023 4/1/2023 4/1/2023 4/1/2023	6/30/2023 Other 6/30/2023 Other 6/30/2023 Other 6/30/2023 Other	Approval Approval Approval Approval	74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment. This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI. It is unknown if previous diagnostic imaging has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Liver cancer is suspected. No prior imaging was conducted; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for suspected metastasis. Other not listed best describes the reason for this procedure. This request is for an Abdomen MRI.; This study is being ordered for known or suspected	Apr-Jun 4 2023 2023 Apr-Jun 2 2023 2023 Apr-Jun 1 2023 2023
6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 -	4/1/2023 4/1/2023 4/1/2023 4/1/2023	6/30/2023 Other 6/30/2023 Other 6/30/2023 Other 6/30/2023 Other	Approval Approval Approval Approval	74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment. This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI. It is unknown if previous diagnostic imaging has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Liver cancer is suspected. No prior imaging was conducted; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for suspected metastasis.	Apr-Jun 4 2023 2023 Apr-Jun 2 2023 2023 Apr-Jun 1 2023 2023
6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 -	4/1/2023 4/1/2023 4/1/2023 4/1/2023	6/30/2023 Other 6/30/2023 Other 6/30/2023 Other 6/30/2023 Other	Approval Approval Approval Approval	74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment. This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI. It is unknown if previous diagnostic imaging has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Liver cancer is suspected. No prior imaging was conducted; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for suspected metastasis. Other not listed best describes the reason for this procedure. This request is for an Abdomen MRI.; This study is being ordered for known or suspected	Apr-Jun 4 2023 2023 Apr-Jun 2 2023 2023 Apr-Jun 1 2023 2023
6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 -	4/1/2023 4/1/2023 4/1/2023 4/1/2023	6/30/2023 Other 6/30/2023 Other 6/30/2023 Other 6/30/2023 Other	Approval Approval Approval Approval	74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment. This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI. It is unknown if previous diagnostic imaging has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Liver cancer is suspected. No prior imaging was conducted; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for suspected metastasis. Other not listed best describes the reason for this procedure. This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; There are NO physical findings or abnormal blood work consistent with	Apr-Jun 4 2023 2023 Apr-Jun 2 2023 2023 Apr-Jun 1 2023 2023
6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 - 6/30/2023	4/1/2023 4/1/2023 4/1/2023 4/1/2023 4/1/2023 4/1/2023	6/30/2023 Other 6/30/2023 Other 6/30/2023 Other 6/30/2023 Other 6/30/2023 Other	Approval Approval Approval Approval Approval	74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment. This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI. It is unknown if previous diagnostic imaging has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Liver cancer is suspected. No prior imaging was conducted; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for suspected metastasis. Other not listed best describes the reason for this procedure. This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; There are NO physical findings or abnormal blood work consistent with peritonitis, pancreatitis or appendicitis.; There is active or clinical findings of ulcerative colitis, bowel inflammation or diverticulitis.; There is not radiographical or ultrasound	Apr-Jun 4 2023 2023 Apr-Jun 2 2023 2023 Apr-Jun 1 2023 2023
6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 - 6/30/2023	4/1/2023 4/1/2023 4/1/2023 4/1/2023 4/1/2023 4/1/2023	6/30/2023 Other 6/30/2023 Other 6/30/2023 Other 6/30/2023 Other	Approval Approval Approval Approval	74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment. This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI. It is unknown if previous diagnostic imaging has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Liver cancer is suspected. No prior imaging was conducted; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for suspected metastasis. Other not listed best describes the reason for this procedure. This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; There are NO physical findings or abnormal blood work consistent with peritonitis, pancreatitis or appendicitis.; There is active or clinical findings of ulcerative colitis, bowel inflammation or diverticulitis.; There is not radiographical or ultrasound findings consisitent with abnormal fluid collection, abdominal abscess, or ascites.	Apr-Jun 4 2023 2023 Apr-Jun 2 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023
6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 - 6/30/2023	4/1/2023 4/1/2023 4/1/2023 4/1/2023 4/1/2023 4/1/2023	6/30/2023 Other 6/30/2023 Other 6/30/2023 Other 6/30/2023 Other 6/30/2023 Other	Approval Approval Approval Approval Approval	74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment. This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI. It is unknown if previous diagnostic imaging has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Liver cancer is suspected. No prior imaging was conducted; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for suspected metastasis. Other not listed best describes the reason for this procedure. This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; There are NO physical findings or abnormal blood work consistent with peritonitis, pancreatitis or appendicitis.; There is active or clinical findings of ulcerative colitis, bowel inflammation or diverticulitis.; There is not radiographical or ultrasound findings consisitent with abnormal fluid collection, abdominal abscess, or ascites. This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This	Apr-Jun 4 2023 2023 Apr-Jun 2 2023 2023 Apr-Jun 1 2023 2023
6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 - 6/30/2023	4/1/2023 4/1/2023 4/1/2023 4/1/2023 4/1/2023 4/1/2023	6/30/2023 Other 6/30/2023 Other 6/30/2023 Other 6/30/2023 Other 6/30/2023 Other	Approval Approval Approval Approval Approval	74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s) 74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment. This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI. It is unknown if previous diagnostic imaging has been previously conducted.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Liver cancer is suspected. No prior imaging was conducted; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requested for suspected metastasis. Other not listed best describes the reason for this procedure. This request is for an Abdomen MRI.; This study is being ordered for known or suspected infection.; There are NO physical findings or abnormal blood work consistent with peritonitis, pancreatitis or appendicitis.; There is active or clinical findings of ulcerative colitis, bowel inflammation or diverticulitis.; There is not radiographical or ultrasound findings consisitent with abnormal fluid collection, abdominal abscess, or ascites.	Apr-Jun 4 2023 2023 Apr-Jun 2 2023 2023 Apr-Jun 1 2023 2023

				This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or	
. /. /			74181 Magnetic resonance (eg, proton)	suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT,	
4/1/2023 -	- / /		imaging, abdomen; without contrast	MRI or Ultrasound.; A abnormality was found on the pancreas during a previous CT, MRI or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	material(s)	Ultrasound.	1 2023 2023
			74404 Managhia ann an Ian ann an I	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or	
4/4/2022			74181 Magnetic resonance (eg, proton)	suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT,	A 1
4/1/2023 -	s /20 /2022 O.J		imaging, abdomen; without contrast	MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	material(s)	There is NO suspicion of metastasis.	2 2023 2023
4/4/2022			74181 Magnetic resonance (eg, proton)	This request is for an Abdomen MRI.; This study is not being ordered for known tumor,	A 1
4/1/2023 -	C /20 /2022 Other	A	imaging, abdomen; without contrast	suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	material(s)	vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	1 2023 2023
4/4/2022			74181 Magnetic resonance (eg, proton)	Turney was a nearlance or metastatic disease back describes the reason for this was advise.	A I
4/1/2023 -	C/20/2022 Other	A	imaging, abdomen; without contrast	Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	material(s)	The patient's cancer status is unknown	1 2023 2023
			75635 Committed to a committee		
			75635 Computed tomographic		
			angiography, abdominal aorta and		
			bilateral iliofemoral lower extremity		
. /. /2022			runoff, with contrast material(s),	This case was created via BBI.; This procedure is being requested for evaluation of vascular	
4/1/2023 -	- / /		including noncontrast images, if	disease in the stomach or legs; The patient had Segmental Pressures; The study was	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	performed, and image postprocessing	abnormal	1 2023 2023
			75635 Computed tomographic		
			angiography, abdominal aorta and		
			bilateral iliofemoral lower extremity		
			runoff, with contrast material(s),		
4/1/2023 -			including noncontrast images, if	This procedure is being requested for evaluation of vascular disease in the stomach or legs;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	performed, and image postprocessing	No other study was performed	1 2023 2023
				patient has life-time risk of 20%, Mother diagnosed at age 63 with breast cancer; This is a	
				request for Breast MRI.; This study is being ordered as a screening examination for known	
. /. /			77046 Magnetic resonance imaging,	family history of breast cancer.; There are NOT benign lesions in the breast associated with	
4/1/2023 -			breast, without contrast material;	an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two first-	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	unilateral	degree relatives (parent, sister, brother, or children).	1 2023 2023
. /. /			77046 Magnetic resonance imaging,	This is a request for Breast MRI.; This study is being ordered as a screening examination for	
4/1/2023 -			breast, without contrast material;	known family history of breast cancer.; There is a pattern of breast cancer history in at least	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	unilateral	two first-degree relatives (parent, sister, brother, or children).	1 2023 2023
			77046 Magnetic resonance imaging,		
4/1/2023 -			breast, without contrast material;	This is a request for Breast MRI.; This study is being ordered for a known history of breast	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	unilateral	cancer.	1 2023 2023
			77078 Computed tomography, bone	This is a request for a Bone Density Study.; This patient has not had a bone mineral density	
4/1/2023 -			mineral density study, 1 or more sites,	study within the past 23 months.; This is a bone density study in a patient with clinical risk of	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	axial skeleton (eg, hips, pelvis, spine)	osteoporosis or osteopenia.	2 2023 2023
				The patient did NOT have a prior CABG.; This is a request for Myocardial Perfusion Imaging	
				(Nuclear Cardiology Study).; New, worsening, or changing cardiac symptoms with a previous	
				history of ischemic/ coronary artery disease best describes the patients clinical	
				presentation.; This is NOT a Medicare member.; The symptoms can be described as "Typical	
			78451 Myocardial perfusion imaging,	angina" or substernal chest pain that is worse or comes on as a result of physical exertion or	
			tomographic (SPECT) (including	emotional stress; It is unknown if the chest pain was relieved by rest (ceasing physical	
			attenuation correction, qualitative or	exertion activity) and/or nitroglycerin; The patient has None of the above; The patient has	
			quantitative wall motion, ejection	None of the above physical limitations; It is unknown if the patient had a recent stress	
			fraction by first pass or gated	imaging study within the last year; The symptoms are new or changing with new EKG	
			technique, additional quantification,	changes or the patient has a left bundle branch block; The patient has NOT had a prior stent;	
4/1/2023 -			when performed); single study, at rest	It is unknown if the patient has documented ejection fraction on prior TTE (Transthoracic	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	or stress (exercise or pharmacologic)	Echocardiogram) of less than 40%	1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed More than 6 months ago	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; Other cardiac stress testing was completed less than one year ago	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for evaluation of the heart prior to non cardiac surgery.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected cardiac septal defect.	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; The health carrier is NOT CareSource	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	THIS PATIENT HAS SHORTNESS OF BREATH AND ST DEPRESSION DURING A TREADMILL STRESS TEST.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Lymphoma or Myeloma.; This PET Scan is being requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Lymphoma or Myeloma.; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 3 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023

				This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	
				The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery,	
				Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being	
			93307 Echocardiography, transthoracic,	ordered for Chest pain of suspected cardiac etiology; Other testing such as Exercise	
			real-time with image documentation	Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been	
			(2D), includes M-mode recording, when	completed in the past 6 weeks; This procedure is NOT being ordered along with other	
4/1/2023 -			performed, complete, without spectral	cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	or color Doppler echocardiography	Echocardiogram	1 2023 2023
				·	
			93307 Echocardiography, transthoracic,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	
			real-time with image documentation	The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery,	
4/4/2022			(2D), includes M-mode recording, when	Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being	Ame I
4/1/2023 -	C /20 /2022 Oth	A	performed, complete, without spectral	ordered for none of the above or don't know.; This study is being ordered for evaluation of	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	or color Doppler echocardiography	congenital heart disease.	1 2023 2023
				This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	
			93307 Echocardiography, transthoracic,	The member is 15 or older.; This study is being ordered for a history of heart valve disease.;	
			real-time with image documentation	Mild stenosis or mild regurgitation of the mitral or aortic valve is present; This is an initial	
			(2D), includes M-mode recording, when	evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the	
4/1/2023 -			performed, complete, without spectral	last Transthoracic Echocardiogram (TTE) was completed; There are NO new symptoms	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	or color Doppler echocardiography	suggesting worsening of heart valve disease	1 2023 2023
1,00,000	0,00,000		от селен 2 орржен селесан анадагария,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	
				The member is 15 or older.; This study is being ordered for a history of heart valve disease.;	
			93307 Echocardiography, transthoracic,	Mild stenosis or mild regurgitation of the mitral or aortic valve is present; This is NOT a initial	
			real-time with image documentation	evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3 years since the	
			(2D), includes M-mode recording, when	last Transthoracic Echocardiogram (TTE) was completed; There are NO new symptoms	
4/1/2023 -			performed, complete, without spectral	suggesting worsening of heart valve disease; The health carrier is NOT HealthNet of	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	or color Doppler echocardiography	California	1 2023 2023
0/30/2023 4/1/2023	6/30/2023 Other	Approvai	or color poppier echocardiography	California	1 2023 2023
				This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	
			02207 Echacardiagraphy transthoracis	The member is 15 or older.; This study is being ordered for a history of heart valve disease.;	
			93307 Echocardiography, transthoracic,		
			real-time with image documentation	Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is	
4/4/2022			(2D), includes M-mode recording, when	NOT a initial evaluation after aortic or mitral valve surgery.; It has been less than 1, 2 or 3	A I
4/1/2023 -	C/20/2022 Other	A	performed, complete, without spectral	years since the last Transthoracic Echocardiogram (TTE) was completed; It is unknown if	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	or color Doppler echocardiography	there are there new symptoms suggesting worsening of heart valve disease	1 2023 2023
				This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	
			93307 Echocardiography, transthoracic,	The member is 15 or older.; This study is being ordered for Chest pain of suspected cardiac	
			real-time with image documentation	etiology; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or	
			(2D), includes M-mode recording, when	Stress Echocardiogram has NOT been completed in the past 6 weeks; It is unknown if this	
4/1/2023 -			performed, complete, without spectral	procedure is being ordered along with other cardiac testing, such as Exercise Treadmill	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	or color Doppler echocardiography	Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram	1 2023 2023
			•		
			93307 Echocardiography, transthoracic,		
			real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	
			(2D), includes M-mode recording, when	The member is 15 or older.; This study is being ordered for evaluation of the heart's	
4/1/2023 -			performed, complete, without spectral	response to high blood pressure.; There are new symptoms suggesting worsening of heart	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	or color Doppler echocardiography	valve disease	1 2023 2023
			93307 Echocardiography, transthoracic,	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	
			real-time with image documentation	The member is between 4 and 14 years old.; Abnormal physical exam findings, signs or	
			(2D), includes M-mode recording, when	symptoms that suggest cardiac pathology or structural heart disease best describes my	
4/1/2023 -			performed, complete, without spectral	reason for ordering this study.; This is an initial evaluation of a patient not seen in this office	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Approval	or color Doppler echocardiography	before.; The ordering provider's specialty is NOT Cardiology or Nephrology	2 2023 2023
0/30/2023 4/1/2023	0/30/2023 Other	Approval	or color poppler echocardiographiy	before., The ordering provider is specialty is 1401 Cardiology of Nephricology	2 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 14 years old.; Abnormal physical exam findings, signs or symptoms that suggest cardiac pathology or structural heart disease best describes my reason for ordering this study.; This is an initial evaluation of a patient not seen in this office before.; The ordering provider's specialty is NOT Cardiology or Nephrology; The health carrier is NOT HealthNet of California	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 14 years old.; Congenital heart defect, congenital syndrome or acquired syndrome best describes my reason for ordering this study.; This is an initial evaluation of a patient not seen in this office before.; The ordering provider's specialty is NOT Cardiology or Nephrology	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 14 years old.; Congenital heart defect, congenital syndrome or acquired syndrome best describes my reason for ordering this study.; This is the first request for a Transthoracic Echocardiogram; It is unknown if this is an initial evaluation of a patient not seen in this office before.; The ordering provider's specialty is NOT Cardiology or Nephrology	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 14 years old.; Congenital heart defect, congenital syndrome or acquired syndrome best describes my reason for ordering this study.; This is the first request for a Transthoracic Echocardiogram; This is NOT an initial evaluation of a patient not seen in this office before.; The ordering provider's specialty is NOT Cardiology or Nephrology	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 14 years old.; New abnormal physical exam findings, signs or symptoms that suggest cardiac pathology or structural heart disease best describes my reason for ordering this study.; This is NOT an initial evaluation of a patient not seen in this office before.; The ordering provider's specialty is NOT Cardiology or Nephrology	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 14 years old.; Other than listed above best describes my reason for ordering this study.; This is an initial evaluation of a patient not seen in this office before.; The ordering provider's specialty is NOT Cardiology or Nephrology; The health carrier is NOT HealthNet of California	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		6/30/2023 Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		6/30/2023 Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	Apr-Jun 2 2023 2023

					This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	
					This study is being ordered for another reason; This study is being ordered for evaluation of	
				93307 Echocardiography, transthoracic,	abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG)	
				real-time with image documentation	indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical	
				(2D), includes M-mode recording, when	exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This	
4/1/2023 -				performed, complete, without spectral	study is NOT being requested for the initial evaluation of frequent or sustained atrial or	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Other	Approval	or color Doppler echocardiography	ventricular cardiac arrhythmias.; The patient has an abnormal EKG	1 2023 2023
0,00,2020	., _,	0,00,2020 00:10:		or core a oppror conscious and grapmy		
					This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	
				93307 Echocardiography, transthoracic,	This study is being ordered for another reason; This study is being ordered for evaluation of	
				real-time with image documentation	abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG)	
				(2D), includes M-mode recording, when	indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical	
4/1/2023 -				performed, complete, without spectral	exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Other	Approval	or color Doppler echocardiography	abnormal symptom, condition or evaluation is not known or unlisted above.	1 2023 2023
0,00,2020	., _,	0,00,000			This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	
					This study is being ordered for another reason; This study is being ordered for evaluation of	
				93307 Echocardiography, transthoracic,	abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG)	
				real-time with image documentation	indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical	
				(2D), includes M-mode recording, when	exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The	
4/1/2023 -				performed, complete, without spectral	patient has shortness of breath; Shortness of breath is not related to any of the listed	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Other	Approval	or color Doppler echocardiography	indications.	2 2023 2023
					This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	
					This study is being ordered for another reason; This study is being ordered for evaluation of	
				93307 Echocardiography, transthoracic,	abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG)	
				real-time with image documentation	indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical	
				(2D), includes M-mode recording, when	exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; This	
4/1/2023 -				performed, complete, without spectral	study is NOT being requested for the initial evaluation of frequent or sustained atrial or	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Other	Approval	or color Doppler echocardiography	ventricular cardiac arrhythmias.; The patient has an abnormal EKG	1 2023 2023
				93307 Echocardiography, transthoracic,		
				real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	
				(2D), includes M-mode recording, when	This study is being ordered for another reason; This study is being ordered for evaluation of	
4/1/2023 -				performed, complete, without spectral	cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Other	Approval	or color Doppler echocardiography	sustained atrial or ventricular cardiac arrhythmias.	3 2023 2023
				93307 Echocardiography, transthoracic,		
				real-time with image documentation		
1				(2D), includes M-mode recording, when	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	
4/1/2023 -				performed, complete, without spectral	This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Other	Approval	or color Doppler echocardiography	evaluation of a murmur.; The murmur is grade III (3) or greater.	1 2023 2023
				0000751		
				93307 Echocardiography, transthoracic,		
				real-time with image documentation		
1/1/2025				(2D), includes M-mode recording, when	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	
4/1/2023 -	. / . /	s /20 /2025 - 5:1		performed, complete, without spectral	This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Other	Approval	or color Doppler echocardiography	known valve disease.; It has been 12 - 23 months or more since the last echocardiogram.	1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	Apr-Jun 5 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	Apr-Jun 6 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of a recent myocardial infarction (heart attack).	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		6/30/2023 Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	Apr-Jun 4 2023 2023
4/1/2023 - 6/30/2023		6/30/2023 Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	Apr-Jun 5 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	Apr-Jun 4 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Atrial fibrillation and/or atrial flutter best describes the reason for ordering this study.	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Follow up for known pulmonary hypertension best describes the reason for ordering this study.	Apr-Jun 6 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; Congestive heart failure best describes the reason for ordering this study	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; A previous TTE (Transthoracic Echocardiogram) has not been completed	Apr-Jun 6 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; The last TTE (Transthoracic Echocardiogram) was more than 3 months ago	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M mode recording); including probe placement, image acquisition, interpretation and report	Ŀ	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of atrial fibrillation or flutter to determine the presence or absence of left atrial thrombus or evaluate for radiofrequency ablation procedure.; The patient is 18 years of age or older.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Disapproval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	Apr-Jun 8 2023 2023

. /. /					Radiology Services		
4/1/2023 - 6/30/2023 4	1/1/2023	6/30/2023 Other	Disapproval	70450 Computed tomography, head or brain; without contrast material	Denied Not Medically Necessary	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one month; Headache best describes the reason that I have requested this test.	Apr-Jun 3 2023 2023
			••			· ·	
4/1/2023 -				70450 Computed tomography, head or	Radiology Services Denied Not	This is a request for a brain/head CT.; The patient has the worst headache of patient's life	Apr-Jun
6/30/2023 4	1/1/2023	6/30/2023 Other	Disapproval	70450 Computed tomography, head or brain; without contrast material		with onset in the past 5 days; This is NOT a Medicare member.; Headache best describes the reason that I have requested this test.	1 2023 2023
.,,	, ,	.,,		,	· ·		
4/1/2023 -				70450 Computed tomography, head or	Radiology Services Denied Not	This is a request for a brain/head CT.; The type of tumor is unknown.; Known or suspected	Apr-Jun
6/30/2023 4	1/1/2023	6/30/2023 Other	Disapproval	brain; without contrast material		tumor best describes the reason that I have requested this test.	1 2023 2023
4/1/2023 -				70450 Computed tomography, head or	Radiology Services Denied Not	This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or suspected	Apr-Jun
6/30/2023 4	1/1/2023	6/30/2023 Other	Disapproval	brain; without contrast material		infection best describes the reason that I have requested this test.	1 2023 2023
				70496 Computed tomography	Padiology Convices	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT	
4/1/2023 -				70486 Computed tomography, maxillofacial area; without contrast	Radiology Services Denied Not	immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a	Apr-Jun
6/30/2023 4	1/1/2023	6/30/2023 Other	Disapproval	material	Medically Necessary		1 2023 2023
					Radiology Services	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a	
4/1/2023 -				70490 Computed tomography, soft	Denied Not	palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was	Apr-Jun
6/30/2023 4	1/1/2023	6/30/2023 Other	Disapproval	tissue neck; without contrast material	Medically Necessary	NOT done.; Yes this is a request for a Diagnostic CT	1 2023 2023
					Radiology Services	This is a request for neck soft tissue CT.; The study is being ordered for something other than	
4/1/2023 -				70490 Computed tomography, soft	Denied Not	Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious	Apr-Jun
6/30/2023 4	1/1/2023	6/30/2023 Other	Disapproval	tissue neck; without contrast material	Medically Necessary	infection/abcess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	3 2023 2023
				70551 Magnetic resonance (eg, proton)	Radiology Services	This request is for a Brain MRI; It is unknown if the study is being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient does not have	
4/1/2023 -				imaging, brain (including brain stem);	Denied Not	dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital	Apr-Jun
6/30/2023 4	1/1/2023	6/30/2023 Other	Disapproval	without contrast material	Medically Necessary	abnormality, loss of smell, hearing loss or vertigo.	1 2023 2023
				70551 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -				imaging, brain (including brain stem);	Denied Not	This request is for a Brain MRI; The study is being requested for evaluation of a headache.;	Apr-Jun
6/30/2023 4	1/1/2023	6/30/2023 Other	Disapproval	without contrast material	Medically Necessary	The patient has a chronic or recurring headache.	2 2023 2023
				70551 Magnetic resonance (eg, proton)	Radiology Services	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/1/2023 -	1/4/2022	6/20/2022 Oth	Diagram	imaging, brain (including brain stem);	Denied Not	headache.; It is unknown why this study is being ordered.; The patient has a sudden change	Apr-Jun
6/30/2023 4	1/1/2023	6/30/2023 Other	Disapproval	without contrast material	Medically Necessary	in mentai status.	2 2023 2023
				70551 Magnetic resonance (eg, proton)	Radiology Services	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/1/2023 - 6/30/2023 4	1/1/2022	6/30/2023 Other	Disapproval	imaging, brain (including brain stem); without contrast material	Denied Not Medically Necessary	headache.; It is unknown why this study is being ordered.; The patient has Dizziness or	Apr-Jun 1 2023 2023
0/30/2023 4	1/1/2023	6/30/2023 Other	Disappiovai	without contrast material	ivieuically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	1 2023 2023
. /. /0.555				70551 Magnetic resonance (eg, proton)		headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.;	
4/1/2023 - 6/30/2023 4	1/1/2023	6/30/2023 Other	Disapproval	imaging, brain (including brain stem); without contrast material	Denied Not Medically Necessary	This is a new/initial evaluation; It is unknown if the patient had a memory assessment for cognitive impairment completed	Apr-Jun 1 2023 2023
0,30,2023	., _, _, _	5,55,2525 Guici	Sisupprovar		careany recessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	1 2023 2023
4/1/2022				70551 Magnetic resonance (eg, proton)		headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.;	Amerikan
4/1/2023 - 6/30/2023 4	1/1/2023	6/30/2023 Other	Disapproval	imaging, brain (including brain stem); without contrast material	Denied Not Medically Necessary	This is a new/initial evaluation; The patient has NOT had a memory assessment for cognitive impairment completed	Apr-Jun 1 2023 2023
			.,		<u> </u>		
4/1/2023 -				70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	Radiology Services Denied Not	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	Apr-Jun
6/30/2023 4	1/1/2023	6/30/2023 Other	Disapproval	without contrast material		headache.; This study is being ordered for and infection or inflammation.	1 2023 2023

4/1/2023 -				70551 Magnetic resonance (eg, proton)	Radiology Services	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Parkinson's disease.; This study is being ordered for new neurological symptoms.; The neurologic symptoms include something other than	
6/20/2022	4/1/2023	6/30/2023 Other	Disapproval	imaging, brain (including brain stem); without contrast material	Denied Not	worsening Parkinson symptoms, dizziness, vision changes, one sided arm or leg weakness, inability to speak or transient monocular blindness	Apr-Jun 1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Other	Disapprovai	without contrast material	Wedically Necessary	manify to speak or transfert monocular bindriess	1 2023 2023
				70551 Magnetic resonance (eg, proton)		This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/1/2023 -		C/20/2022 Other	Disample	imaging, brain (including brain stem);	Denied Not	headache.; This study is being ordered for seizures.; There has been a change in seizure	Apr-Jun 2 2023 2023
6/30/2023	4/1/2023	6/30/2023 Other	Disapproval	without contrast material	Medically Necessary	pattern or a new seizure.	2 2023 2023
					Radiology Services		
4/1/2023 -		s /20 /2022 O.J	a: .	71250 Computed tomography, thorax;	Denied Not	A Chest/Thorax CT is being ordered.; This study is being ordered for non of the above.; Yes	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Other	Disapproval	without contrast material	Medically Necessary	this is a request for a Diagnostic CT; The study is being ordered for none of the above.	2 2023 2023
					Radiology Services	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is	
4/1/2023 -				71250 Computed tomography, thorax;	Denied Not	being ordered for Interstitial Lung disease; A chest x-ray has NOT been completed; Ths	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Other	Disapproval	without contrast material	Medically Necessary	Interstitial Lung Disease is suspected	1 2023 2023
					Radiology Services		
4/1/2023 -				71250 Computed tomography, thorax;	Denied Not	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Other	Disapproval	without contrast material	Medically Necessary	for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1 2023 2023
					Radiology Services		
4/1/2023 -				71250 Computed tomography, thorax;	Denied Not	Abnormal imaging test describes the reason for this request.; This is a request for a Chest	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Other	Disapproval	without contrast material	Medically Necessary	CT.; Yes this is a request for a Diagnostic CT	1 2023 2023
						This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient	
						is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The	
						patient has a 20 pack per year history of smoking.; The patient is NOT presenting with	
				71271 Computed tomography, thorax,	Radiology Services	pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive	
	4/1/2022	6/20/2022 Othor	Disapproval				· ·
0/30/2023	4/1/2023	0/30/2023 Other	Disapprovai	without contrast material(s)	ivieuically ivecessary	i icalui riaii	1 2023 2023
					Radiology Services		
	4/4/2022	s /20 /2022 O.J	B: 1				Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Other	Disapprovai	spine; without contrast material	Medically Necessary		3 2023 2023
					Radiology Services	study is being ordered due to chronic back pain or suspected degenerative disease.; There is	
4/1/2023 -				72128 Computed tomography, thoracic		a reason why the patient cannot undergo a thoracic spine MRI.; The patient is experiencing	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Other	Disapproval	spine; without contrast material	Medically Necessary		1 2023 2023
					Radiology Services	The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is	
4/1/2023 -		- / /		72131 Computed tomography, lumbar	Denied Not	no weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Other	Disapproval	spine; without contrast material	Medically Necessary	· · · · · · · · · · · · · · · · · · ·	1 2023 2023
						new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.;	
						The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is	
4/4/2025				72424 Commented	Radiology Services	weakness.; Pain radiating down both legs and is associated with numbness, tingling, and	
		6/30/2023 Other	Disapproval				· ·
6/30/2023	., 1, 2023	2,00,2020 00101	2.550	zpz, menoac contract material			1 2020 2020
6/30/2023						This is a request for a lumbar spine CT.; Neurological deficits; The patient does have new or	
6/30/2023							
6/30/2023					Radiology Services	changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The	
6/30/2023 4/1/2023 -				72131 Computed tomography, lumbar	Radiology Services Denied Not	changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; private area is numb and her whole left side as well for several weeks; There is	Apr-Jun
4/1/2023 - 6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 - 6/30/2023	4/1/2023 4/1/2023	6/30/2023 Other 6/30/2023 Other 6/30/2023 Other 6/30/2023 Other	Disapproval Disapproval Disapproval	low dose for lung cancer screening, without contrast material(s) 72125 Computed tomography, cervical spine; without contrast material 72128 Computed tomography, thoracic spine; without contrast material	Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary	patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.; The health carrier is NOT Virginia Premier Health Plan This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is no reason why the patient cannot have a Cervical Spine MRI. The patient does have neurological deficits.; This is a request for a thoracic spine CT.; The study is being ordered due to chronic back pain or suspected degenerative disease.; There is a reason why the patient cannot undergo a thoracic spine MRI.; The patient is experiencing or presenting abnormal gait.; Yes this is a request for a Diagnostic CT This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is no weakness or reflex abnormality.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; Pain radiating down both legs and is associated with numbness, tingling, and weeakness bilaterally.; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	3 2023 2023 Apr-Jun 1 2023 2023

				72141 Magnetic resonance (eg, proton)	Padiology Convices	; There has been treatment or conservative therapy.; This case was created via RadMD.; This	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	study is being ordered for Other; The primary symptoms began more than 1 year ago;	Apr-Jun
6/30/2023	4/1/2022	6/30/2023 Other	Disapproval	cervical; without contrast material		Medications were given for this diagnosis	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Other	Disappiovai	cervical, without contrast material	ivieuically ivecessary	iviedications were given for this diagnosis	1 2023 2023
						; This study is being ordered for something other than: known trauma or injury, metastatic	
						disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
						vascular disease.; There has been treatment or conservative therapy.; The ordering MDs	
				72141 Magnetic resonance (eg, proton)	Radiology Services	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	Radiation Oncology; This case was created via RadMD.; The primary symptoms began less	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Other	Disapproval	cervical; without contrast material		than 6 months ago; Physical Therapy was completed for this diagnosis	1 2023 2023
0/30/2023	4,1,2023	0/30/2023 Other	ызарргочаг	cervical, without contrast material	Wicalcally Weeessary	CHIROPRACTOR THERAPY; This study is being ordered for trauma or injury.; There has been	1 2023 2023
						treatment or conservative therapy.; The ordering MDs specialty is NOT	
				72141 Magnetic resonance (eg, proton)	Radiology Services	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	Oncology; This case was created via RadMD.; The primary symptoms began less than 6	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Other	Disapproval	cervical; without contrast material		months ago; Other not listed was done for this diagnosis	1 2023 2023
0/30/2023	4,1,2023	0/30/2023 Other	Бізаррі очаі	cervical, without contrast material	Wicalculty Weeessury	Conservative therapies tried: ;TENs unit, Stretching, Resting, Heat, Ice, Laying down, and	1 2023 2023
						Modifying activity.;Chiropractic Therapy: no, for 0 weeks. ;Physical therapy: yes, for 6+	
						weeks.;Home exercise program: yes, currently and for years.;;Pain M; There has been	
						treatment or conservative therapy.; This case was created via RadMD.; This study is being	
				72141 Magnetic resonance (eg, proton)	Radiology Services	ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Other	Disapproval	cervical; without contrast material		Physical Therapy was completed for this diagnosis	1 2023 2023
	, ,	.,,		,	, , , , , , , , , , , , , , , , , , , ,	Neck and Arm Pain Multiple Joint Pain, Lower Back and Leg Pain; Chronic pain	
						syndrome; Facet syndrome, lumbar; Bilateral leg and foot pain; Cervical	
				72141 Magnetic resonance (eg, proton)	Radiology Services	radiculopathy;Multiple joint pain;Long term (current) use of opiate analgesic; There has not	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	been any treatment or conservative therapy.; This case was created via RadMD.; This study	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Other	Disapproval	cervical; without contrast material		is being ordered for Other; The primary symptoms began 6 months to 1 year	1 2023 2023
						Neck and Arm Pain Multiple Joint Pain, Mid Back Pain; Chronic pain syndrome; Cervical	
						radiculopathy;Facet syndrome, lumbar;Bilateral leg and foot pain;Multiple joint pain;Long	
						term (current) use of opiate analgesic; There has been treatment or conservative therapy.;	
						This case was created via RadMD.; This study is being ordered for Pre Operative or Post	
				72141 Magnetic resonance (eg, proton)	Radiology Services	Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	Orthopedics; The primary symptoms began more than 1 year ago; Medications were given	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Other	Disapproval	cervical; without contrast material	Medically Necessary	for this diagnosis	1 2023 2023
						Pain at this time is managed with current medication regimen. He reports pain intensity	
						increases with increase; physical activities even with pain medications. He reports that most	
						but not all of treatment goal are being met; with current medication regi; There has been	
				72141 Magnetic resonance (eg, proton)	Dealteleas Countries		
				72141 Wagnetic resonance (eg, proton)	Radiology Services	treatment or conservative therapy.; This case was created via RadMD.; This study is being	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Medications were	Apr-Jun
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Disapproval		Denied Not	ordered for Other; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
	4/1/2023	6/30/2023 Other	Disapproval	imaging, spinal canal and contents,	Denied Not	ordered for Other; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis Pt has continuous back pain that has not been relieved with OTC medications, injections, or	· ·
	4/1/2023	6/30/2023 Other	Disapproval	imaging, spinal canal and contents,	Denied Not	ordered for Other; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis Pt has continuous back pain that has not been relieved with OTC medications, injections, or physical therapy. 5 sessions of PT has actually made the patients pain worse.; This study is	· ·
	4/1/2023	6/30/2023 Other	Disapproval	imaging, spinal canal and contents,	Denied Not	ordered for Other; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis Pt has continuous back pain that has not been relieved with OTC medications, injections, or	· ·
	4/1/2023	6/30/2023 Other	Disapproval	imaging, spinal canal and contents,	Denied Not	ordered for Other; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis Pt has continuous back pain that has not been relieved with OTC medications, injections, or physical therapy. 5 sessions of PT has actually made the patients pain worse.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular	· ·
	4/1/2023	6/30/2023 Other	Disapproval	imaging, spinal canal and contents, cervical; without contrast material	Denied Not Medically Necessary	ordered for Other; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis Pt has continuous back pain that has not been relieved with OTC medications, injections, or physical therapy. 5 sessions of PT has actually made the patients pain worse.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is	· ·
6/30/2023	4/1/2023	6/30/2023 Other	Disapproval	imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton)	Denied Not Medically Necessary Radiology Services	ordered for Other; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis Pt has continuous back pain that has not been relieved with OTC medications, injections, or physical therapy. 5 sessions of PT has actually made the patients pain worse.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	1 2023 2023
6/30/2023 4/1/2023 -		, ,		imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Denied Not Medically Necessary Radiology Services Denied Not	ordered for Other; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis Pt has continuous back pain that has not been relieved with OTC medications, injections, or physical therapy. 5 sessions of PT has actually made the patients pain worse.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1	1 2023 2023 Apr-Jun
6/30/2023		6/30/2023 Other	Disapproval Disapproval	imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton)	Denied Not Medically Necessary Radiology Services Denied Not	ordered for Other; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis Pt has continuous back pain that has not been relieved with OTC medications, injections, or physical therapy. 5 sessions of PT has actually made the patients pain worse.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	1 2023 2023
6/30/2023 4/1/2023 -		, ,		imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Denied Not Medically Necessary Radiology Services Denied Not	ordered for Other; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis Pt has continuous back pain that has not been relieved with OTC medications, injections, or physical therapy. 5 sessions of PT has actually made the patients pain worse.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis PT HAS FAILED 6 WEEKS OF PHYSICAL THERAPY AND HOME EXERCISES. HER PAIN IS WORSE.;	1 2023 2023 Apr-Jun
6/30/2023 4/1/2023 -		, ,		imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary	ordered for Other; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis Pt has continuous back pain that has not been relieved with OTC medications, injections, or physical therapy. 5 sessions of PT has actually made the patients pain worse.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis PT HAS FAILED 6 WEEKS OF PHYSICAL THERAPY AND HOME EXERCISES. HER PAIN IS WORSE.; There has been treatment or conservative therapy.; This case was created via RadMD.; This	1 2023 2023 Apr-Jun
6/30/2023 4/1/2023 - 6/30/2023		, ,		imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton)	Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary Radiology Services	ordered for Other; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis Pt has continuous back pain that has not been relieved with OTC medications, injections, or physical therapy. 5 sessions of PT has actually made the patients pain worse.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis PT HAS FAILED 6 WEEKS OF PHYSICAL THERAPY AND HOME EXERCISES. HER PAIN IS WORSE.; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs	1 2023 2023 Apr-Jun 1 2023 2023
6/30/2023 4/1/2023 -	4/1/2023	, ,		imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary Radiology Services Denied Not	ordered for Other; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis Pt has continuous back pain that has not been relieved with OTC medications, injections, or physical therapy. 5 sessions of PT has actually made the patients pain worse.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis PT HAS FAILED 6 WEEKS OF PHYSICAL THERAPY AND HOME EXERCISES. HER PAIN IS WORSE.; There has been treatment or conservative therapy.; This case was created via RadMD.; This	1 2023 2023 Apr-Jun

. / . /			72141 Magnetic resonance (eg, proton)		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic	
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Other	Disapproval	imaging, spinal canal and contents, cervical; without contrast material	Denied Not Medically Necessary	deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent	Apr-Jun 1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Other	Disapprovai	cervical, without contrast material	ivieuically ivecessary	This is a request for cervical spine MRI; The reason for ordering this test is Trauma or recent	1 2023 2023
			72141 Magnetic resonance (eg, proton)	Radiology Services	injury; The trauma or injury did NOT occur within the past 72 hours.; The pain began within	
4/1/2023 -			imaging, spinal canal and contents,	Denied Not	the past 6 weeks.; The patient does not have a neurological deficit, PT or home exercise,	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Disapproval	cervical; without contrast material		diagnostic test, or abnormal xray.	1 2023 2023
			·		This is a request for cervical spine MRI; This procedure is being requested for Acute / new	
			72141 Magnetic resonance (eg, proton)	Radiology Services	neck pain; The pain began within the past 6 weeks.; The patient had an abnormal xray	
4/1/2023 -			imaging, spinal canal and contents,	Denied Not	indicating a complex fracture or other significant abnormality involving the cervical spine;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Disapproval	cervical; without contrast material	Medically Necessary	This is NOT a Medicare member.	1 2023 2023
					This is a request for cervical spine MRI; This procedure is being requested for Acute / new	
. /. /			72141 Magnetic resonance (eg, proton)		neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient	
4/1/2023 -	6/20/2022 Other	D:	imaging, spinal canal and contents,	Denied Not	completed or failed a trial of physical therapy, chiropractic or physician supervised home	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Disapproval	cervical; without contrast material	Medically Necessary	exercise	4 2023 2023
			72141 Magnetic resonance (eg, proton)	Radiology Services	This is a request for cervical spine MRI; This procedure is being requested for Acute / new	
4/1/2023 -			imaging, spinal canal and contents,	Denied Not	neck pain; The patient has a new onset or changing radiculitis / radiculopathy; The pain did	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Disapproval	cervical; without contrast material		NOT begin within the past 6 weeks.	1 2023 2023
1,11,111	0,00,000	= 132 р р 1 2 1 2 1		, , , , , , , , , , , , , , , , , , , ,		
			72141 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -			imaging, spinal canal and contents,	Denied Not	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Disapproval	cervical; without contrast material	Medically Necessary	longstanding neck pain; The patient does not have any of the above listed items	3 2023 2023
			72141 Magnetic resonance (eg, proton)	Radiology Services	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	
4/1/2023 -			imaging, spinal canal and contents,	Denied Not	longstanding neck pain; The patient has a neurological deficit; The patient has None of the	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Disapproval	cervical; without contrast material	Medically Necessary	above	1 2023 2023
4/4/2022			72141 Magnetic resonance (eg, proton)		This is a second for one industries MDI This area done is being a constant for Changis /	A I
4/1/2023 -	C/20/2022 Other	Disamenal	imaging, spinal canal and contents,	Denied Not Medically Necessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Disapproval	cervical; without contrast material	iviedically necessary	longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	3 2023 2023
			72141 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -			imaging, spinal canal and contents,	Denied Not	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Disapproval	cervical; without contrast material		longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	4 2023 2023
					This is a request for cervical spine MRI; This procedure is being requested for Chronic /	
			72141 Magnetic resonance (eg, proton)	Radiology Services	longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or	
4/1/2023 -			imaging, spinal canal and contents,	Denied Not	failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Disapproval	cervical; without contrast material	Medically Necessary	NOT a Medicare member.	3 2023 2023
					This is a request for cervical spine MRI; This procedure is being requested for Chronic /	
			72141 Magnetic resonance (eg, proton)		longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or	
4/1/2023 -	- / /		imaging, spinal canal and contents,	Denied Not	failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Disapproval	cervical; without contrast material	Medically Necessary	NOT a Medicare member.	4 2023 2023
			721.46 Magnetic recognics (co. marter)	Padiology Convises	failed traditional medical management, questionable discogenic pain, evaluate possible	
4/1/2023 -			72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not	thoracic cyst; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Disapproval	thoracic; without contrast material		year; Home Exercise was done for this diagnosis	1 2023 2023
0,30,2023 4,1,2023	0/30/2023 Other	Disappioval	and acid, without contrast material	culcully Neccessally	MEDICATIONS, HOME EXERCISE PROGRAM, LUMBAR FACET; There has been treatment or	1 2023 2023
			72146 Magnetic resonance (eg, proton)	Radiology Services	conservative therapy.; This case was created via RadMD.; This study is being ordered for	
4/1/2023 -			imaging, spinal canal and contents,	Denied Not	Other; The primary symptoms began more than 1 year ago; Home Exercise was done for this	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Disapproval	thoracic; without contrast material	Medically Necessary		1 2023 2023
					·	
			72146 Magnetic resonance (eg, proton)	Radiology Services	This case was created via BBI.; This study is being ordered for Trauma / Injury; The ordering	
4/1/2023 -			imaging, spinal canal and contents,	Denied Not	MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Disapproval	thoracic; without contrast material	Medically Necessary	physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1 2023 2023

4/1/2023 -				72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Other	Disapproval	thoracic; without contrast material	Medically Necessary	patient does have a new foot drop.	1 2023 2023
				72146 Magnetic resonance (eg, proton)	Radiology Services	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	back pain; The patient does have new or changing neurologic signs or symptoms.; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Other	Disapproval	thoracic; without contrast material	Medically Necessary	patient does have a new foot drop.	2 2023 2023
						This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic	
				72146 Magnetic resonance (eg, proton)		back pain; The patient does have new or changing neurologic signs or symptoms.; The	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	patient does not have a new foot drop.; The patient does not have new signs or symptoms of	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Other	Disapproval	thoracic; without contrast material	Medically Necessary	bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.	1 2023 2023
						This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic	
				7044544 11 / 1		back pain; The patient does have new or changing neurologic signs or symptoms.; The	
4 /4 /2022				72146 Magnetic resonance (eg, proton)		patient does not have a new foot drop.; The patient does not have new signs or symptoms of	A I
4/1/2023 -	4/4/2022	C/20/2022 Other	Discourse	imaging, spinal canal and contents,	Denied Not	bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Other	Disapproval	thoracic; without contrast material	Medically Necessary	no weakness or reflex abnormality.	1 2023 2023
						This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic	
				721.46 Magnetic recovery (e.g. protect)	Dadialam, Caminas	back pain; The patient does have new or changing neurologic signs or symptoms.; The	
4/1/2022				72146 Magnetic resonance (eg, proton)		patient does not have a new foot drop.; The patient does not have new signs or symptoms of	Ame I.un
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Disamenanal	imaging, spinal canal and contents,	Denied Not	bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is weakness.; Patient complaint.	Apr-Jun 1 2023 2023
0/30/2023	4/1/2023	6/30/2023 Other	Disapproval	thoracic; without contrast material	Medically Necessary	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic	1 2023 2023
						back pain; The patient does not have new or changing neurologic signs or symptoms.; The	
						patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once	
						for these symptoms.; The physician has directed conservative treatment for the past 6	
						weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been	
						treated with medication.; The patient was treated with oral analgesics.; The patient has not	
						completed 6 weeks or more of Chiropractic care.; The physician has directed a home	
				72146 Magnetic resonance (eg, proton)	Radiology Services	exercise program for at least 6 weeks.; The home treatment did include exercise,	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	prescription medication and follow-up office visits.; back care and exercise print out given to	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Other	Disapproval	thoracic; without contrast material	Medically Necessary	· · · · · · · · · · · · · · · · · · ·	1 2023 2023
		, ,	••	•			
				72148 Magnetic resonance (eg, proton)	Radiology Services	; There has been treatment or conservative therapy.; This case was created via RadMD.; This	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	study is being ordered for Other; The primary symptoms began more than 1 year ago;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Other	Disapproval	lumbar; without contrast material	Medically Necessary	Medications were given for this diagnosis	1 2023 2023
						; This study is being ordered for a neurological disorder.; There has been treatment or	
						conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
				72148 Magnetic resonance (eg, proton)	Radiology Services	Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Other	Disapproval	lumbar; without contrast material	Medically Necessary	diagnosis	1 2023 2023
						; This study is being ordered for something other than: known trauma or injury, metastatic	
						disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
						vascular disease.; There has been treatment or conservative therapy.; The ordering MDs	
				72148 Magnetic resonance (eg, proton)		specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	Radiation Oncology; This case was created via RadMD.; The primary symptoms began less	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Other	Disapproval	lumbar; without contrast material	Medically Necessary	than 6 months ago; Physical Therapy was completed for this diagnosis	1 2023 2023
						55 y.O female with a s/p laminectomy L5-S1 and lumbar; fusion L4-5 and L5-S1, presents with	
						chronic pain in the lower back with RLE radiculopathy and bilateral SIs.;CT scan showed left	
						L4 extra pedicular screw and right S1 screw traversing the right late; This study is being	
						ordered for something other than: known trauma or injury, metastatic disease, a	
						neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular	
						disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is	
4/4/2022				72148 Magnetic resonance (eg, proton)		NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -	4/4/2022	6/20/2022 04	Discourse !	imaging, spinal canal and contents,	Denied Not	Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Other	Disapproval	lumbar; without contrast material	iviedically necessary	ago; Home Exercise was done for this diagnosis	1 2023 2023

						Conservative therapies tried: ;TENs unit, Stretching, Resting, Heat, Ice, Laying down, and	
						Modifying activity.; Chiropractic Therapy: no, for 0 weeks. ; Physical therapy: yes, for 6+	
						weeks.;Home exercise program: yes, currently and for years.;;Pain M; There has been	
						treatment or conservative therapy.; This case was created via RadMD.; This study is being	
				72148 Magnetic resonance (eg, proton)	Radiology Services	ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Other	Disapproval	lumbar; without contrast material	Medically Necessary	Physical Therapy was completed for this diagnosis	1 2023 2023
						failed traditional medical management, questionable discogenic pain, evaluate possible	
				72148 Magnetic resonance (eg, proton)	Radiology Services	thoracic cyst; There has been treatment or conservative therapy.; This case was created via	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Other	Disapproval	lumbar; without contrast material	Medically Necessary	year; Home Exercise was done for this diagnosis	1 2023 2023
						MEDICATIONS, HOME EXERCISE PROGRAM, LUMBAR FACET; There has been treatment or	
				72148 Magnetic resonance (eg, proton)	Radiology Services	conservative therapy.; This case was created via RadMD.; This study is being ordered for	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	Other; The primary symptoms began more than 1 year ago; Home Exercise was done for this	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Other	Disapproval	lumbar; without contrast material	Medically Necessary		1 2023 2023
.,,		.,,		,	, , , , , , , , , , , , , , , , , , , ,	Neck and Arm Pain Multiple Joint Pain, Lower Back and Leg Pain;Chronic pain	
						syndrome;Facet syndrome, lumbar;Bilateral leg and foot pain;Cervical	
				72148 Magnetic resonance (eg, proton)	Radiology Services	radiculopathy;Multiple joint pain;Long term (current) use of opiate analgesic; There has not	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	been any treatment or conservative therapy.; This case was created via RadMD.; This study	Apr-Jun
	4/1/2023	6/30/2023 Other	Disapproval	lumbar; without contrast material		is being ordered for Other; The primary symptoms began 6 months to 1 year	1 2023 2023
0,30,2023	4/1/2023	0/30/2023 Other	Disapprovai	idinadi, without contrast material	Wicalcally Weeessary	Neck and Arm Pain Multiple Joint Pain, Mid Back Pain; Chronic pain syndrome; Cervical	1 2023 2023
						radiculopathy;Facet syndrome, lumbar;Bilateral leg and foot pain;Multiple joint pain;Long	
						term (current) use of opiate analgesic; There has been treatment or conservative therapy.;	
						This case was created via RadMD.; This study is being ordered for Pre Operative or Post	
				72149 Magnetic reconance (og proten)	Padiology Convices	Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or	
4/4/2022				72148 Magnetic resonance (eg, proton)			A I
4/1/2023 -	4/4/2022	C /20 /2022 Oth	Diagram	imaging, spinal canal and contents,	Denied Not	Orthopedics; The primary symptoms began more than 1 year ago; Medications were given	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Other	Disapproval	lumbar; without contrast material	Medically Necessary	•	1 2023 2023
						Pain at this time is managed with current medication regimen. He reports pain intensity	
						increases with increase; physical activities even with pain medications. He reports that most	
						but not all of treatment goal are being met; with current medication regi; There has been	
				72148 Magnetic resonance (eg, proton)		treatment or conservative therapy.; This case was created via RadMD.; This study is being	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	ordered for Other; The primary symptoms began 6 months to 1 year; Medications were	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Other	Disapproval	lumbar; without contrast material	Medically Necessary	given for this diagnosis	1 2023 2023
						Pt has continuous back pain that has not been relieved with OTC medications, injections, or	
						physical therapy. 5 sessions of PT has actually made the patients pain worse.; This study is	
						being ordered for something other than: known trauma or injury, metastatic disease, a	
						neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular	
						disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is	
				72148 Magnetic resonance (eg, proton)	Radiology Services	NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Other	Disapproval	lumbar; without contrast material	Medically Necessary	year; Physical Therapy was completed for this diagnosis	1 2023 2023
						PT HAS FAILED 6 WEEKS OF PHYSICAL THERAPY AND HOME EXERCISES. HER PAIN IS WORSE.;	
						There has been treatment or conservative therapy.; This case was created via RadMD.; This	
				72148 Magnetic resonance (eg, proton)	Radiology Services	study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Other	Disapproval	lumbar; without contrast material	Medically Necessary	than 1 year ago; Physical Therapy was completed for this diagnosis	1 2023 2023
.,,	, ,	, ,		,	, , , , , , , , , , , , , , , , , , , ,	, 0, , , ,	
				72148 Magnetic resonance (eg, proton)	Radiology Services	The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic	
1				imaging, spinal canal and contents,	Denied Not	back pain.; This study is being requested for Neurologic deficits; This is NOT a Medicare	Apr-Jun
4/1/2023 -						member.; The patient has Abnormal Reflexes	
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Disapproval	lumbar: without contrast material			1 2023 7073
1 ' '	4/1/2023	6/30/2023 Other	Disapproval	lumbar; without contrast material	ivieuically Necessary	member, me patient has notional neticaes	1 2023 2023
1 ' '	4/1/2023	6/30/2023 Other	Disapproval				1 2023 2023
6/30/2023	4/1/2023	6/30/2023 Other	Disapproval	72148 Magnetic resonance (eg, proton)	Radiology Services	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic	
6/30/2023	4/1/2023 4/1/2023	6/30/2023 Other	Disapproval			The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Known or suspected tumor with or without	Apr-Jun 1 2023 2023

				72148 Magnetic resonance (eg, proton)		The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic	
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Disapproval	imaging, spinal canal and contents, lumbar; without contrast material	Denied Not Medically Necessary	back pain.; This study is being requested for Neurologic deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is Other	Apr-Jun 5 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	Apr-Jun 28 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	Apr-Jun 34 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Denied Not	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal nerve study (EMG) involving the lumbar spine; This is NOT a Medicare member.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Denied Not	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	Apr-Jun 6 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Denied Not	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	Apr-Jun 7 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Denied Not	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Dermatomal sensory changes on physical examination	Apr-Jun 4 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Denied Not	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Focal extremity weakness	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Denied Not	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Physical exam findings consistent with myelopathy	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Denied Not	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	Apr-Jun 7 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Denied Not	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	Apr-Jun 10 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Denied Not	This case was created via BBI.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	Apr-Jun 1 2023 2023

							55 y.O female with a s/p laminectomy L5-S1 and lumbar;fusion L4-5 and L5-S1, presents with	
							chronic pain in the lower back with RLE radiculopathy and bilateral SIs.;CT scan showed left	
							L4 extra pedicular screw and right S1 screw traversing the right late; This study is being	
							ordered for something other than: known trauma or injury, metastatic disease, a	
							neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular	
							disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is	
					72196 Magnetic resonance (eg, proton)		NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/20			-//		imaging, pelvis; with contrast	Denied Not	Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year	Apr-Jun
6/30/2	023	4/1/2023	6/30/2023 Other	Disapproval	material(s)	Medically Necessary	ago; Home Exercise was done for this diagnosis	1 2023 2023
					72106 Magnetic reconnect (or protect)	Dadialam, Camiana	Fator and the last and Time in University If No Info Cities. This is a very cost face Delvis MDI.	
4/1/20	าา				72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast	Radiology Services Denied Not	Enter answer here - or Type In Unknown If No Info Given. This is a request for a Pelvis MRI.; Yes, this is a preoperative study.; Surgery is not planned for within 30 days.; The study is	American
		4/1/2023	6/30/2023 Other	Disapproval	material(s)		being ordered for suspicion of pelvic inflammatory disease or abscess.	Apr-Jun 1 2023 2023
0/30/2	023	4/1/2023	0/30/2023 Other	Disappiovai	material(s)	ivieuically ivecessary	being ordered for suspicion of pervic inflaminatory disease of abscess.	1 2023 2023
					72196 Magnetic resonance (eg, proton)	Radiology Services		
4/1/20	23 -				imaging, pelvis; with contrast	Denied Not	This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of	Apr-Jun
		4/1/2023	6/30/2023 Other	Disapproval	material(s)		joint or bone infection.; The study is being ordered for arthritis.	1 2023 2023
0,00,2	020	., 1, 2025	0,00,2020 01.101	эларр. ота.	acc.iai(s)	medically mecessary	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.;	1 2020 2020
							There is not a history of upper extremity joint or long bone trauma or injury.; This is not a	
							preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity	
						Radiology Services	neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint	
4/1/20	23 -				73200 Computed tomography, upper	Denied Not	infection.; The ordering physician is not an orthopedist or rheumatologist.; Yes this is a	Apr-Jun
6/30/2	023	4/1/2023	6/30/2023 Other	Disapproval	extremity; without contrast material	Medically Necessary	request for a Diagnostic CT	1 2023 2023
				• •	· ·		; The pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4	
					73221 Magnetic resonance (eg, proton)	Radiology Services	weeks.; There is not a suspicion of fracture not adequately determined by x-ray.; It is not	
4/1/20	23 -				imaging, any joint of upper extremity;	Denied Not	known if there is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.;	Apr-Jun
6/30/2	023	4/1/2023	6/30/2023 Other	Disapproval	without contrast material(s)	Medically Necessary	This study is requested for evalutation of wrist pain.	1 2023 2023
							CHIROPRACTOR THERAPY; This study is being ordered for trauma or injury.; There has been	
							treatment or conservative therapy.; The ordering MDs specialty is NOT	
					73221 Magnetic resonance (eg, proton)	Radiology Services	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/20	23 -				imaging, any joint of upper extremity;	Denied Not	Oncology; This case was created via RadMD.; The primary symptoms began less than 6	Apr-Jun
6/30/2	023	4/1/2023	6/30/2023 Other	Disapproval	without contrast material(s)	Medically Necessary	months ago; Other not listed was done for this diagnosis	1 2023 2023
							pt just had a ganglion cyst excision 3/10/23. concern of a new cyst; The pain is described as	
					73221 Magnetic resonance (eg, proton)		chronic; The member has not failed a 4 week course of conservative management in the past	
4/1/20					imaging, any joint of upper extremity;	Denied Not	3 months.; This request is for a wrist MRI.; This study is requested for evalutation of wrist	Apr-Jun
6/30/2	023	4/1/2023	6/30/2023 Other	Disapproval	without contrast material(s)	Medically Necessary	pain.	1 2023 2023
. /. /20					73221 Magnetic resonance (eg, proton)		Right hand and wrist pain status post trauma.; The pain is from a recent injury.; Surgery or	
4/1/20		. /. /2022	C /20 /2022 O.J	B: 1	imaging, any joint of upper extremity;	Denied Not	arthrscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament	Apr-Jun
6/30/2	023	4/1/2023	6/30/2023 Other	Disapproval	without contrast material(s)	Medically Necessary	injury.; This request is for a wrist MRI.; This study is requested for evaluation of wrist pain.	1 2023 2023
					72221 Magnetic reconance (or restart)	Radiology Convises	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	
4/1/20	22				73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity;	Radiology Services Denied Not	described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare	Apr-Jun
		4/1/2023	6/30/2023 Other	Disapproval				3 2023 2023
6/30/2	023	4/1/2023	6/30/2023 Other	Disapprovai	without contrast material(s)	Medically Necessary	member.	3 2023 2023
							The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	
							described as chronic; The physician has directed conservative treatment for the past 4	
							weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been	
							treated with medication.; The patient has not completed 4 weeks or more of Chiropractic	
							care.; The physician has directed a home exercise program for at least 4 weeks.; The home	
					73221 Magnetic resonance (eg, proton)	Radiology Services	treatment did include exercise, prescription medication and follow-up office visits.; 4	
4/1/20	23 -				imaging, any joint of upper extremity;	Denied Not	months;Rest shoulder ;Alternate heat and cool PRN ;ROM stretching; The patient recevied	Apr-Jun
		4/1/2023	6/30/2023 Other	Disapproval	without contrast material(s)		medication other than joint injections(s) or oral analgesics.; ketorolac; Medrol (Pak)	1 2023 2023

			The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	
			described as chronic; The physician has directed conservative treatment for the past 4	
			weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been	
			treated with medication.; The patient has not completed 4 weeks or more of Chiropractic	
	72221 Magnetic reconance (eg. proten)	Padiology Convices	care.; The physician has directed a home exercise program for at least 4 weeks.; The home	
4/1/2023 -	73221 Magnetic resonance (eg, proton)		treatment did include exercise, prescription medication and follow-up office visits.; 6 weeks	Apr lup
6/30/2023 4/1/2023 6/30/2023 Other Disapproval	imaging, any joint of upper extremity; without contrast material(s)	Denied Not	of having pain with stretches; The patient recevied medication other than joint injections(s) or oral analgesics.; MeloxicamPain pills	Apr-Jun 1 2023 2023
0/30/2023 4/1/2023 0/30/2023 Other Disapproval	without contrast material(s)	ivieuically ivecessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	1 2023 2023
	73221 Magnetic resonance (eg, proton)	Radiology Services	described as chronic; The physician has directed conservative treatment for the past 4	
4/1/2023 -	imaging, any joint of upper extremity;	Denied Not	weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Other Disapproval	without contrast material(s)	Medically Necessary		1 2023 2023
	, ,		Brownderville, Eldon presents for Today's Pain HPI Knee Pain, Ankle Pain, Multiple Joint Pain	
			evaluation and;management. He is an established patient. He complains of exacerbation of	
			Today's Pain HPI for more than; four weeks, not being managed with acti; This is not a	
			preoperative or recent postoperative evaluation.; There is no suspicion of a lower extremity	
		Radiology Services	neoplasm, tumor or metastasis.; There is no suspicion of lower extremity bone or joint	
4/1/2023 -	73700 Computed tomography, lower	Denied Not	infection.; There is not a history of lower extremity joint or long bone trauma or injury.; This	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Other Disapproval	extremity; without contrast material	Medically Necessary	is a request for a Leg CT.; Yes this is a request for a Diagnostic CT	1 2023 2023
	73706 Computed tomographic			
	angiography, lower extremity, with	5 11 5 .		
. /. /	contrast material(s), including	Radiology Services		
4/1/2023 - 6/20/2023 Other Biometric	noncontrast images, if performed, and	Denied Not	Ver this is a second for CT Assistant has falled by the law of the	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Other Disapproval	image postprocessing	Medically Necessary	Yes, this is a request for CT Angiography of the lower extremity.	1 2023 2023
	73720 Magnetic resonance (eg, proton)		; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
	imaging, lower extremity other than		vascular disease.; There has been treatment or conservative therapy.; The ordering MDs	
	joint; without contrast material(s),	Radiology Services	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
4/1/2023 -	followed by contrast material(s) and	Denied Not	Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Other Disapproval	further sequences		months to 1 year; Physical Therapy was completed for this diagnosis	2 2023 2023
0,00,2020 1,2/2020 0,00,2020 0 and	rartifer sequences	Triculcumy Trecessury	He has had chronic knee pain for many years and was unable to evaluate and treat due to his	2 2020 2020
			heart issues. After being off for a while to recover his heart, his knees were able to rest as	
			well and when he attempted to resume work, he was nearly incapacitat; This study is being	
			ordered for something other than: known trauma or injury, metastatic disease, a	
	73720 Magnetic resonance (eg, proton)		neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular	
	imaging, lower extremity other than		disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is	
	joint; without contrast material(s),	Radiology Services	NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -	followed by contrast material(s) and	Denied Not	Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Other Disapproval	further sequences	Medically Necessary	ago; Medications were given for this diagnosis	2 2023 2023
	73720 Magnetic resonance (eg, proton)			
	imaging, lower extremity other than			
4/4/2022	joint; without contrast material(s),	Radiology Services	This is a second for a Mary Mary MADI. Name of the ob-	
4/1/2023 - 6/20/2023 Other Biometric	followed by contrast material(s) and	Denied Not	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Other Disapproval	further sequences		imaging.; 'None of the above' were noted as an indication for knee imaging.	1 2023 2023
	73720 Magnetic resonance (eg, proton)			
	imaging, lower extremity other than joint; without contrast material(s),	Radiology Services	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an	
4/1/2023 -	followed by contrast material(s) and	Denied Not	indication for knee imaging; An MRI showed an abnormality; The ordering MDs specialty is	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Other Disapproval	further sequences	Medically Necessary		1 2023 2023
-,, , -, -,,,,,,	73720 Magnetic resonance (eg, proton)	ca.ca.i, ivecessary		1 2020 2020
	imaging, lower extremity other than			
		Dadialam, Camina	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an	
	joint; without contrast material(s),	Radiology Services	This is a request for a knee wiki., Abhormai imaging study of the knee was noted as an	
4/1/2023 -	followed by contrast material(s) and	Denied Not	indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is	Apr-Jun

			72720 Magnetic reconnect (e.g. protect)			
			73720 Magnetic resonance (eg, proton) imaging, lower extremity other than			
			joint; without contrast material(s),	Radiology Services	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
4/1/2023 -			followed by contrast material(s) and	Denied Not	an indication for knee imaging; 'None of the above' were noted on the physical examination;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Disapproval	further sequences		The ordering MDs specialty is NOT Orthopedics.	2 2023 2023
0/30/2023 4/1/2023	0/30/2023 Other	ызарргочаг	73720 Magnetic resonance (eg, proton)		The didering MD3 specialty is Not Orthopeales.	2 2023 2023
			imaging, lower extremity other than		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
			joint; without contrast material(s),	Radiology Services	an indication for knee imaging; Instability was noted on the physical examination; The	
4/1/2023 -			followed by contrast material(s) and	Denied Not	patient is being treated with an Ace bandage; The ordering MDs specialty is NOT	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Disapproval	further sequences	Medically Necessary		1 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,		73720 Magnetic resonance (eg, proton)		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
			imaging, lower extremity other than		an indication for knee imaging; Instability was noted on the physical examination; The	
			joint; without contrast material(s),	Radiology Services	patient is not being treated with any of the listed items (crutches, knee immobilizer, wheel	
4/1/2023 -			followed by contrast material(s) and	Denied Not	chair, neoprene knee sleeve, ace bandage, knee brace); The ordering MDs specialty is NOT	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Disapproval	further sequences	Medically Necessary		1 2023 2023
		••	73720 Magnetic resonance (eg, proton)	,	<u> </u>	
			imaging, lower extremity other than			
			joint; without contrast material(s),	Radiology Services	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
4/1/2023 -			followed by contrast material(s) and	Denied Not	an indication for knee imaging; Locking was noted on the physical examination; The ordering	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Disapproval	further sequences	Medically Necessary	MDs specialty is NOT Orthopedics.	2 2023 2023
			73720 Magnetic resonance (eg, proton)			
			imaging, lower extremity other than			
			joint; without contrast material(s),	Radiology Services	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
4/1/2023 -			followed by contrast material(s) and	Denied Not	an indication for knee imaging; Locking was noted on the physical examination; The ordering	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Disapproval	further sequences	Medically Necessary	MDs specialty is NOT Orthopedics.	3 2023 2023
			73720 Magnetic resonance (eg, proton)			
			imaging, lower extremity other than			
			joint; without contrast material(s),	Radiology Services	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
4/1/2023 -			followed by contrast material(s) and	Denied Not	an indication for knee imaging; Positive Lachmann's test or "drawer" sign (abnormal) was	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Disapproval	further sequences		noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1 2023 2023
			73720 Magnetic resonance (eg, proton)			
			imaging, lower extremity other than			
. /. /			joint; without contrast material(s),	Radiology Services		
4/1/2023 -	C /20 /2022 O.I	B: 1	followed by contrast material(s) and	Denied Not	This is a request for a Knee MRI.; Blood or abnormal fluid in the knee joint was noted as an	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Disapproval	further sequences		indication for knee imaging	2 2023 2023
			73720 Magnetic resonance (eg, proton)			
			imaging, lower extremity other than	David alama Camatana	This is a second for an Antida ARDI. The shoot is accounted for multi-mate. There is a	
4/1/2023 -			joint; without contrast material(s),	Radiology Services	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a	A mar I com
6/30/2023 4/1/2023	6/30/2023 Other	Disapproval	followed by contrast material(s) and further sequences	Denied Not Medically Necessary	suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next	Apr-Jun 2 2023 2023
0/30/2023 4/1/2023	6/30/2023 Other	Disappiovai	rurther sequences	ivieuically ivecessary	; This study is being ordered for a neurological disorder.; There has been treatment or	2 2023 2023
					conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
			73721 Magnetic resonance (eg, proton)	Radiology Services	Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via	
4/1/2023 -			imaging, any joint of lower extremity;	Denied Not	RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Disapproval	without contrast material	Medically Necessary		1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Other	Disappiovai	without contrast material	ivieuically ivecessary	uiagiiosis	1 2023 2023
			73721 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -			imaging, any joint of lower extremity;	Denied Not	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Disapproval	without contrast material		member has not failed a 4 week course of conservative management in the past 3 months.	1 2023 2023
.,,,,,,,	-,,				The patient is complaining of severe pain in the left knee. States he is having difficulty	
			73725 Magnetic resonance	Radiology Services	sleeping due to the increased pain. He was seen several months ago at JOSM, and received	
4/1/2023 -			angiography, lower extremity, with or	Denied Not	an injection in his knee. Since then he has had varicose veins surrounding; Is this a request	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Disapproval	without contrast material(s)		for one of the following? MR Angiogram lower extremity	1 2023 2023
, , , _, , ,	., .,			,,		
				Radiology Services	This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op	
4/1/2023 -			74150 Computed tomography,	Denied Not	evaluation.; The requested study is for pre-operative evaluation.; Yes this is a request for a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Other	Disapproval	abdomen; without contrast material		Diagnostic CT ; This is NOT a Medicare member.	1 2023 2023
		e F	,	,,		

4/1/2023 4/1/2023 5/20/2023 Other Disagration Disa							
This is a request for an Addominent CT, This Study is being ordered for an infection such as purchaselles, spendidly, abdees, colls and rishmentary towed disease. Place are study in the purchase of the purc					Denied Not	mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or abdominal cancer.; This study being ordered for new symptoms including hematuria,	
pancreating, appendicing, absences, college and inflammation bowed disease. There are absonable results of a resolution of page 14/1/2023 4/1/2023 6/30/2023 Other Disapproval Page 14/1/2023 6/30/20	6/30/2023 4/1/202	3 6/30/2023 Other	Disapproval	abdomen; without contrast material	Medically Necessary	presenting with known cancer or tumor.; Yes this is a request for a Diagnostic CT	1 2023 2023
4/1/2023 4/1/2023 6/30/2023 Other Obsapproval addomen; without contrast material Addomen and place; without CT, at unitaryish is a request for an Abdomen and Peaks CT, a unitaryish state place; the terminaryish as the encompleted; This study is being ordered for chronic pain; The results of the unitaryish were normal; The study is being ordered for chronic pain; This is a request for an Abdomen and Peaks CT, a unitaryish is the first visit for this complaint; The study is being ordered for chronic pain; This is a request for an Abdomen and Peaks CT, a unitaryish is the first visit for this complaint; The paterial districts of administration of the unitaryish were normal; The paterial districts of administration of the unitaryish were normal; The study is being ordered for chronic pain; This is a request for an Abdomen and peaks; Without contrast deficiency in the paterial for an obsolution and only peaks place; The study is being ordered for chronic pain; This is the first visit for this complaint; The paterial for an obsolution and only peaks place; The paterial for an obsolution and only peaks place; The study is being ordered for chronic pain; This is the first visit for this complaint; The paterial for an Abdomen and peaks; Without contrast deficiency is administration of the paterial paterial and the paterial pat						pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are abnormal lab results or physical findings on exam such as rebound or guarding that are consistent with peritonitis, abscess, pancreatitis or appendicitis.; This study is being ordered	
4/1/2023 6/30/2023 Other Disapproval material September 1/2023 6/30/2023 Other Disapproval material September 2/1/2023 6/30/2023 Other Disappr							
All/10023 All/2003 Other Disapproval Medically Necessary	6/30/2023 4/1/202	6/30/2023 Other	Disapproval	abdomen; without contrast material	Medically Necessary	Colitis, Diverticulitis, or Inflammatory bowel disease.; Yes this is a request for a Diagnostic CT	1 2023 2023
April 1/2023 a 1/1/2023 a 1/1/202				abdomen and pelvis; without contrast	Denied Not	is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.;	·
Add/1/2023	6/30/2023 4/1/202	6/30/2023 Other	Disapproval	material	Medically Necessary	The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2023 2023
74176 Computed tomography, abdomen and pelvis, without contrast Medically Necessary (Fragment of the Study is being requested for abdominal and/or pelvic pain.; The study is plant of the study is for the companied and pelvis without contrast being ordered for chronic pain.; This is the first visit for this complaint; it is unknown if a uninabylis has been completed. This study is being requested for abdominal and/or pelvic pain. The study is plant for the study is for the completed. This study is being requested for abdominal and/or pelvic pain. The study is indeed to a possible properties of a Diagnostic CT in the patient has a fewer and elevised with blood cell count or abnormal analyse plant; the study is in order of the study is not even the interval of the study is not being requested for abdominal and/or pelvis (Till is the first visit for this complaint; it is unknown if a uninabylis has been companyly, being requested for abdominal and/or pelvis for ablomance of pelvis CT, This is a request for a Diagnostic CT in a part of the study is in the study is for the city is not being requested for abdominal and/or pelvis (Till is the first visit for this complaint; it is unknown if a uninabylis in the being requested for abdominal and/or pelvis (Till is the first visit for this complaint; it is unknown if a uninabylis in the being requested for abdominal and/or pelvis (Till is the first visit for this complaint; it is unknown if a uninabylis has been companyly, abdomen and pelvis; without contrast the pelvis of the pelvis of the study is the pelvis expected for abdominal and/or pelvis (Till is the first visit for this complaint; it is unknown if the Apr-Jun		5/20/2022 04		abdomen and pelvis; without contrast	Denied Not	study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The	
4/1/2023 4/1/2023 6/30/2023 Other Disapproval material subdomen and pelvis; without contrast of 3/0/2023 4/1/2023 6/30/2023 Other Disapproval material subdomen and pelvis; without contrast of 3/0/2023 4/1/2023 6/30/2023 Other Disapproval material subdomen and pelvis; without contrast of 3/0/2023 4/1/2023 6/30/2023 Other Disapproval material subdomen and pelvis; without contrast of 3/0/2023 4/1/2023 6/30/2023 Other Disapproval material subdomen and pelvis; without contrast of 3/0/2023 4/1/2023 6/30/2023 Other Disapproval material subdomen and pelvis; without contrast of 3/0/2023 4/1/2023 6/30/2023 Other Disapproval material subdomen and pelvis; without contrast of 3/0/2023 4/1/2023 6/30/2023 Other Disapproval material subdomen and pelvis; without contrast of 3/0/2023 4/1/2023 6/30/2023 Other Disapproval material subdomen and pelvis; without contrast of 3/0/2023 4/1/2023 6/30/2023 Other Disapproval material subdomen and pelvis; without contrast of 3/0/2023 4/1/2023 6/30/2023 Other Disapproval material subdomen and pelvis; without contrast of 3/0/2023 4/1/2023 6/30/2023 Other Disapproval subdomen and pelvis; without contrast of 3/0/2023 4/1/2023 6/30/2023 Other Disapproval subdomen and pelvis; without contrast of 3/0/2023 4/1/2023 6/30/2023 Other Disapproval subdomen and pelvis; without contrast of 3/0/2023 4/1/2023 6/30/2023 Other Disapproval subdomen and pelvis; without contrast of 3/0/2023 4/1/2023 6/30/2023 Other Disapproval subdomen and pelvis; without contrast of 3/0/2023 4/1/2023 6/30/2023 Other Disapproval subdomen and pelvis; without contrast of 3/0/2023 0ther Disapproval subdomen and pelvis; without contrast of 3/0/2023 4/1/2023 6/30/2023 Other Disapproval subdomen and pelvis; without contrast of 3/0/2023 0ther Disapproval subdomen and pelvis; without contrast of 3/0/2023 0ther Disapproval subdomen and pelvis; without contrast of 3/0/2023 0ther Disapproval subdomen and pelvis; without contrast of 3/0/2023 0ther Disapproval subdomen and pelvis; without contrast of 3/0/2023 0ther Disapproval subdomen and p	6/30/2023 4/1/202	3 6/30/2023 Other	Disapprovai	material	Medically Necessary	· · · · · · · · · · · · · · · · · · ·	1 2023 2023
This is a request for an Abdomen and Pelvis CT; The reason for the study is infection; The patient is a fewer and elevated white blood cell count or abnormal amylase/[jiases; This study is not being requested for abdominal and/or pelvic pain; The study is not requested or abdominal and/or pelvic pain; The study is not being requested for abdominal and/or pelvic pain; The study is not being requested for abdominal and/or pelvic pain; The study is not being requested for abdominal and/or pelvic pain; The study is not being requested for abdominal and/or pelvic pain; The study is not being requested for abdominal and/or pelvic pain; The study is not being requested for abdominal and/or pelvic pain; The study is not being requested for abdominal and/or pelvic pain; The study is not being requested for abdominal and/or pelvic pain; The study is not being requested for abdominal and/or pelvic pain; The study is not being requested for abdominal and/or pelvic pain; The study is not being requested for abdominal and/or pelvic pain; The study is not being requested for abdominal and/or pelvic pain; The study is not being requested for abdominal and/or pelvic pain; The study is not being requested for abdominal and/or pelvic pain; The study is not being requested for abdominal and/or pelvic pain; The study is not being requested for abdominal and/or pelvic pain; The study is being requested for abdominal and/or pelvic pain; The study is being requested for abdominal and/or pelvic pain; The study is being requested for abdominal and/or pelvic pain; The study is being requested for abdominal and/or pelvic pain; The study is being requested for abdominal and/or pelvic pain; The study is being requested for abdominal and/or pelvic pain; The study is being requested for abdominal and/or pelvic pain; The study is being requested for abdominal and/or pelvic pain; The study is being requested for abdominal and/or pelvic pain; The study is being requested for abdominal and/or pelvic pain; The study is being requested for abdomina		6/20/2022 Othor	Disapproval	abdomen and pelvis; without contrast	Denied Not	completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the	
4/1/2023 - 4/1/2023 - 4/1/2023 - 6/30/2023 Other Disapproval material mater	0/30/2023 4/1/202	3 0/30/2023 Other	Disappiovai	Illaterial	ivieuically ivecessary		1 2023 2023
This is a request for an Abdomen and Pelvis CT; The reason for the study is none of the listed reasons; This study is not being requested for abdominal and/or pelvic pain. The study is not prequested for abdominal and/or pelvic pain. The study is not requested for abdominal and/or pelvic pain. The study is not requested for abdominal and/or pelvic pain. The study is pelvic pain.	1 1 1					patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This	
listed reasons; This study is not being requested for abdominal and/or pelvic pain.; The 4/1/2023 - 6/30/2023 0ther Disapproval bidomen and pelvis; without contrast material without contrast material bedomen and pelvis; without contrast material bedomen and pelvis; without contrast material bedomen and pelvis; without contrast benefit bedien; This is tady is being requested for acute pain.; There has been a physical and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical and/or	6/30/2023 4/1/202	3 6/30/2023 Other	Disapproval	material	Medically Necessary	for hematuria.; Yes this is a request for a Diagnostic CT	1 2023 2023
This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain., There has been a physical and/or pelvic pain.; The study is being ordered for acute pain., There has been a physical sexually is being ordered for acute pain. There has been a physical pain of pelvic pain. The study is being ordered for acute pain. There has been a physical exam, The patient is female, a pelvic exam was performed.; The results of the exam were pain. There has been a physical exam, The patient is female, a pelvic exam was performed. The study is being requested for abdominal and/or pelvic pain. The study is being ordered for acute pain. There has been a physical exam, The patient is female, a pelvic exam was performed. The results of the exam were pain. There has been a physical exam, The patient is female, a pelvic exam was performed. The results of the exam were pain. The study is being ordered for acute pain. There has been a physical exam, The patient is female, a pelvic exam was performed. The results of the exam were pain. There has been a physical exam, The patient is female, a pelvic exam was performed. The results of the exam were pain. There has been a physical exam. The patient is female is a request for a Diagnostic CT pain. There has been a physical exam. The patient is female is a request for a nabdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain. The study is being ordered for acute pain. There has been a physical exam. The patient is female is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain. The study is being ordered for caute pain. There has been a physical exam. The patient is female is female is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain. The study is being ordered for chronic pain. This is not the first visi				abdomen and pelvis; without contrast	Denied Not	listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; Reason: ELSE (system matched response); GI bleed, lower; rectal bleeding; This is study NOT being	
74176 Computed tomography, abdomen and pelvis; without contrast (5/30/2023 4/1/2023 6/30/2023 Other Disapproval Di	6/30/2023 4/1/202	3 6/30/2023 Other	Disapproval	material	Medically Necessary	•	1 2023 2023
74176 Computed tomography, abdomen and pelvis; without contrast follows Services and/or pelvic pain.; The study is being ordered for acute pain.; The results of the exam were seam.; The patient is female.; A pelvic exam was performed.; The results of the exam were seam.; The patient is female.; A pelvic exam was performed.; The results of the exam were seam.; The patient is female.; A pelvic exam was performed.; The results of the exam were seam.; The patient is female.; A pelvic exam was performed.; The results of the exam were seam.; The patient is female.; A pelvic exam was performed.; The results of the exam were seam.; The patient is female.; A pelvic exam was performed.; The results of the exam were seam.; The patient is female.; A pelvic exam was performed.; The results of the exam were seam.; The patient is female.; A pelvic exam was performed.; The results of the exam were seam.; The patient is female.; A pelvic exam was not performed.; The results of the exam were seam.; The patient is female.; A pelvic exam was not performed.; The results of the exam were seam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Apr-Jun seam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint; There has been a physical exam.; The patient is female.; A pelvic exam was Apr-Jun seam. This is a request for a Diagnostic CT. This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; There has been a physical exam.; The patient is female.; A pelvic exam was Apr-Jun seam. The patient is female.; A pelvic exam was and/or pelvic pain.; There has been a physical exam.; The patient is female.; A pelvic exam was and/or pelvic pain.; There has been a physical exam.; The patient is female.; A pelvic exam was and/or pelvic pain.; The	1 1	3 6/30/2023 Other	Disapproval	abdomen and pelvis; without contrast	Denied Not	and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a	
This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical and/or pelvic pain.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Apr-Jun Medically Necessary Diagnostic CT 1 2023 2023 This is a request for an Abdomen and Pelvis CT.; This study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a Apr-Jun Medically Necessary Diagnostic CT 1 2023 2023 This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for an Apr-Jun his is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for hedically Necessary NOT performed.; Yes this is a request for a Diagnostic CT 1 2023 2023 This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; There has been a physical exam.; The patient is female.; A pelvic exam was Apr-Jun and/or pelvic pain.; This study is being ordered for chronic pain.; This is not the first visit for and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was Apr-Jun and/or pelvic pain.; There has been a physical exam.; The patient is female.; A pelvic exam was Apr-Jun and/or pelvic pain.; There has been a physical exam.; The patient is female.; A pelvic exam was Apr-Jun and/or pelvic pain.; There has been a physical exam.; The patient is female.; A pelvic exam was Apr-Jun and/or pelvic pain.; There has been a physic		3 6/30/2023 Other	Disapproval	abdomen and pelvis; without contrast	Denied Not	and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were	·
This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for daddominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was Apr-Jun Medically Necessary NOT performed.; Yes this is a request for an Abdomen and Pelvis CT.; This study is being ordered for chronic pain.; The study is being requested for abdominal and/or pelvic pain.; There has been a physical exam.; The patient is female.; A pelvic exam was Apr-Jun and/or pelvic pain.; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; This is a request for an Abdomen and Pelvis CT.; This study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was Apr-Jun	4/1/2023 -	· ·	·	74176 Computed tomography, abdomen and pelvis; without contrast	Radiology Services Denied Not	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a	Apr-Jun
74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography, abdomen and pelvis; without contrast Medically Necessary NOT performed.; Yes this is a request for a Diagnostic CT 1 2023 2023 This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for an Abdomen and Pelvis CT.; This study is being ordered for chronic pain.; This is not the first visit for an Abdomen and Pelvis pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was Apr-Jun	6/30/2023 4/1/202	6/30/2023 Other	Disapproval	material	iviedically Necessary	•	1 2023 2023
74176 Computed tomography, Radiology Services and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for 4/1/2023 - Denied Not this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was Apr-Jun		3 6/30/2023 Other	Disapproval	abdomen and pelvis; without contrast	Denied Not	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was	· ·
		3 6/30/2023 Other	Disapproval	abdomen and pelvis; without contrast	Denied Not	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was	· ·

4/4/2022				74176 Computed tomography,	Radiology Services	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	Ame Ivo
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Disapproval	abdomen and pelvis; without contrast material	Denied Not Medically Necessary	this complaint.; There has been a physical exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 -		· ·		74176 Computed tomography, abdomen and pelvis; without contrast	Radiology Services Denied Not	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Other	Disapproval	material	Medically Necessary	performed.; Yes this is a request for a Diagnostic CT	2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	Apr-Jun 2 2023 2023
4/1/2023 -	4/4/2022	c (20 (2022 Other)	Discount	74176 Computed tomography, abdomen and pelvis; without contrast	Radiology Services Denied Not	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient did not have an Ultrasound.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Other	Disapproval	material	Medically Necessary	Yes this is a request for a Diagnostic CT This is a request for an Abdomen and Pelvis CT.; This study is not being requested for	1 2023 2023
4/1/2023 -				74176 Computed tomography, abdomen and pelvis; without contrast	Radiology Services Denied Not	abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Other	Disapproval	material	Medically Necessary	diagnosis or treatment.	1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Disapproval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for an Abdomen MRI.; This study is being ordered for known or suspected vascular disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Disapproval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This procedure is being requested for evaluation of vascular disease in the stomach or legs; No other study was performed	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		6/30/2023 Other	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	The other study was performed	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		6/30/2023 Other	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not	SOB, chest pain/anginal equiv, chest tightness, intermediate CAD risk; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Denied Not	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The symptoms can be described as "Typical angina" or substernal chest pain that is worse or comes on as a result of physical exertion or emotional stress; The chest pain was NOT relieved by rest (ceasing physical exertion activity) and/or nitroglycerin; The patient has None of the above physical limitations; The patient has NOT had a recent stress imaging study within the last year; The symptoms are new or changing with new EKG changes or the patient has a left bundle branch block	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Denied Not	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; It is not known if the member has known or suspected coronary artery disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered as a post operative evaluation.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for Chest pain of suspected cardiac etiology; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram; The health carrier is NOT HealthNet of California	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of congenital heart disease.	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of congenital heart disease.; The health carrier is NOT HealthNet of California	Apr-Jun 2 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for a history of heart valve disease.; Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is an initial evaluation after aortic or mitral valve surgery.; It has been less than 1 year since the last Transthoracic Echocardiogram (TTE) was completed; There are NO new symptoms suggesting worsening of heart valve disease	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Disapproval		Radiology Services Denied Not Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Disapproval		Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease; The health carrier is NOT HealthNet of California	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or don't know.; This study is being ordered for none of the above or don't know.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Disapproval		Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or don't know.; This study is being ordered for symptoms of a heart problem	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 14 years old.; Congenital heart defect, congenital syndrome or acquired syndrome best describes my reason for ordering this study.; This is an initial evaluation of a patient not seen in this office before.; The ordering provider's specialty is NOT Cardiology or Nephrology	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Disapproval		Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is between 4 and 14 years old.; Other than listed above best describes my reason for ordering this study.; This is an initial evaluation of a patient not seen in this office before.; The ordering provider's specialty is NOT Cardiology or Nephrology	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		6/30/2023 Other	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral	Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This request is NOT for initial evaluation of a murmur.; This is NOT a request for follow up of a known murmur.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has abnormal heart sounds	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This request is NOT for initial evaluation of a murmur.; This is NOT a request for follow up of a known murmur.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has abnormal heart sounds	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Denied Not	This is a request for a Transthoracic Echocardiogram.; Unknown or other than listed above best describes the reason for ordering this study	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is NOT a Medicare member.; The patient has None of the above	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Other	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not Medically Necessary	This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Otolaryngol 6/30/2023 ogy	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; The patient has a suspected tumor outside the brain.; Known or suspected tumor best describes the reason that I have requested this test.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Otolaryngol 6/30/2023 ogy	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		"This request is for orbit, sella, int. auditory canal, temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is a history of serious head or skull, trauma or injury.ostct"	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Otolaryngol 6/30/2023 ogy	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		"This request is for orbit, sella, int. auditory canal, temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease ostct"; "There is not a history of serious head or skull, trauma or injury ostct"; "There is not suspicion of neoplasm, or metastasis ostct"; This is a preoperative or recent postoperative evaluation.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Otolaryngol 6/30/2023 ogy	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is not suspicion of neoplasm, or metastasis.ostct"; This is not a preoperative or recent postoperative evaluation.; "There is not suspicion of acoustic neuroma, pituitary or other tumor. ostct"	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Otolaryngol 6/30/2023 ogy	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material 70480 Computed tomography, orbit,		"This request is for orbit,sella, int. auditory canal,temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is suspicion of neoplasm, or metastasis.ostct"; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Otolaryngol 6/30/2023 ogy	Approval	sella, or posterior fossa or outer, middle, or inner ear; without contrast material		"This request is for orbit, sella, int. auditory canal, temporal bone, mastoid, CT.239.8"; "There is suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"	Apr-Jun 21 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Otolaryngol 6/30/2023 ogy	Approval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material		"This request is for orbit, sella, int. auditory canal, temporal bone, mastoid, CT.239.8"; "There is suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"	Apr-Jun 22 2023 2023

			This is a request for an Internal Auditory Canal CT.; There is not a suspected cholesteatoma	
			of the ear.; The patient has not had a recent abnormal auditory brainstem response.; The	
			patient has not had a recent abnormal brain CT or MRI.; There are neurological symptoms of	
			one-sided hearing loss or sudden onset of ringing in 1 or both ears.; There is not a new and	
		70480 Computed tomography, orbit,	sudden onset of one-sided ear pain not improved by pain medications.; The patient has not	
		sella, or posterior fossa or outer,	had a normal brain CT or MRI.; There is not a suspected Acoustic Neuroma or tumor of the	
4/1/2023 -	Otolaryngol	middle, or inner ear; without contrast	inner or middle ear.; This is not a pre-operative evaluation for a known tumor of the middle	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ogy Approval	material	or inner ear.	2 2023 2023
			This study is being ordered for something other than: known trauma or injury, metastatic	
			disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
		70480 Computed tomography, orbit,	vascular disease.; There has not been any treatment or conservative therapy.; There are 2	
		sella, or posterior fossa or outer,	exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist,	
4/1/2023 -	Otolaryngol	middle, or inner ear; without contrast	Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ogy Approval	material	via BBI.; The primary symptoms began 6 months to 1 year	1 2023 2023
		70486 Computed tomography,		
4/1/2023 -	Otolaryngol	maxillofacial area; without contrast	"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ogy Approval	material	or skull, trauma or injury.fct"; Yes this is a request for a Diagnostic CT	2 2023 2023
			"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial	
		70486 Computed tomography,	bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or	
4/1/2023 -	Otolaryngol	maxillofacial area; without contrast	metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ogy Approval	material	preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	4 2023 2023
		70486 Computed tomography,		
4/1/2023 -	Otolaryngol	maxillofacial area; without contrast	This is a request for a Sinus CT.; This study is being ordered for a known or suspected tumor.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ogy Approval	material	Yes this is a request for a Diagnostic CT	3 2023 2023
		70486 Computed tomography,		
4/1/2023 -	Otolaryngol	maxillofacial area; without contrast	This is a request for a Sinus CT.; This study is being ordered for follow-up to trauma.; Yes this	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ogy Approval	material	is a request for a Diagnostic CT	1 2023 2023
		70486 Computed tomography,		
4/1/2023 -	Otolaryngol	maxillofacial area; without contrast	This is a request for a Sinus CT.; This study is being ordered for pre-operative evaluation.; Yes	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ogy Approval	material	this is a request for a Diagnostic CT	11 2023 2023
			This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the	
		70486 Computed tomography,	patient is immune-compromised.; The patient's current rhinosinusitis symptoms are	
4/1/2023 -	Otolaryngol	maxillofacial area; without contrast	described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ogy Approval	material	for a Diagnostic CT	1 2023 2023
			This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the	
		70486 Computed tomography,	patient is immune-compromised.; The patient's current rhinosinusitis symptoms are	
4/1/2023 -	Otolaryngol	maxillofacial area; without contrast	described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ogy Approval	material	request for a Diagnostic CT	1 2023 2023
		70486 Computed tomography,		
4/1/2023 -	Otolaryngol	maxillofacial area; without contrast	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ogy Approval	material	immune-compromised.; Yes this is a request for a Diagnostic CT	4 2023 2023
			This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT	
			immune-compromised.; The patient's current rhinosinusitis symptoms are described as	
			(sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial	
		70486 Computed tomography,	pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in	
4/1/2023 -	Otolaryngol	maxillofacial area; without contrast	duration); It has been 14 or more days since onset AND the patient failed a course of	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ogy Approval	material	antibiotic treatment; Yes this is a request for a Diagnostic CT	2 2023 2023
	•		This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT	
		70486 Computed tomography,	immune-compromised.; The patient's current rhinosinusitis symptoms are described as	
4/1/2023 -	Otolaryngol	maxillofacial area; without contrast	Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ogy Approval	material	Diagnostic CT	32 2023 2023
			This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT	
		70486 Computed tomography,	immune-compromised.; The patient's current rhinosinusitis symptoms are described as	
4/1/2023 -	Otolaryngol	maxillofacial area; without contrast	Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ogy Approval	material	Diagnostic CT	4 2023 2023
.,,, _, _, _, _, _, _, _, _, _, _, _, _, _,	-, -,o, , , , , , , , , , , , , ,			:

		70486 Computed tomography,	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT	
4/1/2023 -	Otolaryngol	maxillofacial area; without contrast	immune-compromised.; The patient's current rhinosinusitis symptoms are unknown.; Yes	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ogy Approval	material	this is a request for a Diagnostic CT	1 2023 2023
		70486 Computed tomography,	This is a request for a Sinus CT.; This study is not being ordered for trauma, tumor, sinusitis,	
4/1/2023 -	Otolaryngol	maxillofacial area; without contrast	osteomyelitis, pre operative or a post operative evaluation.; Yes this is a request for a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ogy Approval	material	Diagnostic CT	5 2023 2023
			This test will determine if surgery is needed.; "This request is for face, jaw, mandible	
		70405 0	CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There	
4/4/2022	Otalaamaal	70486 Computed tomography,	is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone	A Ivva
4/1/2023 -	Otolaryngol	maxillofacial area; without contrast	infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ogy Approval	material	Yes this is a request for a Diagnostic CT	1 2023 2023
			; This study is being ordered for something other than: known trauma or injury, metastatic	
			disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs	
			specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
4/1/2023 -	Otolaryngol	70490 Computed tomography, soft	Radiation Oncology; This case was created via RadMD.; The primary symptoms began less	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ogy Approval	tissue neck; without contrast material	than 6 months ago; Medications were given for this diagnosis	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Ogy Approvar	tissue neck, without contrast material	Head/neck cancer, assess treatment response ;HEAD AND NECK MALIGNANCY, assess	1 2023 2023
			treatement response; This study is being ordered for a metastatic disease.; The ordering	
4/1/2023 -	Otolaryngol	70490 Computed tomography, soft	MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ogy Approval	tissue neck; without contrast material	Oncology or Radiation Oncology; This case was created via RadMD.	1 2023 2023
-, - 5, 2020 ., 2, 2025	-,,-020 081 ,.ppi04di	and the second s	left mass; This study is being ordered for a metastatic disease.; The ordering MDs specialty is	1 2020 2020
4/1/2023 -	Otolaryngol	70490 Computed tomography, soft	NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ogy Approval	tissue neck; without contrast material	Oncology; This case was created via RadMD.	1 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		PT HAS BEEN C/O CHRONIC SORE THROAT. LARYNGOSCOPY DEMONSTRTATED	
			OROPHARYNGEAL MASS THAT IS SUSPICIOUS FOR MALIGNANCY. BIOPSY HAS BEEN	
			SCHEDULED; This study is being ordered for a metastatic disease.; The ordering MDs	
4/1/2023 -	Otolaryngol	70490 Computed tomography, soft	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ogy Approval	tissue neck; without contrast material	Radiation Oncology; This case was created via RadMD.	1 2023 2023
4/1/2023 -	Otolaryngol	70490 Computed tomography, soft	This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ogy Approval	tissue neck; without contrast material	neck.; Yes this is a request for a Diagnostic CT	6 2023 2023
			This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a	
4/1/2023 -	Otolaryngol	70490 Computed tomography, soft	palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has NOT	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ogy Approval	tissue neck; without contrast material	been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic CT	1 2023 2023
			This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a	
			palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was	
4/1/2023 -	Otolaryngol	70490 Computed tomography, soft	done.; It is not known if the patient has been diagnosed with cancer.; Yes this is a request for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ogy Approval	tissue neck; without contrast material	a Diagnostic CT	1 2023 2023
			This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a	
			palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was	
4/1/2023 -	Otolaryngol	70490 Computed tomography, soft	done.; The patient has NOT been diagnosed with cancer.; Yes this is a request for a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ogy Approval	tissue neck; without contrast material	Diagnostic CT	3 2023 2023
4/4/2022	Otalaamaal	70400 Commuted to a commute of the	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a	A
4/1/2023 -	Otolaryngol	70490 Computed tomography, soft	palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ogy Approval	tissue neck; without contrast material	NOT done; Yes this is a request for a Diagnostic CT	4 2023 2023
4/1/2022	Otolonyngol	70400 Computed tomography, coft	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a	Apr. lun
4/1/2023 -	Otolaryngol	70490 Computed tomography, soft	palpable neck mass or lump.; The neck mass is larger than 1 cm.; It is unknown if a fine	Apr-Jun 2 2023 2023
6/30/2023 4/1/2023	6/30/2023 ogy Approval	tissue neck; without contrast material	needle aspirate was done.; Yes this is a request for a Diagnostic CT This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a	2 2023 2023
			palpable neck mass or lump.; The size of the neck mass is unknown.; It is not known if the	
4/1/2023 -	Otolaryngol	70490 Computed tomography, soft	neck mass has been examined twice at least 30 days apart.; Yes this is a request for a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ogy Approval	tissue neck; without contrast material	Diagnostic CT	1 2023 2023
0,30,2023 4,1,2023	0,30,2023 0gy Appi0Vdi	assac neck, without contrast material	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a	1 2023 2023
			palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has	
4/1/2023 -	Otolaryngol	70490 Computed tomography, soft	been examined twice at least 30 days apart.; It is unknown if the lump got smaller.; Yes this	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ogy Approval	tissue neck; without contrast material	is a request for a Diagnostic CT	1 2023 2023
, , , -, -,	,	,	,	

4/1/2023 - Otolaryngol (Approval tissue neck; without contrast material) 4/1/2023 - April (Approval tissue neck; without contrast material) 4/1/2023 - April (Approval tissue neck; without contrast material) 4/1/2023 - April (Approval tissue neck; without contrast material) 4/1/2023 - April (Approval tissue neck; without contrast material) 4/1/2023 - April (Approval tissue neck; without contrast material) 4/1/2023 - April (Approval tissue neck; without contrast material) 4/1/2023 - April (Approval tissue neck; without contrast material) 4/1/2023 - April (Approval tissue neck; without contrast material) 4/1/2023 - April (Approval tissue neck; without contrast material) 4/1/2023 - April (Approval tissue neck; without contrast material) 4/1/2023 - April (Approval tissue neck; without contrast material) 4/1/2023 - April (Approval tissue neck; without contrast material) 5/2023 - April (Approval tissue neck; without contrast material) 5/2023 - April (Approval tissue neck; without contrast material) 5/2023 - April (Approval tissue neck; without contrast material) 5/2023 - April (April (Approval tissue neck; without contrast material) 5/2023 - April (April (Approval tissue neck; without contrast material) 5/2023 - April (April (Approval tissue neck; without contrast material) 5/2023 - April (April (Approval tissue neck; without contrast material) 5/2023 - April (April (Approval tissue neck; without contrast material) 5/2023 - April (Approval tissue neck; without contrast material) 5/2023 - April (Approval tissue neck; without contrast material) 5/2023 - April (Approval tissue neck; without contrast material) 5/2023 - April (Approval tissue neck; without contrast material) 5/2023 - April (Approval tissue neck; without contrast material) 5/2023 - April (Approval tissue neck; without contrast material) 5/2023 - April (Approval tissue neck; without contrast material) 5/2023 - April (Approval tissue neck; without contrast material) 5/2023 - April (Approval tissue neck; without contrast material)					
Application	4.4.10000	Q	70,000		
41/2023 4/1/2023 6/30/2023 agy Approval tossue nects, without contrast material special for neck soft tissue CT. The patient has a neck lump or mass; There is NOT 6/20/2023 2023 14/1/2023 6/30/202				·	
### Span Collaryrigal Alt 2023 Alt 2023 Alt 2023 Alt 2023 Alt 2023 Collaryrigal To Span Computed tomography, soft State request for neck soft issuer CT, The patient has a suspicious infection or abscess. April 1970 Alt 2023 Alt 202	6/30/2023 4/1/2023	6/30/2023 ogy Approval	tissue neck; without contrast material	been examined twice at least 30 days apart.; Yes this is a request for a Diagnostic Ci	1 2023 2023
### Span Collaryrigal Alt 2023 Alt 2023 Alt 2023 Alt 2023 Alt 2023 Collaryrigal To Span Computed tomography, soft State request for neck soft issuer CT, The patient has a suspicious infection or abscess. April 1970 Alt 2023 Alt 202	4/1/2023 -	Otolaryngol	70490 Computed tomography soft	This is a request for neck soft tissue CT · The natient has a neck lump or mass · There is NOT	Anr-lun
41/2023 - Ordanyagel 70/400 Computed tomography, soft town ends soft tissue CT, The patient has a suspicious infection or abscess.; Aprium 6/40/2004 (6/30/2003 og Approval tissue meck; without contrast material Surgery is NOT steeduled in the next 30 days.; Yes this is a request for a Diagnostic CT \$ 2023 2023 41/2023 6/30/2003 og Approval tissue meck; without contrast material evaluation.) This is a request for neck soft tissue CT, The study is being ordered as a pre-operative Aprium 6/40/2003 41/2003 6/30/2003 og Approval tissue meck; without contrast material evaluation.) This is a request for neck soft tissue CT, The study is being ordered as a pre-operative evaluation. This is a request for neck soft tissue CT, The study is being ordered for something other than Travam or or metal study in the meck. Supplies of the tissue end of the tissue CT. The study is being ordered for something other than Travam or or metal study in the meck. Supplies of the supplie	' '				
	0/30/2023 4/1/2023	0/30/2023 Ogy /\pprovai	ussue neek, without contrast material	a parpusic neck mass or tamps, res and is a request for a biagnostic er	0 2023 2023
4/1/2023 - Otolarynegol (1/1/2023 seg) Approval (1/1/2	4/1/2023 -	Otolaryngol	70490 Computed tomography, soft	This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.;	Apr-Jun
### April 15 Sample Sample	6/30/2023 4/1/2023	6/30/2023 ogy Approval	tissue neck; without contrast material	Surgery is NOT scheduled in the next 30 days.; Yes this is a request for a Diagnostic CT	5 2023 2023
### April 15 Sample Sample					
This is a request for neck soft tissue C1, the study is being ordered for something other than 4/1/2023 - 6/30/2023 orgy Approval tissue neck; without contrast material Tolonympol (Tolonympol) (Tolon	4/1/2023 -	Otolaryngol	70490 Computed tomography, soft	This is a request for neck soft tissue CT.; The study is being ordered as a pre-operative	Apr-Jun
41/2023 - Otolaryngo Aproval tissue neck, without contrast material infection/aborss or a pre-operative evaluation. Yes this is a request for a biagnostic CT 9 2023 2023 2023 41/2023 6/30/203 agv Aproval tissue neck, without contrast material infection/aborss or a pre-operative evaluation. Yes this is a request for a biagnostic CT 9 2023 2023 2023 41/2023 6/30/203 agv Aproval without contrast material(s) suspicion of neoplasm, tumor or metastasis in the neck, suspicious Apr-Jun 1/2023 2023 41/2023 6/30/203 agv Aproval without contrast material(s) suspicion of neoplasm, tumor or metastasis 12 2023 2023 2023 41/2023 6/30/2023 agv Aproval without contrast material(s) suspicion of neoplasm, tumor or metastasis 12 2023 2023 2023 2023 2023 2023 2023 2	6/30/2023 4/1/2023	6/30/2023 ogy Approval	tissue neck; without contrast material	evaluation.; Yes this is a request for a Diagnostic CT	4 2023 2023
41/2023 - Otolaryngo Aproval tissue neck, without contrast material infection/aborss or a pre-operative evaluation. Yes this is a request for a biagnostic CT 9 2023 2023 2023 41/2023 6/30/203 agv Aproval tissue neck, without contrast material infection/aborss or a pre-operative evaluation. Yes this is a request for a biagnostic CT 9 2023 2023 2023 41/2023 6/30/203 agv Aproval without contrast material(s) suspicion of neoplasm, tumor or metastasis in the neck, suspicious Apr-Jun 1/2023 2023 41/2023 6/30/203 agv Aproval without contrast material(s) suspicion of neoplasm, tumor or metastasis 12 2023 2023 2023 41/2023 6/30/2023 agv Aproval without contrast material(s) suspicion of neoplasm, tumor or metastasis 12 2023 2023 2023 2023 2023 2023 2023 2					
6/30/2023 4/1/2023 6/30/2023 ogy Approval tissue neck; without contrast material infection/aboess or a pre-operative evaluation; Yes this is a request for a Diagnostic CT 9 2023 2023 4/1/2023 - CTOIAITY COLOR OF THE STATE				This is a request for neck soft tissue CT.; The study is being ordered for something other than	
4/1/2023 - Otolaryngol Approval without contrast material(s) suspice of neoplasm, tumor or metastasis (1203 2023 2023 2024 2023 2024 2024 2023 2024 2024	4/1/2023 -	Otolaryngol	70490 Computed tomography, soft	Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious	Apr-Jun
4/1/2023 6/30/2023 ogy Approval without contrast material(s) suspicion of neoplasm, tumor or metastsatis without some metastatis of suspicion of neoplasm, tumor or metastsatis disease; The maging, orbit, face, and/or neck; ordering MDs specially is NOT Hematologist/Oncologist, Thoracis Surgery, Oncology, Aprival without contrast material(s) Surgical Oncology or Radiation Oncology, This sas was created via RadikID. 1 2023 2023 and 4/1/2023 6/30/2023 ogy Approval without contrast material(s) There is not a suspicion of an infection or abscess.) This examination is NOT being requested to evaluate hymphadenopathy or mass. There is not a suspicion of a bone infection imaging, orbit, face, and/or neck; osciency without contrast material(s) There is not a suspicion of an orbit or face neoplasm, tumor, or metastats; Aprium or valuate hymphadenopathy or mass. There is not a suspicion of a bone infection or abscess.) This examination is NOT being requested to evaluation of a bone infection or abscess.) This subuly is a request for a Brain MRA. 1 2023 2023 and 41/1/2023 6/30/2023 ogy Aprival material(s) There is an immediate family history of aneutysm. This is a request for a Brain MRA. 1 2023 2023 and 41/1/2023 6/30/2023 ogy Aprival material(s) There is not an infection or abscess, This	6/30/2023 4/1/2023	6/30/2023 ogy Approval	tissue neck; without contrast material	infection/abcess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	9 2023 2023
4/1/2023 6/30/2023 ogy Approval without contrast material(s) suspicion of neoplasm, tumor or metastsatis without some metastatis of suspicion of neoplasm, tumor or metastsatis disease; The maging, orbit, face, and/or neck; ordering MDs specially is NOT Hematologist/Oncologist, Thoracis Surgery, Oncology, Aprival without contrast material(s) Surgical Oncology or Radiation Oncology, This sas was created via RadikID. 1 2023 2023 and 4/1/2023 6/30/2023 ogy Approval without contrast material(s) There is not a suspicion of an infection or abscess.) This examination is NOT being requested to evaluate hymphadenopathy or mass. There is not a suspicion of a bone infection imaging, orbit, face, and/or neck; osciency without contrast material(s) There is not a suspicion of an orbit or face neoplasm, tumor, or metastats; Aprium or valuate hymphadenopathy or mass. There is not a suspicion of a bone infection or abscess.) This examination is NOT being requested to evaluation of a bone infection or abscess.) This subuly is a request for a Brain MRA. 1 2023 2023 and 41/1/2023 6/30/2023 ogy Aprival material(s) There is an immediate family history of aneutysm. This is a request for a Brain MRA. 1 2023 2023 and 41/1/2023 6/30/2023 ogy Aprival material(s) There is not an infection or abscess, This					
6/30/2023 4/1/2023 6/30/2023 ogy Approval without contrast material(s) suspicion of neoplasm, tumor or metastasis 1 2023 2023 4/1/2023 6/30/2023 ogy Approval without contrast material(s) "This is a request for orbit, face, or neck soft itssue MRI,239.8"; The study is ordered for Apr-Jun (Face) or neck soft itssue MRI,239.8"; The study is ordered for Apr-Jun (Face) or neck soft itssue MRI,239.8"; The study is ordered for Apr-Jun (Face) or neck soft itssue MRI,239.8"; The study is ordered for Apr-Jun (Face) or neck soft itssue MRI,239.8"; The study is ordered for Apr-Jun (Face) or neck soft itssue MRI,239.8"; The study is ordered for Apr-Jun (Face) or neck soft itssue MRI,239.8"; The study is ordered for Apr-Jun (Face) or neck soft itssue MRI,239.8"; The study is ordered for Apr-Jun (Face) or neck soft itssue MRI,239.8"; The study is ordered for Apr-Jun (Face) or neck soft itssue MRI,239.8"; The study is ordered for Apr-Jun (Face) or neck soft itssue MRI,239.8"; The study is ordered for a metastatic disease; The ordering MDs specialty is NOT Hematologist/Oncologist, Thorack Surgery, Oncology, Apr-Jun (Face) or ordering MDs specialty is NOT Hematologist/Oncologist, Thorack Surgery, Oncology, Maproval (Face) or neck soft itssue MRI,239.8"; The study is ordered for a metastatic disease; The ordering MDs specialty is MCI Hematologist/Oncologist, Thorack Surgery, Oncology, This case was recated with a Radhum. 1 2023 2023 (Face) or NOT Hematologist/Oncologist, Thorack Surgery, Oncology, This case was recated with a Radhum. 1 2023 2023 (Face) or NOT Hematologist/Oncologist, Thorack Surgery, Oncology, Maproval without contrast material(s) (Face) and for evaluate tymphadenopathy or mass; There is not a suspicion of a bone infection or a necessary or a face MRI, There is not a history of orbit or face trauma or injury. 1 2023 2023 (Face) or Approval material(s) (Face) and face and face) or Apr-Jun (Face) or Apr-Jun					
4/1/2023 - Otolaryngol of/30/2023 ogy Approval without contrast material(s) 4/1/2023 - 4/1/2023 of/30/2023 ogy Approval without contrast material(s) 70540 Magnetic resonance (eg. proton) imaging, orbit, face, and/or neck; without contrast material(s) 70540 Magnetic resonance (eg. proton) imaging, orbit, face, and/or neck; without contrast material(s) 70540 Magnetic resonance (eg. proton) imaging, orbit, face, and/or neck; without contrast material(s) 70540 Magnetic resonance (eg. proton) imaging, orbit, face, and/or neck; without contrast material(s) 70540 Magnetic resonance (eg. proton) imaging, orbit, face, and/or neck; without contrast material(s) 70540 Magnetic resonance (eg. proton) imaging, orbit, face, and/or neck; (osteomyellist); There is not a suspicion of an infection or abscess; This seamination is NOT being requested to evaluate lymphadenopathy or mass; There is not a suspicion of abone infection or abscess; This seamination is NOT being requested to evaluate lymphadenopathy or mass; There is not a suspicion of a bone infection or abscess; This seamination is NOT being requested to evaluate lymphadenopathy or mass; There is not a suspicion of a bone infection or abscess; This seamination is NOT being requested to evaluate lymphadenopathy or mass; There is not a suspicion of a bone infection or abscess; This seamination is NOT being requested to evaluate lymphadenopathy or mass; There is not a suspicion of a bone infection or abscess; This is a request for a face MRIx; There is not a suspicion of a norbit or face neoplasm, tumor, or metasiasis; Apr-Jun or abscess; This is a request for a face MRIx; There is not a suspicion of a norbit or face neoplasm, tumor, or metasiasis; Apr-Jun orbit or face neoplasm, tumor, or metasiasis; Apr-Jun orbit orface neoplasm, tumor, or metasiasis; Apr-J		, -			· ·
4/1/2023 - Otolaryngol (afgology)	6/30/2023 4/1/2023	6/30/2023 ogy Approval	without contrast material(s)	suspicion of neoplasm, tumor or metatstasis	1 2023 2023
4/1/2023 - Otolaryngol (afgology)					
6/30/2023 4/1/2023 6/30/2023 ogy Approval without contrast material(s) trauma or injury of the orbit, face or neck soft tissue 1 2023 2023 4/1/2023 6/30/2023 ogy Approval without contrast material(s) parapharyngeal space mass; This study is being ordered for a metastatic disease; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Apr-Jun ordering MDs specialty is NOT being requested to evaluation of a norbit or face metastatic disease; The ordering MDs specialty is NOT being requested to evaluation of an infection or abscess; This examination is NOT being requested to evaluate lymphadenopathy or mass; There is not a suspicion of a norbit or face neoplasm, tumor, or metastasis; Apr-Jun of 1/2023 6/30/2023 ogy Approval without contrast material(s) This is a request for a face MRI; There is not a suspicion of an orbit or face neoplasm, tumor, or metastasis; Apr-Jun of 1/2023 2023 1/2023 6/30/2023 ogy Approval without contrast material(s) This is a request for a face MRI; There is not a suspicion of an orbit or face receptable, there is not a suspicion of an orbit or face receptable, there is not a suspicion of an orbit or face receptable, there is not a suspicion of an orbit or face receptable, there is not a suspicion of an orbit or face receptable, there is not a suspicion of an orbit or face receptable to evaluate lymphadenopathy or mass; There is not a suspicion of an orbit or face receptable to the orbit or face trauma or injury. Apr-Jun of 1/2023 6/30/2023 ogy Approval without contrast material(s) This is a request for a face MRI; There is an immediate family history of aneurysm; This is a request for a metastatic disease; The ordering MDs specially is orbit or face trauma or injury. Apr-Jun of 1/2023 1/2023 0/2023 ogy Approval material(s) There is an immediate family history of aneurysm; This is a request for a metastatic disease; The ordering MDs specially is nortic managing, brain (including brain stem); Oncology, Strips and ordered for a metastatic disease; The orde	. /. /				
70540 Magnetic resonance (eg. proton) parapharyngeal space mass; This study is being ordered for a metastatic disease; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Apr-Jun ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Apr-Jun ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Apr-Jun ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Apr-Jun ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Apr-Jun ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Apr-Jun ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Apr-Jun ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Apr-Jun ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Apr-Jun ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation on ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation or a suspicion of an infection or abscess, This study is being ordered for a metastatic disease; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation or Apr-Jun ordering MDs specialty is NOT Hematologist, Thoracic Surgery, Oncology, Surgical Oncologist, Thoracic Surger	1 1	, -		•	· ·
4/1/2023 - Otolaryngol imaging, orbit, face, and/or neck; ordering MDs specialty is NOT Hematologist/Oncology, Thoracic Surgery, Oncology, Approval Aproval Apro	6/30/2023 4/1/2023	6/30/2023 ogy Approval	without contrast material(s)	trauma or injury of the orbit, face or neck soft tissue	1 2023 2023
4/1/2023 - Otolaryngol imaging, orbit, face, and/or neck; ordering MDs specialty is NOT Hematologist/Oncology, Thoracic Surgery, Oncology, Approval Aproval Apro			70540 Manuskin anna (an anna)	The state of the s	
6/30/2023 4/1/2023 6/30/2023 ogy Approval without contrast material(s) Surgical Oncology or Radiation Oncology, This case was created via RadMD. 1 2023 2023 There is not a suspicion of an infection or abscess.; This examination is NOT being requested to evaluate lymphadenopathy or mass.; There is not a suspicion of a bone infection or abscess.; This examination is NOT being requested to evaluate lymphadenopathy or mass.; There is not a suspicion of a bone infection or abscess.; This examination is NOT being requested to evaluate lymphadenopathy or mass.; There is not a suspicion of an orbit or face neoplasm, tumor, or metastasis.; Apr-Jun of 30/2023 ogy Approval without contrast material(s) This is a request for a Face MRI.; There is not a history of orbit or face trauma or injury. 1 2023 2023 4/1/2023 6/30/2023 ogy Approval material(s) There is an immediate family history of aneurysm.; This is a request for a Brain MRA. 1 2023 2023 4/1/2023 6/30/2023 ogy Approval material(s) There is an immediate family history of aneurysm.; This is a request for a Brain MRA. 1 2023 2023 4/1/2023 6/30/2023 ogy Approval material(s) There is not a history of ore defor a metastatic disease.; The ordering MDs specialty is Oncology, Surgical Oncology, This case was created via RadMD. 1 2023 2023 3 4/1/2023 6/30/2023 ogy Approval material(s) There is an immediate family history of aneurysm, This is a request for a metastatic disease.; The ordering MDs specialty is Approval oncology, Surgical Oncology, This case was created via RadMD. 1 2023 2023 3 4/1/2023 6/30/2023 ogy Approval material(s) There	4/1/2022	Otologiani			A 1
There is not a suspicion of an infection or abscess.; This examination is NOT being requested to evaluate lymphadenopathy or mass;. There is not a suspicion of a bone infection to evaluate lymphadenopathy or mass.; There is not a suspicion of a bone infection (osteomyelitis),: There is a suspicion of an orbit or face neoplasm, tumor, or metastasis.; Apr-Jun (5/30/2023 d/1/2023 6/30/2023 ogy Approval without contrast material(s) This is a request for a Face MRI.; There is not a history of orbit or face trauma or injury. 1 2023 2023 2024 4/1/2023 6/30/2023 ogy Approval without contrast and realis(s) There is an immediate family history of aneurysm.; This is a request for a Brain MRA. 1 2023 2023 4/1/2023 6/30/2023 ogy Approval material(s) There is an immediate family history of aneurysm.; This is a request for a Brain MRA. 1 2023 2023 4/1/2023 6/30/2023 ogy Approval material(s) There is an immediate family history of aneurysm.; This is a request for a Brain MRA. 1 2023 2023 4/1/2023 6/30/2023 ogy Approval material(s) There is an immediate family history of aneurysm.; This is a request for a Brain MRA. 1 2023 2023 4/1/2023 6/30/2023 ogy Approval material(s) There is an immediate family history of aneurysm.; This is a request for a Brain MRA. 1 2023 2023 4/1/2023 6/30/2023 ogy Approval material(s) There is an immediate family history of aneurysm.; This is a request for a Brain MRA. 1 2023 2023 4/1/2023 6/30/2023 ogy Approval material(s) There is an immediate family history of aneurysm.; This is a request for a Brain MRA. 1 2023 2023 4/1/2023 6/30/2023 ogy Approval material(s) There is an immediate family history of aneurysm.; This is a request for a Brain MRA. 1 2023 2023 4/1/2023 6/30/2023 ogy Approval material(s) There is an immediate family history of aneurysm.; This is a request for a Brain MRA. 1 2023 2023 4/1/2023 6/30/2023 ogy Approval material(s) There is an immediate family history of aneurysm.; This is a request for a Brain MRA. 1 2023 2023 4/1/2023 6/30/2023 ogy Approval material(s) This is a					
4/1/2023 - Otolaryngol Otolaryngol otolaryngol otolaryngol of 3/30/2023 a 4/1/2023 ogy Approval without contrast material(s) (osteomyelitis); There is a suspicion of an orbit or face neoplasm, tumor, or metastasis; Apr-Jun 6/30/2023 a 4/1/2023 ogy Approval without contrast material(s) This is a request for a Face MRI.; There is not a history of orbit or face trauma or injury. 1 2023 2023 4/1/2023 of 3/30/2023 ogy Approval material(s) There is an immediate family history of aneurysm.; This is a request for a Brain MRA. 1 2023 2023 4/1/2023 of 3/30/2023 ogy Approval material(s) There is an immediate family history of aneurysm.; This is a request for a Brain MRA. 1 2023 2023 4/1/2023 of 3/30/2023 ogy Approval material(s) There is an immediate family history of aneurysm.; This is a request for a Brain MRA. 1 2023 2023 4/1/2023 of 3/30/2023 ogy Approval material(s) There is an immediate family history of aneurysm.; This is a request for a Brain MRA. 1 2023 2023 4/1/2023 of 3/30/2023 ogy Approval material(s) Oncology; This case was created via RadMD. 1 2023 2023 4/1/2023 of 3/30/2023 ogy Approval material(s) Oncology; This case was created via RadMD. 1 2023 2023 4/1/2023 of 3/30/2023 ogy Approval material(s) Oncology; This case was created via RadMD. 1 2023 2023 4/1/2023 of 3/30/2023 ogy Approval imaging, brain (including brain stem); infection/inflammation,multiple sclerosis, or seizures; It is not known if the patient had a Apr-Jun onrmal audiogram.; The patient is experiencing hearing loss. 1 2023 2023 4/1/2023 of 3/30/2023 ogy Approval without contrast material onrmal audiogram.; The patient with worsening headaches following cough/sneezing and retro-orbi; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative ontrast. Patient with worsening headaches following cough/sneezing and retro-orbi; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surger	0/30/2023 4/1/2023	6/30/2023 ogy Approvai	without contrast material(s)	Surgical Officology of Radiation Officology, This case was created via Radivid.	1 2023 2023
4/1/2023 - Otolaryngol Otolaryngol otolaryngol otolaryngol of 3/30/2023 a 4/1/2023 ogy Approval without contrast material(s) (osteomyelitis); There is a suspicion of an orbit or face neoplasm, tumor, or metastasis; Apr-Jun 6/30/2023 a 4/1/2023 ogy Approval without contrast material(s) This is a request for a Face MRI.; There is not a history of orbit or face trauma or injury. 1 2023 2023 4/1/2023 of 3/30/2023 ogy Approval material(s) There is an immediate family history of aneurysm.; This is a request for a Brain MRA. 1 2023 2023 4/1/2023 of 3/30/2023 ogy Approval material(s) There is an immediate family history of aneurysm.; This is a request for a Brain MRA. 1 2023 2023 4/1/2023 of 3/30/2023 ogy Approval material(s) There is an immediate family history of aneurysm.; This is a request for a Brain MRA. 1 2023 2023 4/1/2023 of 3/30/2023 ogy Approval material(s) There is an immediate family history of aneurysm.; This is a request for a Brain MRA. 1 2023 2023 4/1/2023 of 3/30/2023 ogy Approval material(s) Oncology; This case was created via RadMD. 1 2023 2023 4/1/2023 of 3/30/2023 ogy Approval material(s) Oncology; This case was created via RadMD. 1 2023 2023 4/1/2023 of 3/30/2023 ogy Approval material(s) Oncology; This case was created via RadMD. 1 2023 2023 4/1/2023 of 3/30/2023 ogy Approval imaging, brain (including brain stem); infection/inflammation,multiple sclerosis, or seizures; It is not known if the patient had a Apr-Jun onrmal audiogram.; The patient is experiencing hearing loss. 1 2023 2023 4/1/2023 of 3/30/2023 ogy Approval without contrast material onrmal audiogram.; The patient with worsening headaches following cough/sneezing and retro-orbi; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative ontrast. Patient with worsening headaches following cough/sneezing and retro-orbi; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surger				There is not a suspicion of an infection or abscess: This examination is NOT being requested	
4/1/2023 Otolaryngol imaging, orbit, face, and/or neck; (osteomyellits).; There is a suspicion of an orbit or face neoplasm, tumor, or metastasis.; Apr-Jun (6/30/2023 ogy Aproval without contrast material(s) This is a request for a Face MRI.; There is not a history of orbit or face trauma or injury. 1 2023 2023 2023 2023 2024 2024 2024 2024			70540 Magnetic resonance (eg. proton)	· · · · · · · · · · · · · · · · · · ·	
6/30/2023 4/1/2023 6/30/2023 ogy Approval without contrast material(s) This is a request for a Face MRI.; There is not a history of orbit or face trauma or injury. 1 2023 2023 2023 4/1/2023 6/30/2023 ogy Approval material(s) angiography, head; without contrast material(s) There is an immediate family history of aneurysm.; This is a request for a Brain MRA. 1 2023 2023 2023 4/1/2023 6/30/2023 ogy Approval material(s) There is an immediate family history of aneurysm.; This is a request for a Brain MRA. 1 2023 2023 2023 4/1/2023 6/30/2023 ogy Approval material(s) neer is an immediate family history of aneurysm.; This is a request for a Brain MRA. 1 2023 2023 2023 4/1/2023 6/30/2023 ogy Approval material(s) neer is an immediate family history of aneurysm.; This is a request for a Brain MRA. 1 2023 2023 2023 4/1/2023 6/30/2023 ogy Approval material(s) neer is an immediate family history of aneurysm.; This is a request for a Brain MRA. 1 2023 2023 2023 4/1/2023 6/30/2023 ogy Approval material(s) neer is an immediate family history of aneurysm.; This is a request for a Brain MRA. 1 2023 2023 2023 4/1/2023 6/30/2023 ogy Approval material(s) neer is an immediate family history of aneurysm.; This is a request for a metastatic disease; The ordering MDs specialty is NOT being requested for evaluation of a Apr-Jun norology. This case was created via RadMD. 1 2023 2023 2023 4/1/2023 6/30/2023 ogy Approval imaging, brain (including brain stem); infection/inflammation,multiple sclerosis, or seizures; it is not known if the patient had a Apr-Jun normal audiogram.; The patient is experiencing hearing loss. 1 2023 2023 2023 2023 2023 2023 2023 20	4/1/2023 -	Otolaryngol			Apr-Jun
4/1/2023 - Otolaryngol angiography, head; without contrast 6/30/2023 4/1/2023 6/30/2023 ogy Approval material(s) 70547 Magnetic resonance 4/1/2023 70551 Magnetic resonance (eg. proton) 4/1/2023 70551 Magnetic resonance (eg. prot	1 ' '	, -			
6/30/2023 0gy Approval material(s) There is an immediate family history of aneurysm.; This is a request for a Brain MRA. 1 2023 2023 2023 2024 2025 2025 2025 2025 2025 2025 2025	1,01,2020	2,00,000	```		
6/30/2023 0gy Approval material(s) There is an immediate family history of aneurysm.; This is a request for a Brain MRA. 1 2023 2023 2023 2024 2025 2025 2025 2025 2025 2025 2025	4/1/2023 -	Otolaryngol	5		Apr-Jun
4/1/2023 - Otolaryngol angiography, neck; without contrast Oncology; This case was created via RadMD. 4/1/2023 - Otolaryngol oncology; This study is being ordered for a metastatic disease.; The ordering MDs specialty is Apr-Jun Apr-Jun (Apr-Jun 6/30/2023) angiography, neck; without contrast Oncology; This case was created via RadMD. 4/1/2023 - Otolaryngol oncology; This case was created via RadMD. 4/1/2023 - Otolaryngol oncology; This case was created via RadMD. 4/1/2023 - Otolaryngol oncology; This case was created via RadMD. 4/1/2023 - Otolaryngol oncology; This case was created via RadMD. 4/1/2023 - Otolaryngol oncology; This case was created via RadMD. 4/1/2023 - Otolaryngol oncology; This case was created via RadMD. 4/1/2023 - Otolaryngol oncology; This case was created via RadMD. 4/1/2023 - Otolaryngol oncology; This case was created via RadMD. 4/1/2023 - Otolaryngol oncology; This case was created via RadMD.; The Apr-Jun Oncology; This case was created via RadMD.; The Apr-Jun Oncology; This case was created via RadMD.; The Apr-Jun Oncology; This case was created via RadMD.; The Apr-Jun Oncology; This case was created via RadMD.; The Apr-Jun Oncology; This case was created via RadMD.; The Apr-Jun Oncology; This case was created via RadMD.; The Apr-Jun Oncology; This case was created via RadMD.; The Apr-Jun Oncology; This case was created via RadMD.; The Apr-Jun Oncology; This case was created via RadMD.; The Apr-Jun Oncology; This case was created via RadMD.; The Apr-Jun Oncology; This case was created via RadMD.; The Oncology on Radiation Oncology; This case was created via RadMD.; The Oncology on Radiation Oncology; This case was created via RadMD.; The Oncology on Radiation Oncology; This case was created via RadMD.; The Oncology on Radiation Oncology; This case was created via RadMD.; The Oncology on Radiation Oncology; This case was created via RadMD.; The Oncology on Radiation Oncology; This case was created via RadMD.; The Oncology on Radiation Oncology; This case was created via RadMD.;		· -		There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	· ·
6/30/2023 d/1/2023 of 30/2023 ogy Approval material(s) Oncology; This case was created via RadMD. 1 2023 2023 ; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm, 4/1/2023 - Otolaryngol imaging, brain (including brain stem); infection/inflammation, multiple sclerosis, or seizures; It is not known if the patient had a Apr-Jun onrmal audiogram.; The patient is experiencing hearing loss. Abnormal CT findings: Subtle hypodense area identified within the left anterior frontal lobe; Radiologist suggests MRI brain with and without contrast and MRA brain without contrast. Patient with worsening headaches following cough/sneezing and retro-orbi; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, 4/1/2023 - Otolaryngol imaging, brain (including brain stem); Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The		•	70547 Magnetic resonance	left mass; This study is being ordered for a metastatic disease.; The ordering MDs specialty is	
; This request is for a Brain MRI; The study is NOT being requested for evaluation of a 70551 Magnetic resonance (eg, proton) 4/1/2023 - Otolaryngol imaging, brain (including brain stem); infection/inflammation,multiple sclerosis, or seizures; It is not known if the patient had a Apr-Jun 6/30/2023 4/1/2023 6/30/2023 ogy Approval without contrast material normal audiogram.; The patient is experiencing hearing loss. Abnormal CT findings: Subtle hypodense area identified within the left anterior frontal lobe; Radiologist suggests MRI brain with and without contrast and MRA brain without contrast. Patient with worsening headaches following cough/sneezing and retro-orbi; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative 70551 Magnetic resonance (eg, proton) therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, 4/1/2023 - Otolaryngol imaging, brain (including brain stem); Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The	4/1/2023 -	Otolaryngol	angiography, neck; without contrast	NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	Apr-Jun
Additional CT findings: Subtle hypodense area identified within the left anterior frontal lobe; Radiologist suggests MRI brain with and without contrast and MRA brain without contrast. Patient with worsening headaches following cough/sneezing and retro-orbi; This study is being ordered for Congenital Anomaly; There has been treatment or conservative 4/1/2023 - Otolaryngol Magnetic resonance (eg, proton) imaging, brain (including brain stem); Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The	6/30/2023 4/1/2023	6/30/2023 ogy Approval	material(s)	Oncology; This case was created via RadMD.	1 2023 2023
4/1/2023 - Otolaryngol imaging, brain (including brain stem); infection/inflammation,multiple sclerosis, or seizures; It is not known if the patient had a Apr-Jun 6/30/2023 4/1/2023 6/30/2023 ogy Approval without contrast material normal audiogram.; The patient is experiencing hearing loss. 1 2023 2023 Abnormal CT findings: Subtle hypodense area identified within the left anterior frontal lobe; Radiologist suggests MRI brain with and without contrast and MRA brain without contrast and MRA brain without contrast. Patient with worsening headaches following cough/sneezing and retro-orbi; This study is being ordered for Congenital Anomaly; There has been treatment or conservative 70551 Magnetic resonance (eg, proton) therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, 4/1/2023 - Otolaryngol imaging, brain (including brain stem); Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The				; This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
Abnormal CT findings: Subtle hypodense area identified within the left anterior frontal lobe; Radiologist suggests MRI brain with and without contrast and MRA brain without contrast and MRA brain without contrast and MRA brain without contrast. Patient with worsening headaches following cough/sneezing and retro-orbi; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, 4/1/2023 - Otolaryngol imaging, brain (including brain stem); Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The			70551 Magnetic resonance (eg, proton)	headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm,	
Abnormal CT findings: Subtle hypodense area identified within the left anterior frontal lobe;Radiologist suggests MRI brain with and without contrast and MRA brain without contrast. Patient with worsening headaches following cough/sneezing and retro-orbi; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, 4/1/2023 - Otolaryngol imaging, brain (including brain stem); Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The Apr-Jun	4/1/2023 -	Otolaryngol	imaging, brain (including brain stem);	infection/inflammation,multiple sclerosis, or seizures; It is not known if the patient had a	Apr-Jun
lobe;Radiologist suggests MRI brain with and without contrast and MRA brain without contrast. Patient with worsening headaches following cough/sneezing and retro-orbi; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative 70551 Magnetic resonance (eg, proton) therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, 4/1/2023 - Otolaryngol imaging, brain (including brain stem); Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The Apr-Jun	6/30/2023 4/1/2023	6/30/2023 ogy Approval	without contrast material	normal audiogram.; The patient is experiencing hearing loss.	1 2023 2023
lobe;Radiologist suggests MRI brain with and without contrast and MRA brain without contrast. Patient with worsening headaches following cough/sneezing and retro-orbi; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative 70551 Magnetic resonance (eg, proton) therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, 4/1/2023 - Otolaryngol imaging, brain (including brain stem); Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The Apr-Jun					
contrast. Patient with worsening headaches following cough/sneezing and retro-orbi; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative 70551 Magnetic resonance (eg, proton) therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, 4/1/2023 - Otolaryngol imaging, brain (including brain stem); Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The Apr-Jun				<i>"</i>	
study is being ordered for Congenital Anomaly.; There has been treatment or conservative 70551 Magnetic resonance (eg, proton) therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, 4/1/2023 - Otolaryngol imaging, brain (including brain stem); Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The Apr-Jun					
70551 Magnetic resonance (eg, proton) therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, 4/1/2023 - Otolaryngol imaging, brain (including brain stem); Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The Apr-Jun					
4/1/2023 - Otolaryngol imaging, brain (including brain stem); Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The Apr-Jun				,	
6/30/2023 4/1/2023 6/30/2023 ogy Approval without contrast material primary symptoms began less than 6 months ago; Medications were given for this diagnosis 1 2023 2023		, 0			
	6/30/2023 4/1/2023	6/30/2023 ogy Approval	without contrast material	primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1 2023 2023

			Enter answer here - or Type In Unknown ICristina Davis is a 61 y.o. female here for initial	
			evaluation. She reports sinus issues Since November 2022. She uses nasal irrigations which	
			help a lot. She does seem to have allergies. She does not use nasal spr; This request is for a	
			Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for	
			evaluation of infection or inflammation; The patient does not have a fever, stiff neck AND	
			positive laboratory findings (like elevated WBC or abnormal Lumbar puncture fluid	
		70FF1 Magnakia sasanana (ag asatan)	examination that indicate inflammatory disease or an infection.; The doctor does not note	
4/1/2023 -	Otologga	70551 Magnetic resonance (eg, proton)	on exam that the patient has delirium or acute altered mental status.; The patient does not	Apr-Jun
6/30/2023 4/1/2023	Otolaryngol 6/30/2023 ogy Approval	imaging, brain (including brain stem); without contrast material	have a Brain CT showing abscess, brain infection, meningitis or encephalitis.; This is NOT a Medicare member.	1 2023 2023
0/30/2023 4/1/2023	6/30/2023 ogy Approvar	without contrast material	Medicare member.	1 2023 2023
		70551 Magnetic resonance (eg, proton)	parapharyngeal space mass; This study is being ordered for a metastatic disease.; The	
4/1/2023 -	Otolaryngol	imaging, brain (including brain stem);	ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ogy Approval	without contrast material	Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1 2023 2023
			Ruthy G Edens is a 57 y.o. female with history of dizziness.;Previous ear complaints.;Audio	
			reviewed with patient. The results of audiogram revealed bilateral normal hearing.;Dizziness	
			is likely multifactorial in nature. Patient's history illustrates s; This request is for a Brain MRI;	
			The study is being requested for evaluation of a headache.; The headache is described as	
			chronic or recurring.; It is not known if the headache is presenting with a sudden change in	
			severity, associated with exertion, or a mental status change.; There are not recent	
		70551 Magnetic resonance (eg, proton)	neurological symptoms or deficits such as one sided weakness, speech impairments, or	
4/1/2023 -	Otolaryngol	imaging, brain (including brain stem);	vision defects.; It is not known if there is a family history (parent, sibling or child of the	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ogy Approval	without contrast material	patient) of AVM (arteriovenous malformation).	1 2023 2023
		70551 Magnetic vecessors (e.g. protect)		
4/4/2022	Otalannal	70551 Magnetic resonance (eg, proton)	This is a second for an internal Auditory Constants. There is a second August No.	A I
4/1/2023 -	Otolaryngol	imaging, brain (including brain stem);	This is a request for an Internal Auditory Canal MRI.; There is a suspected Acoustic Neuroma	Apr-Jun 21 2023 2023
6/30/2023 4/1/2023	6/30/2023 ogy Approval	without contrast material	or tumor of the inner or middle ear. This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic	21 2023 2023
			Neuroma or tumor of the inner or middle ear.; There is a suspected cholesteatoma of the	
			ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are	
		70551 Magnetic resonance (eg, proton)	neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision	
4/1/2023 -	Otolaryngol	imaging, brain (including brain stem);	defects or sudden onset of severe dizziness.; This is not a pre-operative evaluation for a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ogy Approval	without contrast material	known tumor of the middle or inner ear.	1 2023 2023
0,00,2020 1,2,2020	0,50,2025 ogy ,.pp.ova.	The four contract material	This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic	1 2023 2023
			Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of	
		70551 Magnetic resonance (eg, proton)	the ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are	
4/1/2023 -	Otolaryngol	imaging, brain (including brain stem);	neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ogy Approval	without contrast material	defects or sudden onset of severe dizziness.	2 2023 2023
	•		This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic	
			Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of	
			the ear.; The patient has not had a recent brain CT or MRI within the last 90 days.; There are	
		70551 Magnetic resonance (eg, proton)	no neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision	
4/1/2023 -	Otolaryngol	imaging, brain (including brain stem);	defects or sudden onset of severe dizziness.; This is not a pre-operative evaluation for a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ogy Approval	without contrast material	known tumor of the middle or inner ear.	3 2023 2023
		7077444		
. /. /2022	0.1	70551 Magnetic resonance (eg, proton)		
4/1/2023 -	Otolaryngol	imaging, brain (including brain stem);	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ogy Approval	without contrast material	that I have requested this test.	2 2023 2023
		70551 Magnetic resonance (eg, proton)		
4/1/2023 -	Otolaryngol	imaging, brain (including brain stem);	This request is for a Brain MRI; Known or suspected infection best describes the reason that I	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ogy Approval	without contrast material	have requested this test.	1 2023 2023
., , , . , . ,	, , , , , , , , , , , , , , , , , , ,		This request is for a Brain MRI; Known or suspected tumor best describes the reason that I	
		70551 Magnetic resonance (eg, proton)	have requested this test.; Suspected brain tumor best describes the patient's tumor.; There	
4/1/2023 -	Otolaryngol	imaging, brain (including brain stem);	are documented neurologic findings suggesting a primary brain tumor.; This is NOT a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ogy Approval	without contrast material	Medicare member.	1 2023 2023
, , , ===	. , 0, pp	·		

				70551 Magnetic resonance (eg, proton)	This request is for a Brain MRI; None of the above best describes the reason that I have	
4/1/2023 -		Otolaryngol		imaging, brain (including brain stem);	requested this test.; Evaluation of cholesteatoma best describes the reason that I have	Apr-Jun
6/30/2023 4/1/	/2023	6/30/2023 ogy	Approval	without contrast material	requested this test.	1 2023 2023
				70551 Magnetic resonance (eg, proton)	This request is for a Brain MRI; The study is being requested for evaluation of a headache.;	
4/1/2023 -		Otolaryngol		imaging, brain (including brain stem);	The headache is described as chronic or recurring.; The headache is presenting with a	Apr-Jur
5/30/2023 4/1/	/2023		Approval	without contrast material	sudden change in severity, associated with exertion, or a mental status change.	6 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1,11,111				
					This request is for a Brain MRI; The study is being requested for evaluation of a headache.;	
					The headache is described as sudden and severe.; There are NO recent neurological deficits	
				70551 Magnetic resonance (eg, proton)	on exam such as one sided weakness, speech impairments or vision defects.; There is a new	
1/1/2023 -		Otolaryngol		imaging, brain (including brain stem);	and sudden onset of a headache less than 1 week not improved by medications.; The	Apr-Jur
/30/2023 4/1/	/2023	6/30/2023 ogy	Approval	without contrast material	headache is described as a "thunderclap" or the worst headache of the patient's life.	1 2023 2023
					This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
					headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm,	
14/2022		01-1		70551 Magnetic resonance (eg, proton)	infection/inflammation, multiple sclerosis, or seizures; The condition is associated with	A I
I/1/2023 - 5/30/2023 4/1/	/2022	Otolaryngol 6/30/2023 ogy	Annroyal	imaging, brain (including brain stem); without contrast material	headache, blurred or double vision or a change in sensation noted on exam.; The patient is experiencing dizziness.	Apr-Jur 1 2023 2023
/30/2023 4/1/	/2023	0/30/2023 Ogy	Approval	without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	1 2023 2023
					headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm,	
				70551 Magnetic resonance (eg, proton)	infection/inflammation,multiple sclerosis, or seizures; The condition is associated with	
4/1/2023 -		Otolaryngol		imaging, brain (including brain stem);	headache, blurred or double vision or a change in sensation noted on exam.; The patient is	Apr-Jun
5/30/2023 4/1/	/2023	, -	Approval	without contrast material	experiencing vertigo	1 2023 2023
		•			This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
				70551 Magnetic resonance (eg, proton)	headache.; Not requested for evaluation of trauma/injury, tumor, stroke/aneurysm,	
1/1/2023 -		Otolaryngol		imaging, brain (including brain stem);	infection/inflammation, multiple sclerosis, or seizures; The patient did not have a normal	Apr-Jur
6/30/2023 4/1/	/2023	6/30/2023 ogy	Approval	without contrast material	audiogram.; The patient is experiencing hearing loss.	4 2023 2023
				7055444 /		
4/1/2023 -		Otalanmaal		70551 Magnetic resonance (eg, proton)	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	A 1
+/1/2023 - 5/30/2023 4/1/	/2023	Otolaryngol 6/30/2023 ogy	Approval	imaging, brain (including brain stem); without contrast material	headache.; Requested for evaluation of stroke or aneurysm; There are recent neurological symptoms such as one sided weakness, speech impairments, or vision defects.	Apr-Jun 1 2023 2023
7,30,2023 4,1,	72023	0/30/2023 064	прргочи	Without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	1 2023 2023
					headache.; Requested for evaluation of tumor; A biopsy has not been completed to	
					determine tumor tissue type.; There are not recent neurological symptoms such as one-	
					sided weakness, speech impairments, or vision defects.; There is not a new and sudden	
				70551 Magnetic resonance (eg, proton)	onset of headache (less than 1 week) not improved by pain medications.; The tumor is a	
4/1/2023 -		Otolaryngol		imaging, brain (including brain stem);	pituitary tumor or pituitary adenoma.; There are physical findings or laboratory values	Apr-Jun
5/30/2023 4/1/	/2023	6/30/2023 ogy	Approval	without contrast material	indicating abnormal pituitary hormone levels.; This is NOT a Medicare member.	1 2023 2023
4/1/2023 -		Otalanmaal		70551 Magnetic resonance (eg, proton)	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	A 1
4/1/2023 - 5/30/2023 4/1/	/2022	Otolaryngol 6/30/2023 ogy	Approval	imaging, brain (including brain stem); without contrast material	headache.; The patient had an audiogram.; The results of the audiogram were abnormal.; It is unknown why this study is being ordered.; The patient has hearing loss.	Apr-Jun 2 2023 2023
5/30/2023 4/1/	/2023	0/30/2023 Ogy	Арргочаг	Without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic	2 2023 2023
					disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
					vascular disease.; There has been treatment or conservative therapy.; The ordering MDs	
					specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
4/1/2023 -		Otolaryngol		71250 Computed tomography, thorax;	Radiation Oncology; This case was created via RadMD.; The primary symptoms began less	Apr-Jun
	/2023	6/30/2023 ogy	Approval	without contrast material	than 6 months ago; Medications were given for this diagnosis	1 2023 2023
1/1/2023 -		Otolaryngol		71250 Computed tomography, thorax;	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is	Apr-Jun
5/30/2023 4/1/	/2023	6/30/2023 ogy	Approval	without contrast material	being ordered for known tumor.	1 2023 2023
					A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is	
1/1/2023 -	/2022	Otolaryngol		71250 Computed tomography, thorax;	being ordered for work-up for suspicious mass.; There is NO radiographic evidence of lung,	Apr-Jur
	/2023		Approval	without contrast material	mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	2 2023 2023
4/1/2023 - 5/20/2022 - 4/1/	/2022	Otolaryngol	Annreusl	71250 Computed tomography, thorax; without contrast material	Coughing up blood (hemoptysis) describes the reason for this request.; This is a request for a	Apr-Jun
6/30/2023 4/1/	/2023	6/30/2023 ogy	Approval	without contrast material	Chest CT.; Yes this is a request for a Diagnostic CT	1 2023 2023

Product Prod								
1,12021 1,000							Head/neck cancer, assess treatment response ;HEAD AND NECK MALIGNANCY, assess	
All	. /. /2022		0.1		74050 0 1 1 1			
	1 1	4/4/2022	, -					
1/1/2013	6/30/2023	4/1/2023	6/30/2023 ogy	Approval	without contrast material			1 2023 2023
April Apri	4/4/2022		01-1		74250 Commented to accomment the accomment			A Iv.
Pl HaS REEK //O GNROME/ SORE THROPE. Approve								
ORD-HIAMPRIGEAL MAKES THAT IS SURSPICIOUS FOR MALENANCY, BIOPR VIAS BEEN SCHEDULE, This Nate being derived from a medinal follower, the meding MDs specially is NOT termstologisty/foncologisty, Thoracide Surgery, Oroclogy, Surgical Oncology or Aprivation of Milhor Contrast material analysis (Schedule), without contrast material analysis (Schedule), manageraphy, lever extremely, with contrast material analysis (Schedule), manageraphy (Schedule), manageraphy, lever extremely, with contrast material (Schedule), manageraphy (Schedule), manageraphy, lever extremely, with contrast material (Schedule), manageraphy (Schedul	6/30/2023	4/1/2023	6/30/2023 ogy	Approval	without contrast material		0,7	1 2023 2023
SCHEDULIC) This study is being ordered for a metastact closures. The ordering MS specially is NOT beauty following specially specially specially following specially is NOT beauty following specially specially specially specially specially specially following specially s							•	
1/1/2023 Otolamyne 7230 Computed tomography, thorax seedally is NOT Hematologist/Oncologist, Thoracs Surgery, Oncology, Surgical Oncology or Ap-Jun 72706 Computed tomography Page								
### April 1970 ### Ap							· · · · · · · · · · · · · · · · · · ·	
73706 Computed tomographic angiography, lower extremity, with contrast transfersicils, including noncortrast timages, if performed, and image postprocessing response to the performed and image postprocessing response re			, 0		71250 Computed tomography, thorax;		specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
1/2 1/2	6/30/2023	4/1/2023	6/30/2023 ogy	Approval	without contrast material		Radiation Oncology; This case was created via RadMD.	1 2023 2023
1/1/2023 - Otolaryngol (maging, abdomen, without contrast material(s) Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; Apr-Jum 1 2023 2023 1 1/1/2023 - Otolaryngol (maging, abdomen, without contrast material(s) Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure; Apr-Jum 1 2023 2023 1 1/1/2023 - Otolaryngol (PET) imaging; whole body (fluorodeoxyglucose) Tis is for a Routine/Standard PET Scan is being requested for Suspected or Known Cancer; This is for a Routine/Standard PET Scan is being requested for Suspected or Known Cancer; This study is being ordered for something other than listed above; This study is being requested for Suspected or Known Cancer; This study is being requested for Suspected or Known Cancer; This study is being requested for Suspected or Known Cancer; This study is being requested for Suspected or Known Cancer; This study is being requested for Suspected or Known Cancer; This study is being requested for Suspected or Known Cancer; This study is being requested for Suspected or Known Cancer; This study is being requested for Suspected or Known Cancer; This study is being requested for Suspected or Known Cancer; This study is being requested for Suspected or Known Cancer; This study is being requested for Suspected or Known Cancer; This study is being requested for Suspected or Known Cancer; This study is being requested for Suspected or Known Cancer; This study is being requested for Read/Neck/Rain Cancer; This study is being requested for Read/Neck/Rain Cancer; This study is being requested for Read/Neck/Rain Cancer; This Study is being requested for Initial Suspection Cancer; This study is being requested for Initial Suspection Cancer; This study is being requested for New This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Read/Neck/Rain Cancer; This is Addictor ember; Apr-Jun Al/2023 - Otolaryngol attenuation correction and anatomical study is being requested for New This i	4/1/2023 - 6/30/2023	4/1/2023		Approval	angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and		Yes, this is a request for CT Angiography of the lower extremity.	•
14/2023 - Otolaryngol (PET) imaging; whole body (PET) imaging; whole body (Response) 14/2023 - Otolaryngol (Response) 14/2023 - Otolar	0,00,2020	., 1, 2023	0/00/2020 06/	, ippiorui			respenses a requestron or ranging reprivar and rounds exact mitty	1 2020 2020
The patient's cancer status is unknown 1 2023 2023	4/1/2022 -		Otolanyngol				Tumor, mass, neonlasm, or metastatic disease hest describes the reason for this procedure.	∆nr-lun
#1/2023 - Otolaryngol 78815 Positron emission tomography (PET) with concurrently acquired computed tomography (PET) with concurrently acqu		4/1/2022	, -	Approval				
### 1/2023 - Otolaryngol 78815 Positron emission tomography (FET) with concurrently acquired computed tomography (FET) with concurrently acquired propriet acquired computed tomography (FET) with concurrently acquired computed tomography (FET) w	0/30/2023	4/1/2023	0/30/2023 Ogy	Approvai	material(s)		•	1 2023 2023
78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical colarization imaging; whole body 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (PET) with concurrently acquired compute	4/1/2022		Otoloningol		70012 Decitron emission tempography			Apr lup
78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for sutervation and anatomical study is being requested for something other than listed above., This study is being requested for something other than listed above., This study is being requested for something other than listed above., This study is being requested for something other than listed above., This study is being requested for Initial Staging; This is for a Routine/Standard PET Scan using PDG Aprivation (fluorodeoxyglucose) 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (PET) with concurrently acquired supplication of this patient for this cancer; This is tudy is being requested for Surellance and patient of this cancer		4/4/2022		A	0 1 7		, , , , , , , , , , , , , , , , , , , ,	•
(PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical projected for Jacob (PET) with concurrently acquired projected for Jacob (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical projected for initial staging; This so for a Routine/Standard PET Scan using PDG Apr-Jun 1 2023 2023 2023 2023 2023 2023 2023 20	6/30/2023	4/1/2023	6/30/2023 Ogy	Approvai	(PET) Imaging; whole body		(Tiuorodeoxygiucose)	1 2023 2023
78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for Staging; This would be the first PET Scan performed on this patient for this cancer.; This standard PET Scan using FDG (fluorodeoxyglucose) 78816 Positron emission tomography (CT) for Staging; This would be the first PET Scan performed on this patient for this cancer.; This standard PET Scan using FDG (fluorodeoxyglucose) 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for Melanoma, Soft Tissue Sarcoma, Pancreatic CA, Ling CA, Colorectal CA, Head/Neck CA, Colorectal CA, Head/Neck CA, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA; This study is being requested for Well-American Pet Scan using FDG (fluorodeoxyglucose) 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for Melanoma, Soft Tissue Sarcoma, Pancreatic CA, Ling CA, Colorectal CA, Head/Neck CA, Colorectal CA, He	4/1/2023 - 6/30/2023	4/1/2023	, -	Approval	(PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical		Known Cancer; This study is being ordered for something other than listed above.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This PET Scan is being requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG	
(PET) with concurrently acquired Apr-Jun Apr-J	.,,		-,,	1.1.	,		, , jo ,	
Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, (PET) with concurrently acquired (Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, computed tomography (CT) for Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is for a Routine/Standard PET Apr-Jun Calization imaging; whole body Scan using FDG (fluorodeoxyglucose) 1 2023 2023 78816 Positron emission tomography (CT) for Apr-Jun Calization imaging; whole body Scan using FDG (fluorodeoxyglucose) 1 2023 2023 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (PET) with concurrently acquired computed tomography (CT) for symptoms; 3 PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; 3 PET Scans have already been performed on this patient for this cancer.; This 4/1/2023 6/30/2023 ogy Approval localization imaging; whole body a Radiology Services Pulling FDG (fluorodeoxyglucose) 1 2023 2023 Radiology Services Pulling for the approximation of the part of t	4/1/2023 - 6/30/2023	4/1/2023		Approval	(PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical		Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Ovarian or Esophageal Cancer.; This is a Medicare member.;	
Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, computed tomography (CT) for Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is for a Routine/Standard PET Apr-Jun for Mass.; This is for a Routine/Standard PET Apr-Jun for Mass.; This is for a Routine/Standard PET Apr-Jun for Mass.; This pet Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or computed tomography (PET) with concurrently acquired computed tomography (CT) for symptoms; 3 PET Scans have already been performed on this patient for this cancer.; This for Apr-Jun following the completion of Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This is for Apr-Jun following the Computed tomography (Delaying) attenuation correction and anatomical study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This is for Apr-Jun following the Computed tomography (Delaying) around a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) 1 2023 2023 Radiology Services Padiology Services Padi							Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on	
4/1/2023 - Otolaryngol attenuation correction and anatomical requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is for a Routine/Standard PET Apr-Jun 5/30/2023 ogy Approval localization imaging; whole body Scan using FDG (fluorodeoxyglucose) 1 2023 2023 78816 Positron emission tomography (PET) with concurrently acquired Surveillance following the completion of therapy or treatment without new signs or computed tomography (CT) for symptoms; 3 PET Scans have already been performed on this patient for this cancer.; This 4/1/2023 - Otolaryngol attenuation correction and anatomical study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This is for Apr-Jun a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) 1 2023 2023 Radiology Services 4/1/2023 - Otolaryngol 70450 Computed tomography, head or Denied Not This is a request for a brain/head CT.; The patient has a chronic headache, longer than one Apr-Jun					(PET) with concurrently acquired		Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA,	
Scan using FDG (fluorodeoxyglucose) 1 2023 2023 78816 Positron emission tomography (PET) with concurrently acquired Surveillance following the completion of therapy or treatment without new signs or computed tomography (CT) for symptoms; 3 PET Scans have already been performed on this patient for this cancer.; This 4/1/2023 - 4/1/2023 6/30/2023 ogy Approval localization imaging; whole body Radiology Services 4/1/2023 - Otolaryngol	4/1/2022 -		Otolanyngol				•	∆nr-lun
78816 Positron emission tomography (PET) with concurrently acquired Surveillance following the completion of therapy or treatment without new signs or computed tomography (CT) for symptoms; 3 PET Scans have already been performed on this patient for this cancer.; This 4/1/2023 - Otolaryngol attenuation correction and anatomical study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This is for Apr-Jun 6/30/2023 dy/41/2023 ogy Approval localization imaging; whole body a Radiology Services Radiology Services 4/1/2023 - Otolaryngol 70450 Computed tomography, head or Denied Not This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; 3 PET Scans have already been performed on this patient for this cancer.; This is a Requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This is for Apr-Jun a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) 1 2023 2023 Radiology Services Denied Not This is a request for a brain/head CT.; The patient has a chronic headache, longer than one Apr-Jun	1 1	1/1/2022		Approval			· · · · · · · · · · · · · · · · · · ·	·
(PET) with concurrently acquired Surveillance following the completion of therapy or treatment without new signs or computed tomography (CT) for symptoms; 3 PET Scans have already been performed on this patient for this cancer.; This 4/1/2023 - Otolaryngol attenuation correction and anatomical study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This is for Apr-Jun a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) 1 2023 2023 Radiology Services 4/1/2023 - Otolaryngol 70450 Computed tomography, head or Denied Not This is a request for a brain/head CT.; The patient has a chronic headache, longer than one Apr-Jun	0/30/2023	4/1/2023	0/30/2023 Ogy	Approvai	iocalization imaging; whole body		ocan using rug (nuorodeoxygiucose)	1 2023 2023
4/1/2023 - Otolaryngol 70450 Computed tomography, head or Denied Not This is a request for a brain/head CT.; The patient has a chronic headache, longer than one Apr-Jun	4/1/2023 - 6/30/2023	4/1/2023		Approval	(PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical		Surveillance following the completion of therapy or treatment without new signs or symptoms; 3 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This is for	
4/1/2023 - Otolaryngol 70450 Computed tomography, head or Denied Not This is a request for a brain/head CT.; The patient has a chronic headache, longer than one Apr-Jun								
5/30/2023 4/1/2023 6/30/2023 ogy Disapproval brain; without contrast material Medically Necessary month; Headache best describes the reason that I have requested this test. 3 2023 2023	4/1/2023 -		, -				•	·
	6/30/2023	4/1/2023	6/30/2023 ogy	Disapproval	brain; without contrast material	Medically Necessary	month; Headache best describes the reason that I have requested this test.	3 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Otolaryngol 6/30/2023 ogy	Disapproval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	Radiology Services Denied Not Medically Necessary	"This request is for orbit, sella, int. auditory canal, temporal bone, mastoid, CT.239.8"; "There is not suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; "There is not a history of serious head or skull, trauma or injury.ostct"; "There is not suspicion of neoplasm, or metastasis.ostct"; This is not a preoperative or recent postoperative evaluation.; "There is not suspicion of acoustic neuroma, pituitary or other tumor. ostct"	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Otolaryngol 6/30/2023 ogy	Disapproval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	Radiology Services Denied Not Medically Necessary	47 y/o female c chronic otitis media, chronic otalgia, conductive hearing loss confirmed on audiometry, tinnitus, all left greater than right x over 1 year, treated c oral steroids, naproxen, xanax, antibiotics resolution. R/O cholesteatoma.; This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Otolaryngol 6/30/2023 ogy	Disapproval	70480 Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began 6 months to 1 year	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Otolaryngol 6/30/2023 ogy	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; It is unknown when the primary symptoms began; Other not listed was done for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Otolaryngol 6/30/2023 ogy	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone or skull, trauma or injury.fct"; Yes this is a request for a Diagnostic CT Enter answer here - or Type In Unkno Jason A Maynard is a 41 y.o. male with snoring. He	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Otolaryngol 6/30/2023 ogy	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	does have a lot of nasal congestion and history of chronic sinusitis. Will order CT sinus for better delineation of anatomy. May benefit from referral for mouth guard.; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Otolaryngol 6/30/2023 ogy	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for post-operative evaluation.; Yes this is a request for a Diagnostic CT	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Otolaryngol 6/30/2023 ogy	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for pre-operative evaluation.; Yes this is a request for a Diagnostic CT This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the	Apr-Jun 6 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Otolaryngol 6/30/2023 ogy	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request	Apr-Jun 4 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Otolaryngol 6/30/2023 ogy	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Otolaryngol 6/30/2023 ogy	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	Apr-Jun 8 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Otolaryngol 6/30/2023 ogy	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Otolaryngol 6/30/2023 ogy	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is not being ordered for trauma, tumor, sinusitis, osteomyelitis, pre operative or a post operative evaluation.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Otolaryngol 6/30/2023 ogy	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI; The primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Otolaryngol 6/30/2023 ogy	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	Angel M Parks is a 49 y.o. female seen in my clinic today with c/o hoarseness and left sided throat and ear pain for past 3 months. States it started with episode of bronchitis which she gets frequently. Has a hx of pulmonary hypertension. Associated w; This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Otolaryngol 6/30/2023 ogy	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; It is not known if there is a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Otolaryngol 6/30/2023 ogy	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	Apr-Jun 4 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Otolaryngol 6/30/2023 ogy	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Otolaryngol 6/30/2023 ogy	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Surgery is NOT scheduled in the next 30 days.; Yes this is a request for a Diagnostic CT	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Otolaryngol 6/30/2023 ogy	Disapproval	70544 Magnetic resonance angiography, head; without contrast material(s)	Radiology Services Denied Not Medically Necessary	Abnormal CT findings: Subtle hypodense area identified within the left anterior frontal lobe; Radiologist suggests MRI brain with and without contrast and MRA brain without contrast. Patient with worsening headaches following cough/sneezing and retro-orbi; This study is being ordered for Congenital Anomaly.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		Otolaryngol 6/30/2023 ogy	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not	This is a request for an Internal Auditory Canal MRI.; There is a suspected Acoustic Neuroma or tumor of the inner or middle ear.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Otolaryngol 6/30/2023 ogy	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Denied Not	This is a request for an Internal Auditory Canal MRI.; There is not a suspected Acoustic Neuroma or tumor of the inner or middle ear.; There is not a suspected cholesteatoma of the ear.; The patient has had a recent brain CT or MRI within the last 90 days.; There are neurologic symptoms or deficits such as one-sided weakness, speech impairments, vision defects or sudden onset of severe dizziness.; This is not a pre-operative evaluation for a known tumor of the middle or inner ear.	Apr-Jun 1 2023 2023

		70551 Magnetic resonance (eg, proton)	Radiology Services	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I	
4/1/2023 -	Otolaryngol	imaging, brain (including brain stem);	Denied Not	have requested this test.; Suspected tumor outside the brain best describes the reason that i	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ogy Disapproval	without contrast material	Medically Necessary		1 2023 2023
			,		
		70551 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -	Otolaryngol	imaging, brain (including brain stem);	Denied Not	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ogy Disapproval	without contrast material	Medically Necessary	have requested this test.; The type of tumor is unknown.	1 2023 2023
				; This study is being ordered for Inflammatory/ Infectious Disease.; There has been	
				treatment or conservative therapy.; The ordering MDs specialty is NOT	
4/4/2022	Otalannal	74.250 Community of the community of the community	Radiology Services	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	A 1
4/1/2023 - 6/30/2023 4/1/2023	Otolaryngol 6/30/2023 ogy Disapproval	71250 Computed tomography, thorax;	Denied Not	Oncology; This case was created via RadMD.; It is unknown when the primary symptoms began; Other not listed was done for this diagnosis	Apr-Jun 1 2023 2023
0/30/2023 4/1/2023	6/30/2023 ogy Disapproval	without contrast material	iviedically necessary	began; Other not listed was done for this diagnosis	1 2023 2023
				Angel M Parks is a 49 y.o. female seen in my clinic today with c/o hoarseness and left sided	
				throat and ear pain for past 3 months. States it started with episode of bronchitis which she	
				gets frequently. Has a hx of pulmonary hypertension. Associated w; This study is being	
				ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative	
			Radiology Services	therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery,	
4/1/2023 -	Otolaryngol	71250 Computed tomography, thorax;	Denied Not	Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ogy Disapproval	without contrast material	Medically Necessary	primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1 2023 2023
		73720 Magnetic resonance (eg, proton)			
		imaging, lower extremity other than		This study is being ordered for Vascular Disease.; There has been treatment or conservative	
. /. /2022	0.1	joint; without contrast material(s),	Radiology Services	therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery,	
4/1/2023 -	Otolaryngol	followed by contrast material(s) and	Denied Not	Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ogy Disapproval	further sequences	Medically Necessary	primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Otolaryngol 6/30/2023 ogy Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	A biopsy has NOT substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , , ,	,	10	
4/1/2023 -	Otolaryngol	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	Radiology Services Denied Not	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; 2 PET Scans have already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer,	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 ogy Disapproval	localization imaging; whole body	Medically Necessary	Tumor or Mass.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Pathology Approval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material		The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Follow-up to surgery or fracture within the last 6 months	Apr-Jun 1 2023 2023
		72148 Magnetic resonance (eg, proton)		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -	5/20/2020 P. H. I.	imaging, spinal canal and contents,		This study is being requested for 6 weeks of completed conservative care in the past 6	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Pathology Approval	lumbar; without contrast material		months	1 2023 2023
		72149 Magnetic reconance (eg. protect)		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; A	
4/1/2023 -		72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents,		Physician supervised home exercise program has been completed for the patient's back	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Pathology Approval	lumbar; without contrast material		pain; The procedure is being ordered for acute or chronic back pain	1 2023 2023
3,33,2023 4,1,2023	5,55,2525 rathology //pprovar	72196 Magnetic resonance (eg, proton)		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT	1 2023 2023
4/1/2023 -	Pediatric	imaging, pelvis; with contrast		Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Hematology Approval	material(s)		Oncology; This case was created via BBI.	1 2023 2023

. /. /		74181 Magnetic resonance (eg, proton)	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT	
4/1/2023 -	Pediatric	imaging, abdomen; without contrast	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Hematology Approval	material(s)	Oncology; This case was created via BBI.	1 2023 2023
4/1/2023 -		70336 Magnetic resonance (eg, proton)		Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Pediatrics Approval	imaging, temporomandibular joint(s)	This is a request for a temporomandibular joint MRI.	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 i culturies — Approvai	70486 Computed tomography,	mis is a request for a temporomanaisatal joint with.	1 2023 2023
4/1/2023 -		maxillofacial area; without contrast	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Pediatrics Approval	material	immune-compromised.; Yes this is a request for a Diagnostic CT	1 2023 2023
			physical therapy for gait training;;oxygen therapy;;medication;;growth modulation impacted	
			tibia for genu valgum; This study is being ordered for Congenital Anomaly.; There has been	
			treatment or conservative therapy.; The ordering MDs specialty is NOT	
		70540 Magnetic resonance (eg, proton)	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -		imaging, orbit, face, and/or neck;	Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Pediatrics Approval	without contrast material(s)	ago; Physical Therapy was completed for this diagnosis	1 2023 2023
			There is not a suspicion of an infection or abscess.; This examination is NOT being requested	
		70540 Magnetic resonance (eg, proton)	to evaluate lymphadenopathy or mass.; There is not a suspicion of a bone infection	
4/1/2023 -		imaging, orbit, face, and/or neck;	(osteomyelitis).; There is a suspicion of an orbit or face neoplasm, tumor, or metastasis.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Pediatrics Approval	without contrast material(s)	This is a request for an Orbit MRI.; There is not a history of orbit or face trauma or injury.	1 2023 2023
			physical therapy for gait training;;oxygen therapy;;medication;;growth modulation impacted	
			tibia for genu valgum; This study is being ordered for Congenital Anomaly.; There has been	
			treatment or conservative therapy.; The ordering MDs specialty is NOT	
		70551 Magnetic resonance (eg, proton)	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -		imaging, brain (including brain stem);	Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Pediatrics Approval	without contrast material	ago; Physical Therapy was completed for this diagnosis	1 2023 2023
. /. /		70551 Magnetic resonance (eg, proton)		
4/1/2023 -	s loo loogo pullului	imaging, brain (including brain stem);	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Pediatrics Approval	without contrast material	that I have requested this test.	2 2023 2023
		70551 Magnetic resonance (eg, proton)		
4/1/2023 -		imaging, brain (including brain stem);	This request is for a Brain MRI; Headache best describes the reason that I have requested	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Pediatrics Approval	without contrast material	this test.; Chronic headache, longer than one month describes the headache's character.	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Fediatries Approval	Without contrast material	this test., chronic readactic, longer than one month describes the readactic 3 character.	1 2023 2023
		70551 Magnetic resonance (eg, proton)		
4/1/2023 -		imaging, brain (including brain stem);	This request is for a Brain MRI; Headache best describes the reason that I have requested	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Pediatrics Approval	without contrast material	this test.; New onset within the past month describes the headache's character.	1 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	., ,			
		70551 Magnetic resonance (eg, proton)	This request is for a Brain MRI; The study is being requested for evaluation of a headache.;	
4/1/2023 -		imaging, brain (including brain stem);	The patient had a thunderclap headache or worst headache of the patient's life (within the	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Pediatrics Approval	without contrast material	last 3 months).	2 2023 2023
		70551 Magnetic resonance (eg, proton)		
4/1/2023 -		imaging, brain (including brain stem);	This request is for a Brain MRI; The study is being requested for evaluation of a headache.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Pediatrics Approval	without contrast material	The patient has a chronic or recurring headache.	1 2023 2023
		70551 Magnetic resonance (eg, proton)	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/1/2023 -		imaging, brain (including brain stem);	headache.; It is unknown why this study is being ordered.; The patient has a congenital	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Pediatrics Approval	without contrast material	abnormality.; The patient has an Abnormality of the skull bones (craniosynostosis).	1 2023 2023
			This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/4/2022		70551 Magnetic resonance (eg, proton)	headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset	
4/1/2023 -	C/20/2022 Rediatries Accessed	imaging, brain (including brain stem);	(within the last 4 weeks) of neurologic symptoms.; This study is being ordered for trauma or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Pediatrics Approval	without contrast material	injury.	1 2023 2023

			70551 Magnetic resonance (eg, proton)	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/1/2023 -			imaging, brain (including brain stem);	headache.; This study is being ordered for seizures.; There has been a change in seizure	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Pediatrics	Approval	without contrast material	pattern or a new seizure.	1 2023 2023
4/1/2023 -			71250 Computed tomography, thorax;	Abnormal imaging test describes the reason for this request.; This is a request for a Chest	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Pediatrics	Approval	without contrast material	CT.; Yes this is a request for a Diagnostic CT	1 2023 2023
				This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low	
				Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient	
				is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The	
				patient has a 20 pack per year history of smoking.; The patient is NOT presenting with	
			71271 Computed tomography, thorax,	pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive	
4/1/2023 -			low dose for lung cancer screening,	of lung cancer.; The patient has not quit smoking.; The health carrier is NOT Virginia Premier	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Pediatrics	Approval	without contrast material(s)	Health Plan	3 2023 2023
				This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low	
				Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient	
				is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The	
				patient has a 20 pack per year history of smoking.; The patient is NOT presenting with	
			71271 Computed tomography, thorax,	pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive	
4/1/2023 -			low dose for lung cancer screening,	of lung cancer.; The patient quit smoking less than 15 years ago.; The health carrier is NOT	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Pediatrics	Approval	without contrast material(s)	Virginia Premier Health Plan	1 2023 2023
			72141 Magnetic resonance (eg, proton)		
4/1/2023 -			imaging, spinal canal and contents,	This is a request for cervical spine MRI; This procedure is being requested for Known tumor	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Pediatrics	Approval	cervical; without contrast material	with or without metastasis	1 2023 2023
			72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -			imaging, spinal canal and contents,	This study is being requested for 6 weeks of completed conservative care in the past 6	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Pediatrics	Approval	lumbar; without contrast material	months	2 2023 2023
			72148 Magnetic resonance (eg, proton)		
4/1/2023 -			imaging, spinal canal and contents,	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Pediatrics	Approval	lumbar; without contrast material	This study is being requested for Follow-up to spine injection in the past 6 months	1 2023 2023
			73220 Magnetic resonance (eg, proton)	; This study is being ordered for Inflammatory/ Infectious Disease.; There has been	
			imaging, upper extremity, other than	treatment or conservative therapy.; The ordering MDs specialty is NOT	
			joint; without contrast material(s),	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -			followed by contrast material(s) and	Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Pediatrics	Approval	further sequences	ago; Medications were given for this diagnosis	2 2023 2023
				This study is being ordered for something other than: known trauma or injury, metastatic	
			73220 Magnetic resonance (eg, proton)	disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
			imaging, upper extremity, other than	vascular disease.; There has been treatment or conservative therapy.; The ordering MDs	
			joint; without contrast material(s),	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
4/1/2023 -			followed by contrast material(s) and	Radiation Oncology; This case was created via BBI.; The primary symptoms began more than	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Pediatrics	Approval	further sequences	1 year ago; Medications were given for this diagnosis	2 2023 2023
				The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	
			73221 Magnetic resonance (eg, proton)	described as chronic; The physician has directed conservative treatment for the past 4	
4/1/2023 -			imaging, any joint of upper extremity;	weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Pediatrics	Approval	without contrast material(s)	member.	1 2023 2023
				The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	
				described as chronic; The physician has directed conservative treatment for the past 4	
				weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been	
			73221 Magnetic resonance (eg, proton)	treated with medication.; The patient has not completed 4 weeks or more of Chiropractic	
4/1/2023 -			imaging, any joint of upper extremity;	care.; The physician has not directed a home exercise program for at least 4 weeks.; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Pediatrics	Approval	without contrast material(s)	patient received oral analgesics.	1 2023 2023

					This is a request for a foot CT.; "There is not a history (within the past six weeks) of	
					significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.;	
					There is a history of new onset of severe pain in the foot within the last two weeks.; The	
4/1/2023 -				73700 Computed tomography, lower	patient has an abnormal plain film study of the foot other than arthritis.; The patient has a	Apr-Jun
6/30/2023 4/1/	/2023 6/30/20	023 Pediatrics	Approval	extremity; without contrast material	documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1 2023 2023
				73720 Magnetic resonance (eg, proton)	see clinicals; This study is being ordered for trauma or injury.; There has not been any	
				imaging, lower extremity other than	treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs	
				joint; without contrast material(s),	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
4/1/2023 -				followed by contrast material(s) and	Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6	Apr-Jun
6/30/2023 4/1/	/2023 6/30/20	023 Pediatrics	Approval	further sequences	months to 1 year	2 2023 2023
				73720 Magnetic resonance (eg, proton)		
				imaging, lower extremity other than		
4/4/2022				joint; without contrast material(s),		A 1
4/1/2023 -	/2022 6/20/20	222 Dadiatrias	A	followed by contrast material(s) and	This is a year, set for a feet NADL. The study is being accuracy for infection	Apr-Jun
6/30/2023 4/1/	/2023 6/30/20	023 Pediatrics	Approval	further sequences 73720 Magnetic resonance (eg, proton)	This is a request for a foot MRI.; The study is being oordered for infection.	1 2023 2023
				imaging, lower extremity other than		
				joint; without contrast material(s),		
4/1/2023 -				followed by contrast material(s) and	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee	Apr-Jun
6/30/2023 4/1/	/2023 6/30/20	023 Pediatrics	Approval	further sequences	imaging.; 'None of the above' were noted as an indication for knee imaging.	1 2023 2023
0,00,000	,			73720 Magnetic resonance (eg, proton)		
				imaging, lower extremity other than		
				joint; without contrast material(s),	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an	
4/1/2023 -				followed by contrast material(s) and	indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is	Apr-Jun
6/30/2023 4/1/	/2023 6/30/20	023 Pediatrics	Approval	further sequences	NOT Orthopedics.	2 2023 2023
				73720 Magnetic resonance (eg, proton)		
				imaging, lower extremity other than		
				joint; without contrast material(s),	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
4/1/2023 -				followed by contrast material(s) and	an indication for knee imaging; Baker's cyst (swelling in the back of the knee) was noted on	Apr-Jun
6/30/2023 4/1/	/2023 6/30/20	023 Pediatrics	Approval	further sequences	the physical examination; The ordering MDs specialty is NOT Orthopedics.	1 2023 2023
				73720 Magnetic resonance (eg, proton)	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
				imaging, lower extremity other than	an indication for knee imaging; Instability was noted on the physical examination; The	
4/1/2023 -				joint; without contrast material(s),	patient is not being treated with any of the listed items (crutches, knee immobilizer, wheel	Amm I
6/30/2023 4/1/	/2022 6/20/20	023 Pediatrics	Approval	followed by contrast material(s) and	chair, neoprene knee sleeve, ace bandage, knee brace); The ordering MDs specialty is NOT	Apr-Jun 1 2023 2023
6/30/2023 4/1/	/2023 6/30/20	J23 Pediatrics	Approval	further sequences	Orthopedics.	1 2023 2023
					This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass	
					or suspected tumor or metastasis.; This study is not being requested for abdominal and/or	
				74176 Computed tomography,	pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an	
4/1/2023 -				abdomen and pelvis; without contrast	abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT;	Apr-Jun
6/30/2023 4/1/	/2023 6/30/20	023 Pediatrics	Approval	material	This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2023 2023
					This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
				74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/1/2023 -				abdomen and pelvis; without contrast	this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was	Apr-Jun
6/30/2023 4/1/	/2023 6/30/20	023 Pediatrics	Approval	material	NOT performed.; Yes this is a request for a Diagnostic CT	1 2023 2023
					This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
					and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
					this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was	
. /. /				74176 Computed tomography,	performed.; The results of the exam were normal.; The patient had an Ultrasound.; The	_
4/1/2023 -	/2022 6/20/5	22. 0 - 4: : :		abdomen and pelvis; without contrast	Ultrasound was abnormal.; The ultrasound showed a pelvic mass.; Yes this is a request for a	Apr-Jun
6/30/2023 4/1/	/2023 6/30/20	023 Pediatrics	Approval	material	Diagnostic CT	1 2023 2023
4/1/2023 -				78608 Brain imaging, positron emission tomography (PET); metabolic	This is a request for a Metabolic Brain PET scan; This study is being ordered for refractory	Apr-Jun
6/30/2023 4/1/	/2023 6/20/20	023 Pediatrics	Approval	evaluation	seizures.; This study is being ordered for pre-surgical evaluation.	1 2023 2023
0/30/2023 4/1/	12023 0/30/20	LO FEUIDUIUS	Approvat	evaruaciOII	seizures., This study is being ordered for pre-surgical evaluation.	1 2023 2023

				78816 Positron emission tomography			
				(PET) with concurrently acquired			
				computed tomography (CT) for		; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT	
4/1/2023	_			attenuation correction and anatomical		Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	Apr-Jun
1 1	3 4/1/2023	6/30/2023 Pediatrics	Approval	localization imaging; whole body		Oncology; This case was created via RadMD.	1 2023 2023
			•••	, ,		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	
						The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery,	
				93307 Echocardiography, transthoracic	,	Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being	
				real-time with image documentation		ordered for Chest pain of suspected cardiac etiology; Other testing such as Exercise	
				(2D), includes M-mode recording, wher	1	Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has been	
4/1/2023	-			performed, complete, without spectral		completed in the past 6 weeks; Results of other testing completed failed to confirm chest	Apr-Jun
6/30/2023	3 4/1/2023	6/30/2023 Pediatrics	Approval	or color Doppler echocardiography		pain was of cardiac origin	1 2023 2023
						This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	
				93307 Echocardiography, transthoracic		The member is 15 or older.; This study is being ordered for a history of heart valve disease.;	
				real-time with image documentation		Moderate stenosis or moderate regurgitation of the mitral or aortic valve is present; This is	
				(2D), includes M-mode recording, when	l	an initial evaluation after aortic or mitral valve surgery.; It has been more than 3 years since	
4/1/2023				performed, complete, without spectral		the last Transthoracic Echocardiogram (TTE) was completed; The patient is NOT	Apr-Jun
6/30/2023	3 4/1/2023	6/30/2023 Pediatrics	Approval	or color Doppler echocardiography		asymptomatic; The health carrier is NOT HealthNet of California	1 2023 2023
				93307 Echocardiography, transthoracic	•	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	
				real-time with image documentation		The member is between 4 and 14 years old.; Abnormal physical exam findings, signs or	
				(2D), includes M-mode recording, wher	1	symptoms that suggest cardiac pathology or structural heart disease best describes my	
4/1/2023				performed, complete, without spectral		reason for ordering this study.; This is an initial evaluation of a patient not seen in this office	Apr-Jun
6/30/2023	3 4/1/2023	6/30/2023 Pediatrics	Approval	or color Doppler echocardiography		before.; The ordering provider's specialty is NOT Cardiology or Nephrology	1 2023 2023
				0000751		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	
				93307 Echocardiography, transthoracic		This study is being ordered for Evaluation of Cardiac Murmur.; It is unknown if there been a	
				real-time with image documentation		change in clinical status since the last echocardiogram.; This request is for initial evaluation	
				(2D), includes M-mode recording, when	1	of a murmur.; It is unknown if the murmur is grade III (3) or greater.; It is unknown if there is	
4/1/2023				performed, complete, without spectral		clinical symptoms supporting a suspicion of structural heart disease.; This is a request for	Apr-Jun
6/30/2023	3 4/1/2023	6/30/2023 Pediatrics	Approval	or color Doppler echocardiography		follow up of a known murmur.	1 2023 2023
				02207 Februardi - manku turuntkan atkan atk			
				93307 Echocardiography, transthoracic	•		
				real-time with image documentation			
. /. /2022				(2D), includes M-mode recording, wher	ı	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	
4/1/2023		5 /20 /2022 P. J. J.		performed, complete, without spectral		This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial	Apr-Jun
6/30/2023	3 4/1/2023	6/30/2023 Pediatrics	Approval	or color Doppler echocardiography		evaluation of a murmur.; The murmur is grade III (3) or greater.	1 2023 2023
				02250 Fab according rough, through a region			
				93350 Echocardiography, transthoracic			
				real-time with image documentation			
				(2D), includes M-mode recording, when			
				performed, during rest and			
				cardiovascular stress test using			
4/4/00==				treadmill, bicycle exercise and/or			
4/1/2023		5 /20 /2002 P. J		pharmacologically induced stress, with		This is a request for a Stress Echocardiogram.; None of the listed reasons for the study were	Apr-Jun
6/30/2023	3 4/1/2023	6/30/2023 Pediatrics	Approval	interpretation and report;		selected; The member does not have known or suspected coronary artery disease	1 2023 2023
					Dadieles Conde	This is a use weat face a busin /b and CT . Name of the selected based on the selected	
4/4/2022				70450 Computed to	Radiology Services	This is a request for a brain/head CT.; 'None of the above' best describes the reason that I	A 1.
4/1/2023		6/20/2022 Dadiate!	Disapara	70450 Computed tomography, head or	Denied Not	have requested this test.; None of the above best describes the reason that I have requested	Apr-Jun
0/30/2023	3 4/1/2023	6/30/2023 Pediatrics	Disapproval	brain; without contrast material	Medically Necessary	uiis test.	1 2023 2023

					Radiology Services		
4/1/2023 - 6/30/2023	4/1/2022	6/30/2023 Pediatrics	Disapproval	70450 Computed tomography, head or brain; without contrast material	Denied Not	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	Apr-Jun 1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Fediatrics	Disappiovai	brain, without contrast material	ivieuically ivecessary	reason that mave requested this test.	1 2023 2023
					Radiology Services	This is a request for a brain/head CT.; The patient has Big head (Macrocephaly).; Known or	
4/1/2023 -	. /. /2022	c/20/2022 P. II. I.	B: 1	70450 Computed tomography, head or	Denied Not	suspected congenital anomaly best describes the reason that I have requested this test.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Pediatrics	Disapproval	brain; without contrast material	Medically Necessary	None of the above best describes the reason that I have requested this test. This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT	1 2023 2023
				70486 Computed tomography,	Radiology Services	immune-compromised.; The patient's current rhinosinusitis symptoms are described as	
4/1/2023 -				maxillofacial area; without contrast	Denied Not	Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Pediatrics	Disapproval	material	Medically Necessary	Diagnostic CT	1 2023 2023
				70551 Magnetic resonance (eg, proton)	Radiology Services	The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is	
4/1/2023 -				imaging, brain (including brain stem);	Denied Not	demonstrating unilateral muscle wasting/weakness; This study is being ordered for Multiple	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Pediatrics	Disapproval	without contrast material	Medically Necessary	Sclerosis	1 2023 2023
				70551 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -				imaging, brain (including brain stem);	Denied Not	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Pediatrics	Disapproval	without contrast material	Medically Necessary	·	1 2023 2023
				70554.44			
4/1/2023 -				70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	Radiology Services Denied Not	This request is for a Brain MRI; None of the above best describes the reason that I have requested this test.; Evaluation of Arnold-Chiari Malformation best describes the reason that	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Pediatrics	Disapproval	without contrast material		I have requested this test.	1 2023 2023
, .					,	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
. /. /				70551 Magnetic resonance (eg, proton)	0,	headache.; It is unknown why this study is being ordered.; The patient does not have	
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Pediatrics	Disapproval	imaging, brain (including brain stem); without contrast material	Denied Not	dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.	Apr-Jun 1 2023 2023
0/30/2023	4/1/2023	0/30/2023 1 calatries	ызарргоча	Without contrast material	Wiedically Weeessury	automaticy, 1033 of strictly float of vertigo.	1 2023 2023
				70551 Magnetic resonance (eg, proton)		This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/1/2023 -	. /. /2022	c/20/2022 P. II. I.	B: 1	imaging, brain (including brain stem);	Denied Not	headache.; This study is being ordered for seizures.; There has been a change in seizure	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Pediatrics	Disapproval	without contrast material	Medically Necessary	pattern or a new seizure.	1 2023 2023
					Radiology Services		
4/1/2023 -				71250 Computed tomography, thorax;	Denied Not	A Chest/Thorax CT is being ordered.; This study is being ordered for non of the above.; Yes	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Pediatrics	Disapproval	without contrast material	Medically Necessary	this is a request for a Diagnostic CT; The study is being ordered for none of the above.	1 2023 2023
					Radiology Services		
4/1/2023 -				71250 Computed tomography, thorax;	Denied Not	Abnormal imaging test describes the reason for this request.; This is a request for a Chest	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Pediatrics	Disapproval	without contrast material	Medically Necessary	CT.; Yes this is a request for a Diagnostic CT	1 2023 2023
						There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	
						Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
					Radiology Services	Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -	. / . /			71250 Computed tomography, thorax;	Denied Not	This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Pediatrics	Disapproval	without contrast material	Medically Necessary	began less than 6 months ago; Chemotherapy was given for this diagnosis This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low	1 2023 2023
						Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient	
						is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The	
						patient has a 20 pack per year history of smoking.; The patient is NOT presenting with	
4/1/2023 -				71271 Computed tomography, thorax, low dose for lung cancer screening,	Radiology Services Denied Not	pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.; The health carrier is NOT Virginia Premier	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Pediatrics	Disapproval	without contrast material(s)	Medically Necessary	· · · · · · · · · · · · · · · · · · ·	1 2023 2023
-	-	· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •				

					This is a request for a lumbar spine CT.; None of the above; The patient does have new or	
					changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The	
. /. /				Radiology Services	patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is	
4/1/2023 -	C /20 /2022 P. J	D: 1	72131 Computed tomography, lumbar	Denied Not	weakness.; lumbar pain with radiculopathy; It is not known if there is x-ray evidence of a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Pediatrics	Disapproval	spine; without contrast material	Medically Necessary	lumbar recent fracture.; Yes this is a request for a Diagnostic CT	1 2023 2023
					. This study is help a address for the control of t	
			724.44 14	Dadida a Cardana	; This study is being ordered for trauma or injury.; There has been treatment or conservative	
4/1/2023 -			72141 Magnetic resonance (eg, proton)		therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery,	A 1
6/30/2023 4/1/2023	6/20/2022 Podiatrics	Disapproval	imaging, spinal canal and contents,	Denied Not	Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The	Apr-Jun 1 2023 2023
0/30/2023 4/1/2023	6/30/2023 Pediatrics	Disapproval	cervical; without contrast material	Medically Necessary	primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	1 2023 2023
			72141 Magnetic resonance (eg, proton)	Radiology Services	The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The patient is	
4/1/2023 -			imaging, spinal canal and contents,	Denied Not	demonstrating unilateral muscle wasting/weakness; This study is being ordered for Multiple	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Pediatrics	Disapproval	cervical; without contrast material	Medically Necessary		1 2023 2023
0/30/2023 4/1/2023	0/30/2023 1 culatrics	Disapprovai	cervical, without contrast material	Wiculcally Weeessally	unknown; This study is being ordered for trauma or injury.; There has been treatment or	1 2023 2023
					conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
			72141 Magnetic resonance (eg, proton)	Radiology Services	Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via	
4/1/2023 -			imaging, spinal canal and contents,	Denied Not	RadMD.; The primary symptoms began less than 6 months ago; Home Exercise was done for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Pediatrics	Disapproval	cervical; without contrast material	Medically Necessary		1 2023 2023
1,00,000	5,55,555	p.p	,	,		
			72148 Magnetic resonance (eg, proton)	Radiology Services	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -			imaging, spinal canal and contents,	Denied Not	This study is being requested for 6 weeks of completed conservative care in the past 6	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Pediatrics	Disapproval	lumbar; without contrast material	Medically Necessary	, , , , , , , , , , , , , , , , , , , ,	3 2023 2023
	, ,	• • • • • • • • • • • • • • • • • • • •	,			
			72148 Magnetic resonance (eg, proton)	Radiology Services	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -			imaging, spinal canal and contents,	Denied Not	This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Pediatrics	Disapproval	lumbar; without contrast material	Medically Necessary	The patient has Focal extremity weakness	1 2023 2023
			72148 Magnetic resonance (eg, proton)	Radiology Services	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -			imaging, spinal canal and contents,	Denied Not	This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Pediatrics	Disapproval	lumbar; without contrast material	Medically Necessary	The patient has New symptoms of bowel or bladder dysfunction	1 2023 2023
			72148 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -			imaging, spinal canal and contents,	Denied Not	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Pediatrics	Disapproval	lumbar; without contrast material	Medically Necessary	This study is being requested for None of the above	1 2023 2023
				Radiology Services	Injury related to lifting heavy object. Suspected inguinal hernia. Patient has history of	
4/1/2023 -			72192 Computed tomography, pelvis;	Denied Not	previous umbilical hernia repair.; This study is being ordered for some other reason than the	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Pediatrics	Disapproval	without contrast material	Medically Necessary	choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2023 2023
			72196 Magnetic resonance (eg, proton)			
4/1/2023 -	c/20/2022 P. H		imaging, pelvis; with contrast	Denied Not	This is a request for a Pelvis MRI.; The study is being ordered for suspicion of pelvic	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Pediatrics	Disapproval	material(s)	Medically Necessary	inflammatory disease or abscess.; No, this is not a preoperative study.	1 2023 2023
					. This should is being and and factor are againing. There has been been been been a	
			72221 Magnetic reserves /	Dadieless Comite	; This study is being ordered for trauma or injury.; There has been treatment or conservative	
4/1/2022			73221 Magnetic resonance (eg, proton)		therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery,	A 1.
4/1/2023 -	6/20/2022 Dadiate'	Disappres	imaging, any joint of upper extremity;	Denied Not	Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Pediatrics	Disapproval	without contrast material(s)	iviedically ivecessary	primary symptoms began more than 1 year ago; Other not listed was done for this diagnosis	1 2023 2023
					unknown; This study is being ordered for trauma or injury.; There has been treatment or	
			72221 Magnetic reconance (car areter)	Radiology Convices	conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
4/1/2022			73221 Magnetic resonance (eg, proton)	Radiology Services Denied Not	Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via	Apr lun
4/1/2023 -	6/20/2022 Dadiate'	Dicancacal	imaging, any joint of upper extremity;		RadMD.; The primary symptoms began less than 6 months ago; Home Exercise was done for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Pediatrics	Disapproval	without contrast material(s)	Medically Necessary	unis diagnosis	1 2023 2023

				73720 Magnetic resonance (eg, proton)		; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
				imaging, lower extremity other than	Badialan Candara	vascular disease.; There has been treatment or conservative therapy.; The ordering MDs	
4/1/2023 -				joint; without contrast material(s), followed by contrast material(s) and	Radiology Services Denied Not	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Pediatrics	Disapproval	further sequences		months to 1 year; Physical Therapy was completed for this diagnosis	2 2023 2023
0/30/2023	4/1/2023	0/30/2023 1 calatrics	Disapprovai	73720 Magnetic resonance (eg, proton)	Wedically Wecessary	months to 1 year, i mysical merapy was completed for this diagnosis	2 2023 2023
				imaging, lower extremity other than			
				joint; without contrast material(s),	Radiology Services	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO	
4/1/2023 -				followed by contrast material(s) and	Denied Not	suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Pediatrics	Disapproval	further sequences	Medically Necessary	4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	1 2023 2023
						There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	
						Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
				74176 Computed tomography,	Radiology Services	Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -				abdomen and pelvis; without contrast	Denied Not	This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Pediatrics	Disapproval	material	Medically Necessary	began less than 6 months ago; Chemotherapy was given for this diagnosis	1 2023 2023
						This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study	
				74476 Committed to management	Dadisland Carden	is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results	
4/4/2022				74176 Computed tomography,	Radiology Services	were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit	American
4/1/2023 - 6/30/2023	4/1/2022	6/20/2022 Rodintrics	Dicanaroval	abdomen and pelvis; without contrast material	Denied Not	for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is	Apr-Jun 1 2023 2023
0/30/2023	4/1/2023	6/30/2023 Pediatrics	Disapproval	Illaterial	ivieuically ivecessary	a request for a Diagnostic CT	1 2025 2025
						This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This	
				74176 Computed tomography,	Radiology Services	study is being requested for abdominal and/or pelvic pain.; The study is being ordered for	
4/1/2023 -				abdomen and pelvis; without contrast	Denied Not	chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Pediatrics	Disapproval	material		The results of the lab test were unknown.; Yes this is a request for a Diagnostic CT	1 2023 2023
	, ,	.,,			,	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
				74176 Computed tomography,	Radiology Services	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/1/2023 -				abdomen and pelvis; without contrast	Denied Not	this complaint.; There has been a physical exam.; The patient is male.; It is not known if a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Pediatrics	Disapproval	material	Medically Necessary	rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2023 2023
				93307 Echocardiography, transthoracic,			
				real-time with image documentation		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	
. /. /				(2D), includes M-mode recording, when		The member is 15 or older.; This study is being ordered for Follow-up to a prior test; EKG has	
4/1/2023 -	4/4/2022	C /20 /2022 De dietaire	Discourse		Denied Not	been completed; It is unknown if the EKG is considered abnormal; The health carrier is NOT	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Pediatrics	Disapproval	or color Doppler echocardiography	Medically Necessary	HealthNet of California	1 2023 2023
4/1/2023 -		Physical		70450 Computed tomography, head or		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	brain; without contrast material		reason that I have requested this test.	1 2023 2023
5,55,2525	., 1, 1020	2, 30, 2020 Wichicine	pp. 0 701	T. L, Without Contract Hutchia		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is	1 2023 2023
						NOT on anticoagulation or blood thinner treatments; There are recent neurological	
4/1/2023 -		Physical		70450 Computed tomography, head or		symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	brain; without contrast material		defects, speech impairments or sudden onset of severe dizziness	1 2023 2023
						This is a request for a brain/head CT.; The patient has a known brain tumor.; There are	
						documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare	
4/1/2023 -		Physical		70450 Computed tomography, head or		member.; Known or suspected tumor best describes the reason that I have requested this	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	brain; without contrast material		test.	1 2023 2023
						This is a request for a brain/head CT.; The patient has the worst headache of patient's life	
4/1/2023 -	. /. /0555	Physical		70450 Computed tomography, head or		with onset in the past 5 days; This is a Medicare member.; Headache best describes the	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	brain; without contrast material		reason that I have requested this test.	1 2023 2023
4/1/2022		Dh. nic-l		70450 Committed townsomenhill beed as		This is a request for a brain/head CT.; This is a Medicare member.; Known or suspected TIA	Amer II
4/1/2023 - 6/30/2023	4/1/2022	Physical 6/30/2023 Medicine	Approval	70450 Computed tomography, head or		(stroke) with documented new or changing neurologic signs and or symptoms best describes	Apr-Jun 1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Wiedicine	Approval	brain; without contrast material		the reason that I have requested this test.	1 2023 2023

4/1/2023 - 6/30/2023 4/1/2	Physical 2023 6/30/2023 Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2	Physical 2023 6/30/2023 Medicine	Approval	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2	Physical 2023 6/30/2023 Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2	Physical 2023 6/30/2023 Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	Apr-Jun 4 2023 2023
4/1/2023 - 6/30/2023 4/1/2	Physical 2023 6/30/2023 Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has a sudden change in mental status.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2	Physical 2023 6/30/2023 Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Dizziness or Vertigo	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2	Physical 2023 6/30/2023 Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis.; The patient has new symptoms.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2	Physical 2023 6/30/2023 Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for follow-up.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; This study is being ordered for a tumor.; The patient has a biopsy proven cancer	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2	Physical 2023 6/30/2023 Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for Multiple Sclerosis.; This study is NOT being ordered as a 12 month annual follow up.; This is a routine follow up.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2	Physical 2023 6/30/2023 Medicine	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for staging.; This study is being ordered for a tumor.; The patient has a biopsy proven cancer	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2	Physical 2023 6/30/2023 Medicine	Approval	71250 Computed tomography, thorax; without contrast material	; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/:	Physical 2023 6/30/2023 Medicine	Approval	71250 Computed tomography, thorax; without contrast material	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; It is unknown when the primary symptoms began	Apr-Jun 1 2023 2023
4/1/2023 -	Physical	, гругочат	71250 Computed tomography, thorax;	A Chest/Thorax CT is being ordered.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a	Apr-Jun
6/30/2023 4/1/2		Approval	without contrast material	Diagnostic CT ; This study is being ordered for screening of lung cancer.	1 2023 2023

4/1/2023 -	Physical Physical	A	71250 Computed tomography, thorax;	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	without contrast material	being ordered for known tumor. A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is	4 2023 2023
4/1/2023 -	Physical		71250 Computed tomography, thorax;	being ordered for Unresolved cough; A chest x-ray has been completed; The patient has	Anr lun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	without contrast material	being ordered for officesolved cough, A criest x-ray has been completed, the patient has	Apr-Jun 1 2023 2023
4/1/2023 -	Physical	Арргочаг	71250 Computed tomography, thorax;	Abnormal imaging test describes the reason for this request.; This is a request for a Chest	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	without contrast material	CT.; Yes this is a request for a Diagnostic CT	3 2023 2023
0/30/2023 4/1/2023	0/30/2023 Medicine	Арріочаі	without contrast material	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	3 2023 2023
				Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
				Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -	Physical		71250 Computed tomography, thorax;	This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	without contrast material	began 6 months to 1 year; Chemotherapy was given for this diagnosis	2 2023 2023
0/30/2023 4/1/2023	0/30/2023 Wicalcine	прргочи	Without contrast material	began o months to 1 year, enemoticity was given for this diagnosis	2 2023 2023
				There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	
				Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
				Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -	Physical		71250 Computed tomography, thorax;	This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	without contrast material	began more than 1 year ago; Chemotherapy was given for this diagnosis	4 2023 2023
0,00,2020 1,2,2020	o/oo/2020 Micaidine	7.pp.oru.	William Contract Hateria	began more than 2 year ago, enemotically mas given or this diagnosis	1 2023 2023
				There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	
				Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
				Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -	Physical		71250 Computed tomography, thorax;	This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	without contrast material	began more than 1 year ago; Physical Therapy was completed for this diagnosis	1 2023 2023
,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	0,00,000			There has not been any treatment or conservative therapy.; The ordering MDs specialty is	
				NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
				Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -	Physical		71250 Computed tomography, thorax;	This study is being ordered for Other not listed; The primary symptoms began less than 6	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	without contrast material	months ago	1 2023 2023
	· ·			They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; Yes this is a request	
				for a Diagnostic CT; This study is being ordered for work-up for suspicious mass.; There is	
4/1/2023 -	Physical		71250 Computed tomography, thorax;	radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	without contrast material	noted in the last 90 days	2 2023 2023
				This request is for a Low Dose CT for Lung Cancer Screening.; It is unknown if this patient has	
				had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.;	
			71271 Computed tomography, thorax,	The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are	
4/1/2023 -	Physical		low dose for lung cancer screening,	there other diagnostic test suggestive of lung cancer.; The health carrier is NOT Virginia	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	without contrast material(s)	Premier Health Plan	1 2023 2023
				This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low	
				Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient	
				is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The	
				patient has a 20 pack per year history of smoking.; The patient is NOT presenting with	
			71271 Computed tomography, thorax,	pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive	
4/1/2023 -	Physical		low dose for lung cancer screening,	of lung cancer.; The patient has not quit smoking.; The health carrier is NOT Virginia Premier	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	without contrast material(s)	Health Plan	8 2023 2023
			71275 Computed tomographic	PATIENT HAS AORTIC ANEURYSM, YEARLY CTA TO RECHECK GROWTH; This study is not	
			angiography, chest (noncoronary), with	requested to evaluate suspected pulmonary embolus.; This study will not be performed in	
			contrast material(s), including	conjunction with a Chest CT.; This study is being ordered for another reason besides Known	
4/1/2023 -	Physical		noncontrast images, if performed, and	or Suspected Congenital Abnormality, Known or suspected Vascular Disease.; Yes, this is a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	image postprocessing	request for a Chest CT Angiography.	1 2023 2023
				The patient does have neurological deficits.; This study is not to be part of a Myelogram.;	
				This is a request for a Cervical Spine CT; This study is being ordered for chronic neck pain or	
				suspected degenerative disease.; There is a reason why the patient cannot have a Cervical	
4/1/2023 -	Physical		72125 Computed tomography, cervical	Spine MRI.; The patient is experiencing or presenting symptoms of Lower extremity	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	spine; without contrast material	weakness.	1 2023 2023

4/1/2023 -	Physical		72125 Computed tomography, cervical	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	spine; without contrast material	no reason why the patient cannot have a Cervical Spine MRI.	1 2023 2023
				This is a request for a thoracic spine CT.; The study is being ordered due to pre-operative	
/1/2023 -	Physical		72128 Computed tomography, thoracic	evaluation.; There is a reason why the patient cannot undergo a thoracic spine MRI.; There is no known condition of tumor, infection, or neurological deficits.; Yes this is a request for a	Apr-Jun
5/30/2023 4/1/2023	6/30/2023 Medicine	Approval	spine; without contrast material	Diagnostic CT	1 2023 2023
730/2023 4/1/2023	0/30/2023 Wiedicine	Арргочаг	spine, without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not	1 2023 2023
				have new or changing neurologic signs or symptoms.; The patient has had back pain for over	
				4 weeks.; The patient has seen the doctor more then once for these symptoms.; The	
1/1/2023 -	Physical		72131 Computed tomography, lumbar	physician has directed conservative treatment for the past 6 weeks.; The patient has	Apr-Jun
5/30/2023 4/1/2023	6/30/2023 Medicine	Approval	spine; without contrast material	completed 6 weeks of physical therapy?; Yes this is a request for a Diagnostic CT	1 2023 2023
, , ,	.,,		, , , , , , , , , , , , , , , , , , , ,		
1/1/2023 -	Physical		72131 Computed tomography, lumbar	This is a request for a lumbar spine CT.; Known Tumor with or without metastasis; Yes this is	Apr-Jun
/30/2023 4/1/2023	6/30/2023 Medicine	Approval	spine; without contrast material	a request for a Diagnostic CT	1 2023 2023
				This is a request for a lumbar spine CT.; Trauma or recent injury; The patient does have new	
				or changing neurologic signs or symptoms.; It is not known if the patient has a new foot	
				drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.;	
				There is weakness.; Positive straight leg raise bilaterally,4/5 strength of bilateral lower	
				extremities, decreased sensation in dermatomes of bilateral lower extremities, 1+ patellar	
				reflexes bilaterally, increased muscles tension and positive tenderness to palpation of para;	
1/1/2023 -	Physical		72131 Computed tomography, lumbar	There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic	Apr-Jun
5/30/2023 4/1/2023	6/30/2023 Medicine	Approval	spine; without contrast material	СТ	1 2023 2023
				Patient in severe pain.; This study is being ordered for trauma or injury.; There has been	
				treatment or conservative therapy.; The ordering MDs specialty is NOT	
			72141 Magnetic resonance (eg, proton)	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
/1/2023 -	Physical		imaging, spinal canal and contents,	Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1	Apr-Jun
5/30/2023 4/1/2023	6/30/2023 Medicine	Approval	cervical; without contrast material	year; Home Exercise was done for this diagnosis	1 2023 2023
				SEE ATTACHED DOCUMENTS; There has been treatment or conservative therapy.; This case	
			731.41 Magnatic vaccuum (ag mysten)	was created via RadMD.; This study is being ordered for Pre Operative or Post Operative	
1/1/2023 -	Dhusiaal		72141 Magnetic resonance (eg, proton)	evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The	A 1
5/30/2023 - 5/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	imaging, spinal canal and contents, cervical; without contrast material	primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	Apr-Jun 1 2023 2023
7,30,2023 4,1,2023	0/30/2023 Wiedicine	Арргочаг	cervical, without contrast material	uiagnosis	1 2023 2023
			72141 Magnetic resonance (eg, proton)	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic	
1/1/2023 -	Physical		imaging, spinal canal and contents,	deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on	Apr-Jun
5/30/2023 4/1/2023	6/30/2023 Medicine	Approval	cervical; without contrast material	physical examination	3 2023 2023
,, -, -, -, -, -, -, -, -, -, -, -, -, -	0,00,000				0 2020 2020
			72141 Magnetic resonance (eg, proton)		
4/1/2023 -	Physical		imaging, spinal canal and contents,	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic	Apr-Jun
5/30/2023 4/1/2023	6/30/2023 Medicine	Approval	cervical; without contrast material	deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	2 2023 2023
			72141 Magnetic resonance (eg, proton)	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic	
1/1/2023 -	Physical		imaging, spinal canal and contents,	deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent	Apr-Jun
5/30/2023 4/1/2023	6/30/2023 Medicine	Approval	cervical; without contrast material	with myelopathy	1 2023 2023
				This is a request for cervical spine MRI; This procedure is being requested for Acute / new	
			72141 Magnetic resonance (eg, proton)	neck pain; The pain began within the past 6 weeks.; The patient had an abnormal xray	
1/1/2023 -	Physical		imaging, spinal canal and contents,	indicating a complex fracture or other significant abnormality involving the cervical spine;	Apr-Jun
5/30/2023 4/1/2023	6/30/2023 Medicine	Approval	cervical; without contrast material	This is NOT a Medicare member.	2 2023 2023
				This is a request for cervical spine MRI; This procedure is being requested for Acute / new	
			72141 Magnetic resonance (eg, proton)	neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient	
1/1/2023 -	Physical		imaging, spinal canal and contents,	completed or failed a trial of physical therapy, chiropractic or physician supervised home	Apr-Jun
5/30/2023 4/1/2023	6/30/2023 Medicine	Approval	cervical; without contrast material	exercise	1 2023 2023
			724.44 Manualia assaura (an assaura)	This is a second for a second selection MDI This are selected to be a second of the second se	
1/1/2022	Dhiming		72141 Magnetic resonance (eg, proton)	This is a request for cervical spine MRI; This procedure is being requested for Acute / new	A mark Johnson
1/1/2023 -	Physical	Annroyal	imaging, spinal canal and contents,	neck pain; The patient has a new onset or changing radiculitis / radiculopathy; The pain did	Apr-Jun 1 2023 2023
5/30/2023 4/1/2023	6/30/2023 Medicine	Approval	cervical; without contrast material	NOT begin within the past 6 weeks.	1 2023 2023

Segregation							
Alt/2023 Physical of Sci2022 Mill Alt/2023 (Alt/2023 Medicine Approval Exercised processor (as a processor of the pro			•	Approval	imaging, spinal canal and contents,	neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; The pain did NOT	Apr-Jun 1 2023 2023
Alt 2023 - Physical Alt 2023 Alt	1 1	4/1/2023	•	Approval	imaging, spinal canal and contents,	longstanding neck pain; The patient had a diagnostic test (such as EMG/nerve conduction)	Apr-Jun 1 2023 2023
4/1/2023 - // 4/2023 6/30/2023 Medicine Approval cerevice; without contrast material contents, bongstanding neck pain; The patient had an abnormal xvy indicating a complete fracture or Approval cerevical spinel canal and contents, other significant abnormality involving the cervical spine; This is NT a Medicare member. 1 2023 20 4/1/2023 6/30/2023 Medicine Approval cerevical spine and and contents, finish a request for cervical spine MRI; This procedure is being requested for Chronic / Imaging, spinal canal and contents, for a request for cervical spine MRI; This procedure is being requested for Chronic / Imaginary in the patient had seed on the repay or This is a request for cervical spine MRI; This procedure is being requested for Chronic / Imaginary in the patient had seed or therapy or This is a request for cervical spine MRI; This procedure is being requested for Chronic / Imaginary in the patient had seed or Imaginar			•	Approval	imaging, spinal canal and contents,	longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or	Apr-Jun 2 2023 2023
Af/2023 - Physical imaging, spinal canal and contents, This is a request for cervical spine MRI, This procedure is being requested for Chronic / Ag Ag Ag Ag Ag Ag Ag	1.1	4/1/2023	•	Approval	imaging, spinal canal and contents,	longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or	Apr-Jun 1 2023 2023
1/1/2023 Physical Imagine, spinal canal and contents, Falled art also approved Physical Imagine, spinal canal and contents, Falled art also approved Physical Imagine, spinal canal and contents, Falled art also approved Physical Imagine, spinal canal and contents, Falled art also approved Physical Imagine, spinal canal and contents, Falled art also approved Physical Imagine, spinal canal and contents, Falled art also approved Physical Imagine, spinal canal and contents, Falled art also approved Physical Physical Imagine, spinal canal and contents, Falled art also approved Physical Physic			•	Approval	imaging, spinal canal and contents,	longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	Apr-Jun 4 2023 2023
4/1/2023 - Physical maging, spinal canal and contents, failed a trial of hybrical therapy, chiropractic or physiclan supervised home exercise, This is A part of Salva (explored) and the supervised home exercise, this is a failed at rial of hybrical therapy, chiropractic or physiclan supervised home exercise, This is A part of Salva (explored) and the supervised home exercise, this is a failed at rial of hybrical therapy, chiropractic or physiclan supervised home exercise, This is A part of Salva (explored) and the supervised home exercise, this is a failed at rial of hybrical therapy, chiropractic or physiclan supervised home exercise, This is A part of Salva (explored) and the supervised home exercise, this is a failed at rial of hybrical therapy, chiropractic or physiclan supervised home exercise, This is A part of Salva (explored) and the supervised home exercise, this is a failed at rial of hybrical therapy, chiropractic or physiclan supervised home exercise, This is A part of Salva (explored) and the supervised for None of the above, Follow-up to surgery or fracture within the last 6 months describes the reason for equesting this procedure. 7214 Magnetic resonance (eg. proton) imaging, spinal canal and contents, above, Pre-operative evaluation describes the reason for requesting this procedure. 7214 Magnetic resonance (eg. proton) imaging, spinal canal and contents, above, Pre-operative evaluation describes the reason for requesting this procedure. 7214 Magnetic resonance (eg. proton) imaging, spinal canal and contents, were given to this diagnosis. 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, were given for this diagnosis. 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, primary symptoms began more than 1 year ago, Medications were given for this diagnosis. 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, primary symptoms began more than 1 year ago, Medications and primary symptoms began more than 1 year ago, Medications	1			Approval	imaging, spinal canal and contents,	longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is a Medicare member.	Apr-Jun 1 2023 2023
4/1/2023 - Physical imaging, spinal canal and contents, above; Follow-up to surgery or fracture within the last 6 months describes the reason for Aproval cervical; without contrast material requesting this procedure. 72141 Magnetic resonance (eg. proton) imaging, spinal canal and contents, above; Pre-operative evaluation describes the reason for requesting this procedure is being requested for None of the Aproval imaging, spinal canal and contents, above; Pre-operative evaluation describes the reason for requesting this procedure. 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, above; Pre-operative evaluation describes the reason for requesting this procedure. 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, above; Pre-operative evaluation describes the reason for requesting this procedure. 72146 Magnetic resonance (eg. proton) imaging, spinal canal and contents, above; Pre-operative therapy; This case was created via RadMD. This study is being ordered for Pre-Operative or			•	Approval	imaging, spinal canal and contents,	longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is	Apr-Jun 3 2023 2023
4/1/2023 - Physical imaging, spinal canal and contents, above; Pre-operative evaluation describes the reason for requested for None of the Approval cervical; without contrast material above; Pre-operative evaluation describes the reason for requesting this procedure. 2 2023 20 20 20 20 20 20 20 20 20 20 20 20 20		4/1/2023		Approval	imaging, spinal canal and contents,	above; Follow-up to surgery or fracture within the last 6 months describes the reason for	Apr-Jun 2 2023 2023
pharmacotherapy with neuropathic agents and opioids and sympathetic blocks I think she would be a good candidate for neuromodulation as the appropriate neck step in her; There has been treatment or conservative therapy; This case was created with RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications Approval thoracic; without contrast material were given for this diagnosis series was created with RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications Approval thoracic; without contrast material were given for this diagnosis series was created via RadMD.; This study is being ordered for Pre Operative or Post Operative 4/1/2023 Physical imaging, spinal canal and contents, primary symptoms began for morths to 1 year; Physical Therapy was completed for this ack pain; The patient does not have a new foot drop.; The patient does not have new signs or symptoms; The patient does not have new or changing neurologic signs or symptoms. The patient does not have new or changing neurologic signs or symptoms. The patient does not have new or changing neurologic signs or symptoms. The patient does not have new or changing neurologic signs or symptoms. The patient does not have new or changing neurologic signs or symptoms. The patient does not have new or changing neurologic signs or symptoms. The patient does not have new or changing neurologic signs or symptoms. The patient does not have new or changing neurologic signs or symptoms. The patient does not have new or changing neurologic signs or symptoms. The patient does not have new or changing neurologic signs or symptoms. The patient does not have new or changing neurologic signs or symptoms. The patient does not have new or changing neurologic signs or symptoms. The patient does not have new or changing neurologic signs or symptoms. The patient does not have new or changing neurologic signs or symptoms. The patient does not have new or changing neurologic signs or			•	Approval	imaging, spinal canal and contents,		Apr-Jun 2 2023 2023
SEE ATTACHED DOCUMENTS; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The 4/1/2023 - Physical imaging, spinal canal and contents, primary symptoms began 6 months to 1 year; Physical Therapy was completed for this Approval thoracic; without contrast material diagnosis 1 2023 20 4/1/2023 - Approval thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is no weakness or reflex abnormality. 1 2023 20 4/1/2023 - Approval thoracic; without contrast material no weakness or reflex abnormality. 1 2023 20 This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is no weakness or reflex abnormality. 1 2023 20 This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient does not have new or changing neurologic signs or symptoms.; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 Approval imaging, spinal canal and contents, for these symptoms.; The physician has directed conservative treatment for the past 6		4/4/2022	•	Angraigh	imaging, spinal canal and contents,	pharmacotherapy with neuropathic agents and opioids and sympathetic blocks I think she would be a good candidate for neuromodulation as the appropriate neck step in her; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Medications	Apr-Jun
back pain; The patient does have new or changing neurologic signs or symptoms.; The 72146 Magnetic resonance (eg, proton) 4/1/2023 - Physical imaging, spinal canal and contents, 6/30/2023 4/1/2023 6/30/2023 Medicine Approval thoracic; without contrast material no weakness or reflex abnormality. 72146 Magnetic resonance (eg, proton) This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The 72146 Magnetic resonance (eg, proton) patient has had back pain; The patient does new or changing neurologic signs or symptoms.; The patient has had back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once 4/1/2023 - Physical imaging, spinal canal and contents, for these symptoms.; The physician has directed conservative treatment for the past 6 Approval thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The	4/1/2023 -		Physical	·	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	SEE ATTACHED DOCUMENTS; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this	Apr-Jun 1 2023 2023
back pain; The patient does not have new or changing neurologic signs or symptoms.; The 72146 Magnetic resonance (eg, proton) 4/1/2023 - Physical imaging, spinal canal and contents, back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 April 1	4/1/2023 -		Physical		72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is	Apr-Jun 1 2023 2023
			,	Approval	imaging, spinal canal and contents,	back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6	Apr-Jun 2 2023 2023

				This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic	
				back pain; The patient does not have new or changing neurologic signs or symptoms.; The	
				patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once	
			72146 Magnetic resonance (eg, proton)	for these symptoms.; The physician has directed conservative treatment for the past 6	
4/1/2023 -	Physical		imaging, spinal canal and contents,	weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	thoracic; without contrast material	treated with medication.; the patient was treated with a facet joint injection.	1 2023 2023
				This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic	
				back pain; The patient does not have new or changing neurologic signs or symptoms.; The	
				patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once	
			72146 Magnetic resonance (eg, proton)	for these symptoms.; The physician has directed conservative treatment for the past 6	
4/1/2023 -	Physical		imaging, spinal canal and contents,	weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	thoracic; without contrast material	treated with medication.; The patient was treated with an Epidural.	1 2023 2023
				Given her failure to improve with conservative treatments including physical therapy,	
				pharmacotherapy with neuropathic agents and opioids and sympathetic blocks I think she	
				would be a good candidate for neuromodulation as the appropriate neck step in her; There	
			72148 Magnetic resonance (eg, proton)	has been treatment or conservative therapy.; This case was created via RadMD.; This study is	
4/1/2023 -	Physical		imaging, spinal canal and contents,	being ordered for Other; The primary symptoms began more than 1 year ago; Medications	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	lumbar; without contrast material	were given for this diagnosis	1 2023 2023
0,00,2020	0/00/2020 11/00/01/0	7.pp. 0 tu:	is in bar, without contrast material	The Content of this diagnosis	1 2023 2023
			72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic	
4/1/2023 -	Physical		imaging, spinal canal and contents,	back pain.; This study is being requested for Follow-up to surgery or fracture within the last 6	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	lumbar; without contrast material	months	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Wedicine	Арргочаг	idilibal, without contrast material	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	1 2023 2023
			721.49 Magnetic reconance (og proten)	This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is	
4/1/2023 -	Dhysical		72148 Magnetic resonance (eg, proton)	, , , , , , , , , , , , , , , , , , , ,	Anr lun
	Physical	A	imaging, spinal canal and contents,	NOT General/Family Practice, Internal Medicine, Unknown, Other, Advanced Practice	Apr-Jun 26 2023 2023
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	lumbar; without contrast material	Registered Nurse or Preventative Medicine	26 2023 2023
			72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/4/2022	Dhootaal				A 1
4/1/2023 -	Physical Physical	A	imaging, spinal canal and contents,	This study is being requested for 6 weeks of completed conservative care in the past 6	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	lumbar; without contrast material	months	10 2023 2023
			734.40.14	The standard control of the Lands of Color MADI. The artifact has a standard basis and artifact has been decided as	
. /. /	_, , ,		72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -	Physical		imaging, spinal canal and contents,	This study is being requested for 6 weeks of completed conservative care in the past 6	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	lumbar; without contrast material	months	11 2023 2023
			72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -	Physical		imaging, spinal canal and contents,	This study is being requested for 6 weeks of completed conservative care in the past 6	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	lumbar; without contrast material	months	12 2023 2023
			72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -	Physical		imaging, spinal canal and contents,	This study is being requested for an Abnormal x-ray indicating a complex fracture or severe	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	lumbar; without contrast material	anatomic derangement of the lumbar spine; This is NOT a Medicare member.	1 2023 2023
			72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -	Physical		imaging, spinal canal and contents,	This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	lumbar; without contrast material	The patient has Dermatomal sensory changes on physical examination	3 2023 2023
			72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -	Physical		imaging, spinal canal and contents,	This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	lumbar; without contrast material	The patient has Focal extremity weakness	4 2023 2023
5,55,2525 .,2,2025	5, 50, 2020	pp. 0 to.		parameter and anney mountous	. 2020 2020
			72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; Medications	
	Physical		imaging, spinal canal and contents,	have been taken for the patient's back pain; The procedure is being ordered for acute or	Apr-Jun
1/1/2023 -			illiaelile, svillai callai allu cultcilts.		Api-Juli
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	lumbar; without contrast material	chronic back pain	1 2023 2023

				72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; A	
4/1/2023 -		Physical		imaging, spinal canal and contents,	Physician supervised home exercise program has been completed for the patient's back	Apr-Jur
5/30/2023	4/1/2023	6/30/2023 Medicine	Approval	lumbar; without contrast material	pain; The procedure is being ordered for acute or chronic back pain	1 2023 2023
				72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree;	
1/1/2023 -	. /. /2022	Physical		imaging, spinal canal and contents,	Medications have been taken for the patient's back pain; The procedure is being ordered for	Apr-Jur
/30/2023	4/1/2023	6/30/2023 Medicine	Approval	lumbar; without contrast material	acute or chronic back pain	3 2023 2023
				72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree;	
4/1/2023 -		Physical		imaging, spinal canal and contents,	Physical therapy has been completed for the patient's back pain; The procedure is being	Apr-Jur
/30/2023	4/1/2023	6/30/2023 Medicine	Approval	lumbar; without contrast material	ordered for acute or chronic back pain	5 2023 2023
					This study is being ordered as a follow-up to trauma.; "The ordering physician is a	
					gastroenterologist, urologist, gynecologist, or surgeon or PCP ordering on behalf of a	
1/1/2023 -		Physical		72192 Computed tomography, pelvis;	specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request	Apr-Jur
/30/2023	4/1/2023	6/30/2023 Medicine	Approval	without contrast material	for a Diagnostic CT	1 2023 2023
				72196 Magnetic resonance (eg, proton)		
1/1/2023 -	. /. /2022	Physical		imaging, pelvis; with contrast		Apr-Jun
5/30/2023	4/1/2023	6/30/2023 Medicine	Approval	material(s)	The patient is male.; Other not listed best describes the reason for this procedure	1 2023 2023
					Please see attached; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	
				72198 Magnetic resonance	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -		Physical		angiography, pelvis, with or without	Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year	Apr-Jun
5/30/2023	4/1/2023	6/30/2023 Medicine	Approval	contrast material(s)	ago; Medications were given for this diagnosis	1 2023 2023
,, - 0, - 0 - 0	., _,	0,00,2020	т фр. ото.		This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.;	
4/1/2023 -		Physical		73200 Computed tomography, upper	There is a history of upper extremity joint or long bone trauma or injury.; Yes this is a	Apr-Jun
5/30/2023	4/1/2023	6/30/2023 Medicine	Approval	extremity; without contrast material	request for a Diagnostic CT	2 2023 2023
					This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.;	
					There is not a history of upper extremity joint or long bone trauma or injury.; This is not a	
4/1/2023 -		Physical		73200 Computed tomography, upper	preoperative or recent postoperative evaluation.; There is suspicion of upper extremity	Apr-Jun
5/30/2023	4/1/2023	6/30/2023 Medicine	Approval	extremity; without contrast material	neoplasm or tumor or metastasis.; Yes this is a request for a Diagnostic CT	1 2023 2023
				73206 Computed tomographic		
				angiography, upper extremity, with		
				contrast material(s), including		
4/1/2023 -		Physical		noncontrast images, if performed, and		Apr-Jur
5/30/2023	4/1/2023	6/30/2023 Medicine	Approval	image postprocessing	Yes, this is a request for CT Angiography of the upper extremity.	1 2023 2023
				73220 Magnetic resonance (eg, proton)		
				imaging, upper extremity, other than		
				joint; without contrast material(s),		
1/1/2023 -		Physical		followed by contrast material(s) and	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent	Apr-Jur
5/30/2023	4/1/2023	6/30/2023 Medicine	Approval	further sequences	postoperative evaluation.	2 2023 2023
				73220 Magnetic resonance (eg, proton)		
				imaging, upper extremity, other than	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent	
14 /2022		Dharataal		joint; without contrast material(s),	postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or	A 1
1/1/2023 - 5/30/2023	4/4/2022	Physical 6/30/2023 Medicine	A	followed by contrast material(s) and further sequences	metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is an orthopedist.	Apr-Jur 1 2023 2023
0/30/2023	4/1/2023	6/30/2023 Medicine	Approval	rui tilei sequences	Range of motion in all fields increases pain on the ulnar side of the wrist. The patient cannot	1 2023 2023
					fully supinate the hand because of the pain on the ulnar side of the wrist, right wrist shows	
					amount of edema Assessment: TFCC tear right wrist; The pain is from a recent injury.; It is	
				73221 Magnetic resonance (eg, proton)	not know if surgery or arthrscopy is scheduled in the next 4 weeks.; There is a suspicion of	
1/1/2023 -		Physical		imaging, any joint of upper extremity;	tendon or ligament injury.; This request is for a wrist MRI.; This study is requested for	Apr-Jur
5/30/2023	4/1/2023	6/30/2023 Medicine	Approval	without contrast material(s)	evalutation of wrist pain.	1 2023 2023
				73221 Magnetic resonance (eg, proton)	The pain is described as chronic; The member has failed a 4 week course of conservative	
4/1/2023 -		Physical		imaging, any joint of upper extremity;	management in the past 3 months.; This is a request for an elbow MRI; The study is	Apr-Jun
5/30/2023	4/1/2023	6/30/2023 Medicine	Approval	without contrast material(s)	requested for evaluation of elbow pain.	1 2023 2023

			73221 Magnetic resonance (eg, proton)	The pain is described as chronic; The member has failed a 4 week course of conservative	
4/1/2023 -	Physical		imaging, any joint of upper extremity;	management in the past 3 months.; This request is for a wrist MRI.; This study is requested	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	without contrast material(s)	for evalutation of wrist pain.	1 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0,00,000			The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	
			73221 Magnetic resonance (eg, proton)	described as chronic; The physician has directed conservative treatment for the past 4	
4/1/2023 -	Physical		imaging, any joint of upper extremity;	weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	without contrast material(s)	member.	1 2023 2023
				The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	
			73221 Magnetic resonance (eg, proton)	described as chronic; The physician has directed conservative treatment for the past 4	
4/1/2023 -	Physical		imaging, any joint of upper extremity;	weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	without contrast material(s)	treated with medication.; The patient recevied joint injection(s).	1 2023 2023
			73221 Magnetic resonance (eg, proton)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a	
4/1/2023 -	Physical		imaging, any joint of upper extremity;	recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	without contrast material(s)	not know if surgery or arthrscopy is scheduled in the next 4 weeks.	4 2023 2023
			73221 Magnetic resonance (eg, proton)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a	
4/1/2023 -	Physical		imaging, any joint of upper extremity;	recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	without contrast material(s)	Surgery or arthrscopy is not scheduled in the next 4 weeks.	2 2023 2023
			73221 Magnetic resonance (eg, proton)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a	
4/1/2023 -	Physical		imaging, any joint of upper extremity;	recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	without contrast material(s)	Surgery or arthrscopy is scheduled in the next 4 weeks.; This is a Medicare member.	1 2023 2023
			73221 Magnetic resonance (eg, proton)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from	
4/1/2023 -	Physical		imaging, any joint of upper extremity;	an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	without contrast material(s)	patient has completed 4 weeks of physical therapy?; This is a Medicare member.	1 2023 2023
				The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from	
				an old injury.; The physician has directed conservative treatment for the past 4 weeks.; The	
				patient has not completed 4 weeks of physical therapy?; The patient has been treated with	
			73221 Magnetic resonance (eg, proton)	medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The	
4/1/2023 -	Physical		imaging, any joint of upper extremity;	physician has not directed a home exercise program for at least 4 weeks.; The patient	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	without contrast material(s)	received oral analgesics.	1 2023 2023
				There is tenderness to palpation at the TFCC fovea. No significant tenderness of the ECU	
				tendon.;TFCC impingement testing is positive for pain and palpable click.;Patient had a	
				steroid injection a month ago that didn't help and has been using a volar co; The pain is from	
. /. /			73221 Magnetic resonance (eg, proton)	a recent injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; There is a	
4/1/2023 -	Physical		imaging, any joint of upper extremity;	suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	without contrast material(s)	requested for evalutation of wrist pain.	1 2023 2023
				This is a request for a foot CT., "There is a history (within the past six weeks) of significant	
4/1/2022	Dh. m' I		72700 Committed townsome by James	trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is	Amer Issue
4/1/2023 -	Physical	A	73700 Computed tomography, lower	a history of new onset of severe pain in the foot within the last two weeks.; Yes this is a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	extremity; without contrast material	request for a Diagnostic CT	2 2023 2023
			73720 Magnetic resonance (eg, proton)	Patient in severe pain.; This study is being ordered for trauma or injury.; There has been	
			imaging, lower extremity other than	treatment or conservative therapy.; The ordering MDs specialty is NOT	
4/1/2022	Discrete: 1		joint; without contrast material(s),	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	A 1.
4/1/2023 -	Physical	A	followed by contrast material(s) and	Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	further sequences 73720 Magnetic resonance (eg, proton)	year; Home Exercise was done for this diagnosis	1 2023 2023
			imaging, lower extremity other than	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee	
4/1/2023 -	Dhye; eal		joint; without contrast material(s),	·	Apr I
1 ' '	Physical Physical Modicine	Approval	followed by contrast material(s) and	imaging;; Prior surgery was noted as an indication for knee imaging; The surgery was NOT	Apr-Jun 1 2023 2023
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	further sequences	done in the past 90 days.	1 2023 2023

			7070011 11 1		
			73720 Magnetic resonance (eg, proton)		
			imaging, lower extremity other than		
			joint; without contrast material(s),	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an	
4/1/2023 -	Physical		followed by contrast material(s) and	indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is	Apr-Jun
6/30/2023 4/1/20	23 6/30/2023 Medicine	Approval	further sequences	NOT Orthopedics.	2 2023 2023
			73720 Magnetic resonance (eg, proton)		
			imaging, lower extremity other than		
			joint; without contrast material(s),	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
4/1/2023 -	Physical		followed by contrast material(s) and	an indication for knee imaging; Effusion with blood (Hemarthrosis) was noted on the	Apr-Jun
6/30/2023 4/1/20	,	Approval	further sequences	physical examination; The ordering MDs specialty is NOT Orthopedics.	1 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,	T. P. S. S.	73720 Magnetic resonance (eg, proton)	, , ,	
			imaging, lower extremity other than		
			joint; without contrast material(s),	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
4/1/2023 -	Physical		followed by contrast material(s) and	an indication for knee imaging; Instability was noted on the physical examination; The	Apr-Jun
		Amazanal			•
6/30/2023 4/1/20	23 6/30/2023 Medicine	Approval	further sequences	patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics.	1 2023 2023
			73720 Magnetic resonance (eg, proton)		
			imaging, lower extremity other than		
			joint; without contrast material(s),	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
4/1/2023 -	Physical		followed by contrast material(s) and	an indication for knee imaging; Locking was noted on the physical examination; The ordering	Apr-Jun
6/30/2023 4/1/20	23 6/30/2023 Medicine	Approval	further sequences	MDs specialty is NOT Orthopedics.	1 2023 2023
			73720 Magnetic resonance (eg, proton)		
			imaging, lower extremity other than		
			joint; without contrast material(s),	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
4/1/2023 -	Physical		followed by contrast material(s) and	an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was	Apr-Jun
6/30/2023 4/1/20	23 6/30/2023 Medicine	Approval	further sequences	noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	13 2023 2023
			73720 Magnetic resonance (eg, proton)		
			imaging, lower extremity other than		
			joint; without contrast material(s),	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
4/1/2023 -	Physical		followed by contrast material(s) and	an indication for knee imaging; Positive Lachmann's test or "drawer" sign (abnormal) was	Apr-Jun
6/30/2023 4/1/20	,	Approval	further sequences	noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1 2023 2023
0,00,2020 1,2,20	23 0,50,2025ca.o	7.661.0101	73720 Magnetic resonance (eg, proton)	notes on the private charmatory, the bracking mas specially to the controposition	1 2025 2025
			imaging, lower extremity other than		
			joint; without contrast material(s),		
4/1/2023 -	Physical		followed by contrast material(s) and	This is a request for a Knee MRI.; Blood or abnormal fluid in the knee joint was noted as an	Anr lun
	Physical Physical	Amazanal			Apr-Jun
6/30/2023 4/1/20	23 6/30/2023 Medicine	Approval	further sequences	indication for knee imaging	2 2023 2023
			73720 Magnetic resonance (eg, proton)		
			imaging, lower extremity other than		
			joint; without contrast material(s),		
4/1/2023 -	Physical		followed by contrast material(s) and	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or	Apr-Jun
6/30/2023 4/1/20	23 6/30/2023 Medicine	Approval	further sequences	physician supervised home exercise in the past 3 months	4 2023 2023
			73720 Magnetic resonance (eg, proton)		
			imaging, lower extremity other than		
			joint; without contrast material(s),	This is a request for a Knee MRI.; The patient has recently been put on non-weightbearing	
4/1/2023 -	Physical		followed by contrast material(s) and	status (NWB) such as crutches or a wheelchair for knee problems.; The patient is being	Apr-Jun
6/30/2023 4/1/20	23 6/30/2023 Medicine	Approval	further sequences	treated with Crutches; The ordering MDs specialty is NOT Orthopedics.	1 2023 2023
		•	73720 Magnetic resonance (eg, proton)		
			imaging, lower extremity other than		
			joint; without contrast material(s),	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a	
4/1/2023 -	Physical		followed by contrast material(s) and	suspicion of a tendon or ligament injury.; It is not know if surgery or arthrscopy is scheduled	Apr-Jun
6/30/2023 4/1/20		Approval	further sequences	in the next 4 weeks.	1 2023 2023
3/30/2023 4/1/20	23 0/30/2023 WEGICITE	Approvar	73720 Magnetic resonance (eg, proton)	die nere a weeks.	1 2023 2023
			imaging, lower extremity other than		
				This is a request for an Ankle MDL. The study is requested for ankle pain. There is a	
4/4/2022	Dh		joint; without contrast material(s),	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a	A
4/1/2023 -	Physical Physical		followed by contrast material(s) and	suspicion of a tendon or ligament injury.; Surgery or arthrscopy is scheduled in the next 4	Apr-Jun
6/30/2023 4/1/20	23 6/30/2023 Medicine	Approval	further sequences	weeks.	1 2023 2023

				73720 Magnetic resonance (eg, proton)		
				imaging, lower extremity other than		
. /. /2022		BL 1 1		joint; without contrast material(s),	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO	
4/1/2023 -	. /. /2022	Physical		followed by contrast material(s) and	suspicion of a tendon or ligament injury.; There is a suspicion of fracture not adequately	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	further sequences	determined by x-ray.	1 2023 2023
					; This study is being ordered for something other than: known trauma or injury, metastatic	
					disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
					vascular disease.; It is not known if there has been any treatment or conservative therapy.;	
					There are 2 exams are being ordered.; The ordering MDs specialty is NOT	
					Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -		Physical		74150 Computed tomography,	Oncology; This case was created via RadMD.; It is unknown when the primary symptoms	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	abdomen; without contrast material	began	1 2023 2023
					This is a vacuus far an Abdaman CT. This should is being audored for a sussisions are	
4/1/2023 -		Dhusiaal		74150 Committed to magazine.	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or	A I
1 ' '	4/4/2022	Physical	A	74150 Computed tomography,	tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	abdomen; without contrast material	Sigmoidoscopy.; Yes this is a request for a Diagnostic CT; This is NOT a Medicare member.	1 2023 2023
					There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	
				7417C Committed towns are but	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/4/2022		Dht I		74176 Computed tomography,	Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	A constitution
4/1/2023 -	. / . /	Physical		abdomen and pelvis; without contrast	This study is being ordered for Cancer/Tumor/ Metastatic Disease; The primary symptoms	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	material	began 6 months to 1 year; Chemotherapy was given for this diagnosis	2 2023 2023
					There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	
					• • • • • • • • • • • • • • • • • • • •	
				7417C Committed towns are about	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/4/2022		Dhorataal		74176 Computed tomography,	Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	A 1
4/1/2023 -	4/4/2022	Physical	A	abdomen and pelvis; without contrast	This study is being ordered for Cancer/Tumor/ Metastatic Disease; The primary symptoms	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	material	began more than 1 year ago; Chemotherapy was given for this diagnosis	4 2023 2023
					There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	
				74176 Computed tomography,	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -		Dhusiaal			Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	A 1
	4/1/2022	Physical	A	abdomen and pelvis; without contrast	This study is being ordered for Cancer/Tumor/ Metastatic Disease; The primary symptoms	Apr-Jun 1 2023 2023
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	material	began more than 1 year ago; Physical Therapy was completed for this diagnosis There has not been any treatment or conservative therapy.; The ordering MDs specialty is	1 2023 2023
				7417C Committed towns are about	NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/4/2022		Dhorataal		74176 Computed tomography,	Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	A 1
4/1/2023 -	4/4/2022	Physical		abdomen and pelvis; without contrast	This study is being ordered for Other not listed; The primary symptoms began less than 6	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	material	months ago This is a request for an Abdomon and Bobis CT - A using lasis has been completed - The	1 2023 2023
					This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The	
					reason for the study is renal calculi, kidney or ureteral stone.; This study is not being	
				7417C Committed towns are but	requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The	
4/4/2022		Dht I		74176 Computed tomography,	results of the urinalysis were abnormal.; The urinalysis was positive for protein.; Yes this is a	A I.
4/1/2023 -	. / . /	Physical		abdomen and pelvis; without contrast	request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	material	for diagnosis or treatment.	1 2023 2023
					This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass	
				7/176 Computed tomography	or suspected tumor or metastasis.; This study is not being requested for abdominal and/or	
4/1/2022		Dhoniaci		74176 Computed tomography,	pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an	A man Ir
4/1/2023 -	4/1/2022	Physical	Approval	abdomen and pelvis; without contrast	abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	material	This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2023 2023
				74176 Computed tomography	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
4/4/2022		Dht I		74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical	A I.
4/1/2023 -	4/4/2022	Physical	A	abdomen and pelvis; without contrast	exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	material	request for a Diagnostic CT	1 2023 2023

			74760	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for	
. /. /			74176 Computed tomography,	abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT; There is	
4/1/2023 -	Physical		abdomen and pelvis; without contrast	documentation of a known tumor or a known diagnosis of cancer; This is study being	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	material	ordered for a concern of cancer such as for diagnosis or treatment.	5 2023 2023
				This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or	
			74181 Magnetic resonance (eg, proton)	suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT,	
4/1/2023 -	Physical		imaging, abdomen; without contrast	MRI or Ultrasound.; A abnormality was found on the pancreas during a previous CT, MRI or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	material(s)	Ultrasound.	1 2023 2023
				This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or	
			74181 Magnetic resonance (eg, proton)	suspected tumor/ metastasis.; The patient has NOT had previous abnormal imaging	
4/1/2023 -	Physical		imaging, abdomen; without contrast	including a CT, MRI or Ultrasound.; This study is NOT being ordered to evaluate an	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	material(s)	undescended testicle in a male.	1 2023 2023
			74181 Magnetic resonance (eg, proton)	This request is for an Abdomen MRI.; This study is not being ordered for known tumor,	
4/1/2023 -	Physical		imaging, abdomen; without contrast	suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	material(s)	vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	1 2023 2023
				Please see attached; This study is being ordered for Vascular Disease.; There has been	
				treatment or conservative therapy.; The ordering MDs specialty is NOT	
			74185 Magnetic resonance	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -	Physical		angiography, abdomen, with or without	Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	contrast material(s)	ago; Medications were given for this diagnosis	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Wedicine	Approvai	contrast material(s)	ago, Medications were given for this diagnosis	1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	This is a request for CTA Coronary Arteries.; The patient has not had other testing done.; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	This is a request for CTA Coronary Arteries.; The study is requested for evaluation of the heart prior to non cardiac surgery.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine Physical 6/30/2023 Medicine	Approval Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing 77046 Magnetic resonance imaging, breast, without contrast material; unilateral	This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the stomach or legs; The patient had a Doppler Ultrasound; The study was abnormal This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer.; No, this is not an individual who has known breast cancer in the contralateral (other) breast.; Yes, this is a confirmed breast cancer.; Yes, the results of this MRI (size and shape of tumor) affect the patient's further management.	Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023
.,,	.,,	FF			

4/1/2023 - 6/30/2023 4/1	Physical /2023 6/30/2023 Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is not know	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1	Physical ,/2023 6/30/2023 Medicine	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1	Physical	Approval	78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1	Physical ./2023 6/30/2023 Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1	Physical ,/2023 6/30/2023 Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being ordered for something other than listed above.; This study is being requested for an other solid tumor.; This PET Scan is being requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1	Physical ./2023 6/30/2023 Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being ordered for something other than listed above.; This study is being requested for Cervical Cancer.; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1	Physical	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Breast Cancer.; This PET Scan is being requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1	Physical ./2023 6/30/2023 Medicine	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Colo-rectal Cancer.; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023

			78816 Positron emission tomography (PET) with concurrently acquired	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or	
			, ,	, , , , , , , , , , , , , , , , , , , ,	
4/1/2023 -	Physical		computed tomography (CT) for attenuation correction and anatomical	Known Cancer; This study is being requested for Lymphoma or Myeloma.; This PET Scan is being requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	localization imaging; whole body	(fluorodeoxyglucose)	3 2023 2023
0/30/2023 4/1/2023	0/30/2023 Wedicine	Арргочаг	localization imaging, whole body	(iidolodeoxygidcose)	3 2023 2023
			78816 Positron emission tomography		
			(PET) with concurrently acquired	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or	
			computed tomography (CT) for	Known Cancer; This study is being requested for Ovarian or Esophageal Cancer.; This PET	
4/1/2023 -	Physical		attenuation correction and anatomical	Scan is being requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	localization imaging; whole body	(fluorodeoxyglucose)	1 2023 2023
			78816 Positron emission tomography		
			(PET) with concurrently acquired	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or	
			computed tomography (CT) for	Known Cancer; This study is being requested for Soft Tissue Sarcoma, Pancreatic or	
4/1/2023 -	Physical		attenuation correction and anatomical	Testicular Cancer.; This PET Scan is being requested for Initial Staging; This is for a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	localization imaging; whole body	Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2023 2023
			78816 Positron emission tomography		
			(PET) with concurrently acquired		
. /. /			computed tomography (CT) for	This nodule is New (recently diagnosed); The nodule is calcified (full or partial); This Pet Scan	
4/1/2023 -	Physical Physical	A	attenuation correction and anatomical	is being requested for a Pulmonary Nodule; This is for a Routine/Standard PET Scan using	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	localization imaging; whole body	FDG (fluorodeoxyglucose) No patient history in the past 90 days; Evaluation dates less than 90 days in the past;	1 2023 2023
				01/06/2023; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech	
				Therapy; Speech Therapy was selected; The patient recently suffered either a CVA or TBI;	
				04/17/2023; The evaluation date is not in the future; Three or more visits anticipated;	
			92507 Treatment of speech, language,	Magellan does not manage chiropractic but does manage speech therapy for the member's	
4/1/2023 -	Physical		voice, communication, and/or auditory	plan; Speech Therapy was requested; The patient is under the age of 65; Onset was less than	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	processing disorder; individual	6 months ago; The health carrier is NOT New Hampshire Healthy Families	1 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,	P.P.	,	No patient history in the past 90 days; Evaluation dates less than 90 days in the past;	
				01/20/2023; Neuro Rehabilitative; Therapy type is Neuro Rehabilitative; Requestor is not a	
				fax; Speech Therapy; The patient recently suffered either a CVA or TBI; 02/23/2023; The	
				evaluation date is not in the future; Three or more visits anticipated; Magellan does not	
				manage chiropractic but does manage speech therapy for the member's plan; Speech	
			92507 Treatment of speech, language,	Therapy was requested; The patient is under the age of 65; Onset was less than 6 months	
4/1/2023 -	Physical		voice, communication, and/or auditory	ago; The health carrier is NOT New Hampshire Healthy Families; Speech Therapy was	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	processing disorder; individual	requested	1 2023 2023
				No patient history in the past 90 days; Evaluation dates less than 90 days in the past;	
				3/16/2023; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech	
				Therapy; Speech Therapy was selected; The patient recently suffered either a CVA or TBI;	
				4/26/2023; The evaluation date is not in the future; Three or more visits anticipated;	
4/4/2022	Dh		92507 Treatment of speech, language,	Magellan does not manage chiropractic but does manage speech therapy for the member's	A 1
4/1/2023 -	Physical Physical	Annreuel	voice, communication, and/or auditory	plan; Speech Therapy was requested; The patient is under the age of 65; Onset was less than	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	processing disorder; individual	6 months ago; The health carrier is NOT New Hampshire Healthy Families	1 2023 2023
				No patient history in the past 90 days; Evaluation dates less than 90 days in the past; 6/7/2023; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech	
				Therapy; Speech Therapy was selected; The patient recently suffered either a CVA or TBI;	
				6/7/2023; The evaluation date is not in the future; Three or more visits anticipated;	
			92507 Treatment of speech, language,	Magellan does not manage chiropractic but does manage speech therapy for the member's	
4/1/2023 -	Physical		voice, communication, and/or auditory	plan; Speech Therapy was requested; The patient is under the age of 65; Onset was less than	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	processing disorder; individual	6 months ago; The health carrier is NOT New Hampshire Healthy Families	1 2023 2023
-, - 3, 2023 ., 2, 2023	2, 30, 2020	pp. 0 to.	F		1 2020 2020

				No patient history in the past 90 days; Evaluation dates less than 90 days in the past; 08/10/2022; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech	
				Therapy; Speech Therapy was selected; The patient recently suffered either a CVA or TBI;	
				5/16/2023; The evaluation date is not in the future; Three or more visits anticipated;	
				Magellan does not manage chiropractic but does manage speech therapy for the member's	
			92507 Treatment of speech, language,	plan; Speech Therapy was requested; The patient is under the age of 65; Onset was 6-12	
4/1/2023 -	Physical		voice, communication, and/or auditory	months ago; The primary condition is Cognitive linguistic Impairment; The health carrier is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	processing disorder; individual	NOT New Hampshire Healthy Families	1 2023 2023
				No patient history in the past 90 days; Evaluation dates less than 90 days in the past; 8/2022;	
				Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy; Speech	
				Therapy was selected; The patient recently suffered either a CVA or TBI; 4/6/2023; The	
				evaluation date is not in the future; Three or more visits anticipated; Magellan does not	
				manage chiropractic but does manage speech therapy for the member's plan; Speech	
			92507 Treatment of speech, language,	Therapy was requested; The patient is under the age of 65; Onset was 6-12 months ago; The	
4/1/2023 -	Physical		voice, communication, and/or auditory	primary condition is Aphasia/Apraxia; The health carrier is NOT New Hampshire Healthy	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	processing disorder; individual	Families	1 2023 2023
				No patient history in the past 90 days; Evaluation dates less than 90 days in the past;	
				Habilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The	
				condition being treated is language or articulation; Moderate to severe functional deficits	
			02F07 Treatment of annual language	supported by standardized assessments; The member is 0-3 years old; 7/25/2022; The	
4/1/2023 -	Dhysical		92507 Treatment of speech, language,	evaluation date is not in the future; Three or more visits anticipated; Therapy type is	Apr lup
6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	voice, communication, and/or auditory processing disorder; individual	Habilitative; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65	Apr-Jun 1 2023 2023
0/30/2023 4/1/2023	6/30/2023 Medicine	Арргочаг	processing disorder, individual	No patient history in the past 90 days; Evaluation dates less than 90 days in the past;	1 2023 2023
				Habilitative; Therapy type is Habilitative; Requestor is not a fax; Speech Therapy; The	
				condition being treated is language or articulation; Moderate to severe functional deficits	
				supported by standardized assessments; The member is 0-3 years old; 03/30/2023; The	
				evaluation date is not in the future; Three or more visits anticipated; Magellan does not	
			92507 Treatment of speech, language,	manage chiropractic but does manage speech therapy for the member's plan; Speech	
4/1/2023 -	Physical		voice, communication, and/or auditory	Therapy was requested; The patient is under the age of 65; The health carrier is NOT New	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	processing disorder; individual	Hampshire Healthy Families; Speech Therapy was requested	1 2023 2023
				No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Neuro	
				Rehabilitative; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Speech Therapy;	
				The patient has not recently suffered either a CVA or TBI; 5/15/2023; The evaluation date is	
				not in the future; The primary condition is Dysphagia; Three or more visits anticipated;	
			92507 Treatment of speech, language,	Magellan does not manage chiropractic but does manage speech therapy for the member's	
4/1/2023 -	Physical		voice, communication, and/or auditory	plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	processing disorder; individual	NOT New Hampshire Healthy Families; Speech Therapy was requested	1 2023 2023
				No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Neuro	
				Rehabilitative; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Speech Therapy;	
				The patient has not recently suffered either a CVA or TBI; 5/17/2023; The evaluation date is	
			02507 Treatment of seconds language	not in the future; The primary condition is Aphasia/Apraxia; Three or more visits anticipated;	
4/1/2023 -	Dhysical		92507 Treatment of speech, language,	Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Speech Therapy was requested; The patient is under the age of 65; The health carrier is	Apr line
6/30/2023 4/1/2023	Physical Physical	Annroyal	voice, communication, and/or auditory		Apr-Jun 2 2023 2023
0/30/2023 4/1/2023	6/30/2023 Medicine	Approval	processing disorder; individual	NOT New Hampshire Healthy Families; Speech Therapy was requested No patient history in the past 90 days; Evaluation dates less than 90 days in the past;	2 2023 2023
				Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy; Speech	
				Therapy was selected; The primary condition is Aphasia/Apraxia; The patient has not	
				recently suffered either a CVA or TBI; 03/27/2023; The evaluation date is not in the future;	
			92507 Treatment of speech, language,	Three or more visits anticipated; Magellan does not manage chiropractic but does manage	
4/1/2023 -	Physical		voice, communication, and/or auditory	speech therapy for the member's plan; Speech Therapy was requested; The patient is under	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	processing disorder; individual	the age of 65; The health carrier is NOT New Hampshire Healthy Families	1 2023 2023
, , ,====	, .,		, , , , , , , , , , , , , , , , , , , ,	S ,	

					No patient history in the past 90 days; Evaluation dates less than 90 days in the past;	
					Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy; Speech	
					Therapy was selected; The primary condition is Aphasia/Apraxia; The patient has not	
				92507 Treatment of speech, language,	recently suffered either a CVA or TBI; 4/26/2023; The evaluation date is not in the future; Three or more visits anticipated; Magellan does not manage chiropractic but does manage	
4/1/2023 -		Physical		voice, communication, and/or auditory	speech therapy for the member's plan; Speech Therapy was requested; The patient is under	Apr-Jun
6/30/2023 4	1/1/2023	6/30/2023 Medicine	Approval	processing disorder; individual	the age of 65; The health carrier is NOT New Hampshire Healthy Families	2 2023 2023
0,50,2025	., _, _	0,00,2020 11100101110	7 tpp: 010.	processing alsoraer, marriada.	No patient history in the past 90 days; Evaluation dates less than 90 days in the past;	2 2020 2020
					Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy; Speech	
					Therapy was selected; The primary condition is Aphasia/Apraxia; The patient has not	
					recently suffered either a CVA or TBI; 6/2/2023; The evaluation date is not in the future;	
				92507 Treatment of speech, language,	Three or more visits anticipated; Magellan does not manage chiropractic but does manage	
4/1/2023 -		Physical		voice, communication, and/or auditory	speech therapy for the member's plan; Speech Therapy was requested; The patient is under	Apr-Jun
6/30/2023 4	1/1/2023	6/30/2023 Medicine	Approval	processing disorder; individual	the age of 65; The health carrier is NOT New Hampshire Healthy Families	1 2023 2023
					No patient history in the past 90 days; Evaluation dates less than 90 days in the past;	
					Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy; Speech	
					Therapy was selected; The primary condition is Cognitive linguistic Impairment; The patient	
					has not recently suffered either a CVA or TBI; 3/29/2023; The evaluation date is not in the	
				92507 Treatment of speech, language,	future; Three or more visits anticipated; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		voice, communication, and/or auditory	manage speech therapy for the member's plan; Speech Therapy was requested; The patient	Apr-Jun
6/30/2023 4	1/1/2023	6/30/2023 Medicine	Approval	processing disorder; individual	is under the age of 65; The health carrier is NOT New Hampshire Healthy Families	2 2023 2023
					No notice this term in the most 00 days. First ration dates less than 00 days in the most.	
					No patient history in the past 90 days; Evaluation dates less than 90 days in the past;	
					Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; The primary condition is Cognitive linguistic Impairment; The patient	
					has not recently suffered either a CVA or TBI; 5/3/2023; The evaluation date is not in the	
				92507 Treatment of speech, language,	future; Three or more visits anticipated; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		voice, communication, and/or auditory	manage speech therapy for the member's plan; Speech Therapy was requested; The patient	Apr-Jun
6/30/2023 4	1/1/2023	6/30/2023 Medicine	Approval	processing disorder; individual	is under the age of 65; The health carrier is NOT New Hampshire Healthy Families	1 2023 2023
					No patient history in the past 90 days; Evaluation dates less than 90 days in the past;	
					Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy; Speech	
					Therapy was selected; The primary condition is Cognitive linguistic Impairment; The patient has not recently suffered either a CVA or TBI; 5/16/2023; The evaluation date is not in the	
				92507 Treatment of speech, language,	future; Three or more visits anticipated; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		voice, communication, and/or auditory	manage speech therapy for the member's plan; Speech Therapy was requested; The patient	Apr-Jun
6/30/2023 4	1/1/2023	6/30/2023 Medicine	Approval	processing disorder; individual	is under the age of 65; The health carrier is NOT New Hampshire Healthy Families	1 2023 2023
				<u> </u>		
					No patient history in the past 90 days; Evaluation dates less than 90 days in the past;	
					Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy; Speech	
					Therapy was selected; The primary condition is Cognitive linguistic Impairment; The patient	
				005057	has not recently suffered either a CVA or TBI; 6/9/2023; The evaluation date is not in the	
. /. /2		=,		92507 Treatment of speech, language,	future; Three or more visits anticipated; Magellan does not manage chiropractic but does	
4/1/2023 -	1/1/2022	Physical Physical	A == == == I	voice, communication, and/or auditory	manage speech therapy for the member's plan; Speech Therapy was requested; The patient	Apr-Jun
6/30/2023 4	+/1/2023	6/30/2023 Medicine	Approval	processing disorder; individual	is under the age of 65; The health carrier is NOT New Hampshire Healthy Families No patient history in the past 90 days; Evaluation dates less than 90 days in the past;	1 2023 2023
					Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy; Speech	
					Therapy was selected; The primary condition is Dysphagia; The patient has not recently	
					suffered either a CVA or TBI; 1/11/2023; The evaluation date is not in the future; Three or	
				92507 Treatment of speech, language,	more visits anticipated; Magellan does not manage chiropractic but does manage speech	
4/1/2023 -		Physical		voice, communication, and/or auditory	therapy for the member's plan; Speech Therapy was requested; The patient is under the age	Apr-Jun
6/30/2023 4	1/1/2023	6/30/2023 Medicine	Approval	processing disorder; individual	of 65; The health carrier is NOT New Hampshire Healthy Families	1 2023 2023
_					<u> </u>	

				No patient history in the past 90 days; Evaluation dates less than 90 days in the past;	
				Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy; Speech	
				Therapy was selected; The primary condition is Dysphagia; The patient has not recently	
				suffered either a CVA or TBI; 3/8/2023; The evaluation date is not in the future; Three or	
			92507 Treatment of speech, language,	more visits anticipated; Magellan does not manage chiropractic but does manage speech	
4/1/2023 -	Physical		voice, communication, and/or auditory	therapy for the member's plan; Speech Therapy was requested; The patient is under the age	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	processing disorder; individual	of 65; The health carrier is NOT New Hampshire Healthy Families	1 2023 2023
				No patient history in the past 90 days; Evaluation dates less than 90 days in the past;	
				Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy; Speech	
				Therapy was selected; The primary condition is Dysphagia; The patient has not recently	
				suffered either a CVA or TBI; 03/13/2023; The evaluation date is not in the future; Three or	
			92507 Treatment of speech, language,	more visits anticipated; Magellan does not manage chiropractic but does manage speech	
4/1/2023 -	Physical		voice, communication, and/or auditory	therapy for the member's plan; Speech Therapy was requested; The patient is under the age	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	processing disorder; individual	of 65; The health carrier is NOT New Hampshire Healthy Families	1 2023 2023
	. ,		, ,	No patient history in the past 90 days; Evaluation dates less than 90 days in the past;	
				Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy; Speech	
				Therapy was selected; The primary condition is Dysphagia; The patient has not recently	
				suffered either a CVA or TBI; 4/6/2023; The evaluation date is not in the future; Three or	
			92507 Treatment of speech, language,	more visits anticipated; Magellan does not manage chiropractic but does manage speech	
4/1/2023 -	Physical		voice, communication, and/or auditory	therapy for the member's plan; Speech Therapy was requested; The patient is under the age	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	processing disorder; individual	of 65; The health carrier is NOT New Hampshire Healthy Families	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Wicalcine	прргочи	processing disorder, marviadar	No patient history in the past 90 days; Evaluation dates less than 90 days in the past;	1 2023 2023
				Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy; Speech	
				Therapy was selected; The primary condition is Dysphagia; The patient has not recently	
				suffered either a CVA or TBI; 4/18/2023; The evaluation date is not in the future; Three or	
			92507 Treatment of speech, language,	more visits anticipated; Magellan does not manage chiropractic but does manage speech	
4/1/2023 -	Dhusiaal		. , , , ,	, , , , , , , , , , , , , , , , , , , ,	Ame I.m
1 ' '	Physical	A	voice, communication, and/or auditory	therapy for the member's plan; Speech Therapy was requested; The patient is under the age	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	processing disorder; individual	of 65; The health carrier is NOT New Hampshire Healthy Families	1 2023 2023
				No patient history in the past 90 days; Evaluation dates less than 90 days in the past;	
				Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy; Speech	
				Therapy was selected; The primary condition is Dysphagia; The patient has not recently	
				suffered either a CVA or TBI; 05/11/2023; The evaluation date is not in the future; Three or	
			92507 Treatment of speech, language,	more visits anticipated; Magellan does not manage chiropractic but does manage speech	
4/1/2023 -	Physical		voice, communication, and/or auditory	therapy for the member's plan; Speech Therapy was requested; The patient is under the age	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	processing disorder; individual	of 65; The health carrier is NOT New Hampshire Healthy Families	1 2023 2023
				No patient history in the past 90 days; Evaluation dates less than 90 days in the past;	
				Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy; Speech	
				Therapy was selected; The primary condition is Dysphagia; The patient has not recently	
				suffered either a CVA or TBI; 06/14/2023; The evaluation date is not in the future; Three or	
			92507 Treatment of speech, language,	more visits anticipated; Magellan does not manage chiropractic but does manage speech	
4/1/2023 -	Physical		voice, communication, and/or auditory	therapy for the member's plan; Speech Therapy was requested; The patient is under the age	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	processing disorder; individual	of 65; The health carrier is NOT New Hampshire Healthy Families	1 2023 2023
				No patient history in the past 90 days; Evaluation dates less than 90 days in the past;	
				Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy; Speech	
				Therapy was selected; the primary condition is not Cognative Linguistic Impairment,	
				Disphagia, Executive function, Aphasia/Apraxia or Voice; The patient has not recently	
				suffered either a CVA or TBI; 4/4/2023; The evaluation date is not in the future; Three or	
			92507 Treatment of speech, language,	more visits anticipated; Magellan does not manage chiropractic but does manage speech	
4/1/2023 -	Physical		voice, communication, and/or auditory	therapy for the member's plan; Speech Therapy was requested; The patient is under the age	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	processing disorder; individual	of 65; The health carrier is NOT New Hampshire Healthy Families	2 2023 2023
			•		

				No patient history in the past 90 days; Evaluation dates less than 90 days in the past;	
				Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy; Speech	
				Therapy was selected; the primary condition is not Cognative Linguistic Impairment,	
				Disphagia, Executive function, Aphasia/Apraxia or Voice; The patient has not recently	
			03507 Teacher and of seconds January	suffered either a CVA or TBI; 04/27/2023; The evaluation date is not in the future; Three or	
. /. /2022	51		92507 Treatment of speech, language,	more visits anticipated; Magellan does not manage chiropractic but does manage speech	
4/1/2023 -	Physical	A	voice, communication, and/or auditory	therapy for the member's plan; Speech Therapy was requested; The patient is under the age	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	processing disorder; individual	of 65; The health carrier is NOT New Hampshire Healthy Families	1 2023 2023
				No patient history in the past 90 days; Evaluation dates less than 90 days in the past;	
				Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was selected; the primary condition is not Cognative Linguistic Impairment,	
				Disphagia, Executive function, Aphasia/Apraxia or Voice; The patient has not recently	
				suffered either a CVA or TBI; 6/14/2023; The evaluation date is not in the future; Three or	
			92507 Treatment of speech, language,	more visits anticipated; Magellan does not manage chiropractic but does manage speech	
4/1/2023 -	Physical		voice, communication, and/or auditory	therapy for the member's plan; Speech Therapy was requested; The patient is under the age	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	processing disorder; individual	of 65; The health carrier is NOT New Hampshire Healthy Families	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Wedicine	прргочи	processing disorder, marviadar	No patient history in the past 90 days; Evaluation dates less than 90 days in the past;	1 2023 2023
				Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy; Speech	
				Therapy was selected; The primary condition is Voice; The patient has not recently suffered	
				either a CVA or TBI; 3/30/2023; The evaluation date is not in the future; Three or more visits	
			92507 Treatment of speech, language,	anticipated; Magellan does not manage chiropractic but does manage speech therapy for	
4/1/2023 -	Physical		voice, communication, and/or auditory	the member's plan; Speech Therapy was requested; The patient is under the age of 65; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	processing disorder; individual	health carrier is NOT New Hampshire Healthy Families	1 2023 2023
			<u> </u>	No patient history in the past 90 days; Evaluation dates less than 90 days in the past;	
				Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy; Speech	
				Therapy was selected; The primary condition is Voice; The patient has not recently suffered	
				either a CVA or TBI; 04/06/2023; The evaluation date is not in the future; Three or more	
			92507 Treatment of speech, language,	visits anticipated; Magellan does not manage chiropractic but does manage speech therapy	
4/1/2023 -	Physical		voice, communication, and/or auditory	for the member's plan; Speech Therapy was requested; The patient is under the age of 65;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	processing disorder; individual	The health carrier is NOT New Hampshire Healthy Families	1 2023 2023
				No patient history in the past 90 days; Evaluation dates less than 90 days in the past;	
				Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy; Speech	
				Therapy was selected; The primary condition is Voice; The patient has not recently suffered	
				either a CVA or TBI; 4/28/2023; The evaluation date is not in the future; Three or more visits	
. /. /2022	51		92507 Treatment of speech, language,	anticipated; Magellan does not manage chiropractic but does manage speech therapy for	
4/1/2023 -	Physical Physical		voice, communication, and/or auditory	the member's plan; Speech Therapy was requested; The patient is under the age of 65; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	processing disorder; individual	health carrier is NOT New Hampshire Healthy Families	1 2023 2023
				No patient history in the past 90 days; Evaluation dates less than 90 days in the past;	
				Therapy type is Habilitative; Requestor is not a fax; Speech Therapy; 04/03/2023; The evaluation date is not in the future; Two visits anticipated; Habilitative; Magellan does not	
			92507 Treatment of speech, language,	manage chiropractic but does manage speech therapy for the member's plan; Speech	
4/1/2023 -	Physical		voice, communication, and/or auditory	Therapy was requested; The patient is under the age of 65; The health carrier is NOT New	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	processing disorder; individual	Hampshire Healthy Families; Speech Therapy was requested	2 2023 2023
-,, 2020 ., -, 2, 2020	5, 50, 2020 Medicine		F. 2222 6 41001 40.1, 11141114441	No patient history in the past 90 days; Evaluation dates less than 90 days in the past;	2 2020 2020
				Therapy type is Habilitative; Requestor is not a fax; Speech Therapy; 6/26/2023; The	
				evaluation date is not in the future; Two visits anticipated; Habilitative; Magellan does not	
			92507 Treatment of speech, language,	manage chiropractic but does manage speech therapy for the member's plan; Speech	
4/1/2023 -	Physical		voice, communication, and/or auditory	Therapy was requested; The patient is under the age of 65; The health carrier is NOT New	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	processing disorder; individual	Hampshire Healthy Families; Speech Therapy was requested	1 2023 2023
			<u> </u>	No patient history in the past 90 days; Evaluation dates less than 90 days in the past;	
				Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was	
				selected; 04/06/2023; The evaluation date is not in the future; Two visits anticipated;	
			92507 Treatment of speech, language,	Rehabilitative; Magellan does not manage chiropractic but does manage speech therapy for	
4/1/2023 -	Physical		voice, communication, and/or auditory	the member's plan; Speech Therapy was requested; The patient is under the age of 65; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	processing disorder; individual	health carrier is NOT New Hampshire Healthy Families	1 2023 2023

				No patient history in the past 90 days; Evaluation dates less than 90 days in the past;	
				Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy; Speech Therapy was	
				selected; 5/24/2023; The evaluation date is not in the future; One visit anticipated;	
			92507 Treatment of speech, language,	Rehabilitative; Magellan does not manage chiropractic but does manage speech therapy for	
4/1/2023 -	Physical		voice, communication, and/or auditory	the member's plan; Speech Therapy was requested; The patient is under the age of 65; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	processing disorder; individual	health carrier is NOT New Hampshire Healthy Families	1 2023 2023
				No patient history in the past 90 days; Evaluation dates more than 90 days in the past;	
				Requestor is not a fax; Speech Therapy; 01/17/2023; The evaluation date is not in the future;	
			92507 Treatment of speech, language,	Magellan does not manage chiropractic but does manage speech therapy for the member's	
4/1/2023 -	Physical		voice, communication, and/or auditory	plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	processing disorder; individual	Families	1 2023 2023
0,00,000	0,00,000		p	No patient history in the past 90 days; Evaluation dates more than 90 days in the past;	
				Requestor is not a fax; Speech Therapy; 02/08/2023; The evaluation date is not in the future;	
			92507 Treatment of speech, language,	Magellan does not manage chiropractic but does manage speech therapy for the member's	
4/1/2023 -	Physical		voice, communication, and/or auditory	plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Annroyal	processing disorder; individual	Families	1 2023 2023
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	processing disorder, individual		1 2023 2023
				No patient history in the past 90 days; Evaluation dates more than 90 days in the past;	
			02507 Torotorot of course la la course	Requestor is not a fax; Speech Therapy; 02/16/2023; The evaluation date is not in the future;	
			92507 Treatment of speech, language,	Magellan does not manage chiropractic but does manage speech therapy for the member's	
4/1/2023 -	Physical		voice, communication, and/or auditory	plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	processing disorder; individual	Families	1 2023 2023
				No patient history in the past 90 days; Evaluation dates more than 90 days in the past;	
				Requestor is not a fax; Speech Therapy; 08/22/2022; The evaluation date is not in the future;	
			92507 Treatment of speech, language,	Magellan does not manage chiropractic but does manage speech therapy for the member's	
4/1/2023 -	Physical		voice, communication, and/or auditory	plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	processing disorder; individual	Families	1 2023 2023
				No patient history in the past 90 days; Evaluation dates more than 90 days in the past;	
				Requestor is not a fax; Speech Therapy; 12/16/2022; The evaluation date is not in the future;	
			92507 Treatment of speech, language,	Magellan does not manage chiropractic but does manage speech therapy for the member's	
4/1/2023 -	Physical		voice, communication, and/or auditory	plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	processing disorder; individual	Families	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Wiculcine	Approvar	processing disorder, marvidual	Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 2/14/2023; The	1 2023 2023
			03507 Treatment of annual language		
4/4/2022	Dhorataal		92507 Treatment of speech, language,	evaluation date is not in the future; Magellan does not manage chiropractic but does	A 1
4/1/2023 -	Physical Physical		voice, communication, and/or auditory	manage speech therapy for the member's plan; Speech Therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	processing disorder; individual	carrier is NOT New Hampshire Healthy Families	1 2023 2023
				Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 02/27/2023; The	
			92507 Treatment of speech, language,	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		voice, communication, and/or auditory	manage speech therapy for the member's plan; Speech Therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	processing disorder; individual	carrier is NOT New Hampshire Healthy Families	1 2023 2023
				Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 3/6/2023; The	
			92507 Treatment of speech, language,	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		voice, communication, and/or auditory	manage speech therapy for the member's plan; Speech Therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	processing disorder; individual	carrier is NOT New Hampshire Healthy Families	1 2023 2023
			•	Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 04/07/2023; The	
			92507 Treatment of speech, language,	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		voice, communication, and/or auditory	manage speech therapy for the member's plan; Speech Therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	processing disorder; individual	carrier is NOT New Hampshire Healthy Families	2 2023 2023
0,30,2023 4,1,2023	5/30/2023 Wicalciffe	прргочаг	p. cocooning alsoraci, marviada	Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 04/25/2023; The	2 2023 2023
			92507 Treatment of speech, language,	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2022	Dhoolast		, , , , , , , , , , , , , , , , , , , ,		A 1
4/1/2023 -	Physical	A	voice, communication, and/or auditory	manage speech therapy for the member's plan; Speech Therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	processing disorder; individual	carrier is NOT New Hampshire Healthy Families	1 2023 2023
				Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 04/27/2023; The	
			92507 Treatment of speech, language,	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		voice, communication, and/or auditory	manage speech therapy for the member's plan; Speech Therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	processing disorder; individual	carrier is NOT New Hampshire Healthy Families	1 2023 2023

					Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 4/28/2023; The	
. /. /				92507 Treatment of speech, language,	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		voice, communication, and/or auditory	manage speech therapy for the member's plan; Speech Therapy was requested; The health	Apr-Jun
6/30/2023 4/	/1/2023	6/30/2023 Medicine	Approval	processing disorder; individual	carrier is NOT New Hampshire Healthy Families	1 2023 2023
				02507 Treetment of annual language	Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 05/11/2023; The	
4/1/2022		Dhusiaal		92507 Treatment of speech, language,	evaluation date is not in the future; Magellan does not manage chiropractic but does	Ame I.un
4/1/2023 -	/4 /2022	Physical Physical	A	voice, communication, and/or auditory	manage speech therapy for the member's plan; Speech Therapy was requested; The health	Apr-Jun
6/30/2023 4/	/1/2023	6/30/2023 Medicine	Approval	processing disorder; individual	carrier is NOT New Hampshire Healthy Families Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 05/18/2023; The	1 2023 2023
				92507 Treatment of speech, language,	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		voice, communication, and/or auditory	manage speech therapy for the member's plan; Speech Therapy was requested; The health	Apr-Jun
6/30/2023 4/	/1 /2022	6/30/2023 Medicine	Approval	processing disorder; individual	carrier is NOT New Hampshire Healthy Families	2 2023 2023
0/30/2023 4/	/1/2023	0/30/2023 Wedicine	Арргочаг	processing disorder, individual	Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 12/06/2022; The	2 2023 2023
				92507 Treatment of speech, language,	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		voice, communication, and/or auditory	manage speech therapy for the member's plan; Speech Therapy was requested; The health	Apr-Jun
6/30/2023 4/	/1/2023	6/30/2023 Medicine	Approval	processing disorder; individual	carrier is NOT New Hampshire Healthy Families	1 2023 2023
0/30/2023 4/	/1/2023	0/30/2023 Wedicine	дрргочаг	processing disorder, marvidual	carrier is NOT New Hampshire Healthy Families	1 2023 2023
					This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	
					This study is being ordered for another reason; This study is being ordered for evaluation of	
				93307 Echocardiography, transthoracic,	abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG)	
				real-time with image documentation	indicative of heart disease.; The patient does not have a history of a recent heart attack or	
				(2D), includes M-mode recording, when	hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical	
4/1/2023 -		Physical		performed, complete, without spectral	exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The	Apr-Jun
6/30/2023 4/	/1/2023	6/30/2023 Medicine	Approval	or color Doppler echocardiography	patient has shortness of breath; Known or suspected left ventricular disease.	1 2023 2023
				,, ,,	, , , , , , , , , , , , , , , , , , ,	
					This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	
					This study is being ordered for another reason; This study is being ordered for evaluation of	
				93307 Echocardiography, transthoracic,	abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG)	
				real-time with image documentation	indicative of heart disease.; The patient does not have a history of a recent heart attack or	
				(2D), includes M-mode recording, when	hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical	
4/1/2023 -		Physical		performed, complete, without spectral	exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The	Apr-Jun
6/30/2023 4/	/1/2023	6/30/2023 Medicine	Approval	or color Doppler echocardiography	patient has shortness of breath; Known or suspected left ventricular disease.	1 2023 2023
					This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	
					This study is being ordered for another reason; This study is being ordered for evaluation of	
				93307 Echocardiography, transthoracic,	abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG)	
				real-time with image documentation	indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical	
				(2D), includes M-mode recording, when	exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The	
4/1/2023 -		Physical		performed, complete, without spectral	patient has shortness of breath; Shortness of breath is not related to any of the listed	Apr-Jun
6/30/2023 4/	/1/2023	6/30/2023 Medicine	Approval	or color Doppler echocardiography	indications.	1 2023 2023
					This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	
					This study is being ordered for another reason; This study is being ordered for evaluation of	
				93307 Echocardiography, transthoracic,	abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG)	
				real-time with image documentation	indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical	
4/1/2022		Discrete I		(2D), includes M-mode recording, when	exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The	A 1
4/1/2023 -	/1 /2022	Physical Physical Physical	Annrewel	performed, complete, without spectral	patient has shortness of breath; Shortness of breath is not related to any of the listed	Apr-Jun
6/30/2023 4/	/1/2023	6/30/2023 Medicine	Approval	or color Doppler echocardiography	indications.	1 2023 2023
				93307 Echocardiography, transthoracic,		
				real-time with image documentation	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	
				(2D), includes M-mode recording, when	This study is being ordered for another reason; This study is being ordered for evaluation of	
4/1/2023 -		Physical		performed, complete, without spectral	cardiac arrhythmias; This study is NOT being requested for the initial evaluation of frequent	Apr-Jun
6/30/2023 4/	/1/2022	6/30/2023 Medicine	Approval	or color Doppler echocardiography	or sustained atrial or ventricular cardiac arrhythmias.	1 2023 2023
0,30,2023 4/	, 1, 2023	0, 30, 2023 WEURIE	Uhhingai	or coror poppier echocardiography	or sustained action of ventricular cardiac arrivguillinas.	1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of Pericardial Disease.; There has been a change in clinical status since the last echocardiogram.; It is unknown if this for the initial evaluation of a pericardial disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of Pericardial Disease.; There has been a change in clinical status since the last echocardiogram.; It is unknwon if this for the initial evaluation of a pericardial disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023		Physical 6/30/2023 Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; This case was created via BBI.; Atrial fibrillation and/or atrial flutter best describes the reason for ordering this study.	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; This case was created via BBI.; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; The last TTE (Transthoracic Echocardiogram) was more than 3 months ago	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; This case was created via BBI.; There is known valvular heart disease.; A previous TTE (Transthoracic Echocardiogram) has not been completed; The patient's valvular heart disease is moderate to severe.; Pre-existing murmur best describes the reason for ordering this study.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; This case was created via BBI.; Undergoing chemotherapy best describes the reason for ordering this study	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; Congestive heart failure best describes the reason for ordering this study	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M- mode recording); including probe placement, image acquisition, interpretation and report	atrial fibrillation TEE; This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is NOT for suspected acute aortic pathology, pre-op of mitral valve regurgitation, infective endocarditis, left atrial thrombus, radiofrequency ablation procedure, fever with intracardiac devise or completed NON diagnostic TTE.; The patient is 18 years of age or older.; The health carrier is NOT HealthNet of California	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M- mode recording); including probe placement, image acquisition, interpretation and report	will fax; This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; It is unknown why this study is being requested.; The patient is 18 years of age or older.	Apr-Jun 1 2023 2023
4/4/2023				93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or	This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography	A
4/1/2023 - 6/30/2023 4/1/2023 - 6/30/2023		Physical 6/30/2023 Medicine Physical 6/30/2023 Medicine	Approval Approval	pharmacologically induced stress, with interpretation and report; 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	(CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	Apr-Jun 1 2023 2023 Apr-Jun 2 2023 2023

				Of lot 1999 November 2014 to the second of the Following States and the Control of the States and the Control of the States and the Control of the States and States	
				01/01/2020; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future;	
			97116 Therapeutic procedure, 1 or	Magellan does not manage chiropractic but does manage speech therapy for the member's	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Families	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Wedicine	Approvai	training (includes stail climbing)	01/01/2023; No patient history in the past 90 days; Evaluation dates more than 90 days in	1 2023 2023
				the past; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future;	
			97116 Therapeutic procedure, 1 or	Magellan does not manage chiropractic but does manage speech therapy for the member's	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Families	1 2023 2023
0,00,2020	0,00,2020 1110010110	7.667.010.	training (merades stan simising)	01/12/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	1 2020 2020
			97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	1 2023 2023
0,00,000	0,00,000			01/19/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
			97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	1 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,	1.1.	5 () ()	01/23/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
			97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	1 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,	1.1.	5 (1/26/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
			97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	2 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,		5 (01/31/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
			97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	1 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,		5,	02/03/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
			97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	2 2023 2023
		••	<u> </u>	2/9/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
			97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	1 2023 2023
				02/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
				past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a	
				fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the	
			97116 Therapeutic procedure, 1 or	future; Physical or Occupational therapy was selected; Magellan does not manage	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	chiropractic but does manage speech therapy for the member's plan; Physical Therapy;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1 2023 2023
				2/13/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
			97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	1 2023 2023
				02/14/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
			97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	1 2023 2023
				02/16/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
			97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	1 2023 2023

			0744071	2/17/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
4/4/2022	BL		97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	1 2023 2023
			0744671	2/20/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
4/4/2022	BL 1 1		97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	1 2023 2023
				02/23/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
			97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	2 2023 2023
				2/23/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
			97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	4 2023 2023
				02/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
				past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a	
				fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the	
			97116 Therapeutic procedure, 1 or	future; Physical or Occupational therapy was selected; Magellan does not manage	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	chiropractic but does manage speech therapy for the member's plan; Physical Therapy;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	2 2023 2023
				2/28/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
			97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	4 2023 2023
		• •		03/01/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
			97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	1 2023 2023
				3/1/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
			97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	1 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	c, cc, _ccc			03/02/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
			97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	2 2023 2023
0,00,2020 1,2,2020	o, so, Eses meanine	7.661.0101	training (merades stair chinishig)	3/2/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	2 2023 2023
			97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Medicine	Арргочаг	training (includes stail climbing)	03/06/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	1 2023 2023
			07116 Thorapoutic procedure 1 or		
4/1/2023 -	Dhye; eal		97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	Apr lun
1 ' '	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	3 2023 2023
			07446 The area of the second second	3/6/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
4/4/2022	BL		97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	1 2023 2023
				3/7/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
			97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	1 2023 2023

				02/09/2022: No nations history in the nest 00 days. Evaluation dates less than 00 days in the	
				03/08/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a	
			0744 C The constitution of	fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the	
4/4/2022	Dhooteel		97116 Therapeutic procedure, 1 or	future; Physical or Occupational therapy was selected; Magellan does not manage	A 1
4/1/2023 -	Physical		more areas, each 15 minutes; gait	chiropractic but does manage speech therapy for the member's plan; Physical Therapy;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1 2023 2023
				03/09/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
				past; Gait, Balance and Falls is the selected condition; Therapy type is Neuro Rehabilitative;	
				Requestor is not a fax; Physical Therapy; Physical Therapy was requested; The evaluation	
				date is not in the future; Magellan does not manage chiropractic but does manage speech	
				therapy for the member's plan; Neuro Rehabilitative; Physical therapy was requested; The	
				patient was previously independent with mobility and now requires human assistance	
			97116 Therapeutic procedure, 1 or	and/or an assistive device to walk and/or transfer; Gait, Balance and Falls is the selected	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	condition; The health carrier is NOT New Hampshire Healthy Families; Physical or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Occupational therapy was requested	1 2023 2023
				3/11/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
			97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	1 2023 2023
				03/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
				past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a	
				fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the	
			97116 Therapeutic procedure, 1 or	future; Physical or Occupational therapy was selected; Magellan does not manage	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	chiropractic but does manage speech therapy for the member's plan; Physical Therapy;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	2 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0,00,000			03/13/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
			97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	2 2023 2023
0/30/2023 4/1/2023	0/30/2023 Wicalcine	прргочаг	training (merades stair elimbing)	3/13/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	2 2023 2023
			97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Wiedicilie	Approvai	training (includes stair climbing)	3/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	1 2023 2023
				past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a	
				fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the	
			0744 C The constitution of	future; Physical or Occupational therapy was selected; Magellan does not manage	
. /. /2022	51		97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical Therapy was	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	selected; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Families	1 2023 2023
				3/14/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
1			97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	1 2023 2023
				03/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
				past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a	
				fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the	
			97116 Therapeutic procedure, 1 or	future; Physical or Occupational therapy was selected; Magellan does not manage	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	chiropractic but does manage speech therapy for the member's plan; Physical Therapy;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1 2023 2023
				· · · · · · · · · · · · · · · · · · ·	

					03/16/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
					past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a	
					fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the	
				97116 Therapeutic procedure, 1 or	future; Physical or Occupational therapy was not selected; Magellan does not manage	
4/1/2023 -		Dhusiaal		, ,		A 1
	4/4/2022	Physical	A	more areas, each 15 minutes; gait	chiropractic but does manage speech therapy for the member's plan; Physical Therapy;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	2 2023 2023
				07446.71	3/16/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	1 2023 2023
					3/20/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	1 2023 2023
					03/22/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	1 2023 2023
					3/22/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	1 2023 2023
				<u> </u>		
					03/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
					past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a	
					fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the	
				97116 Therapeutic procedure, 1 or	future; Physical or Occupational therapy was selected; Magellan does not manage	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	chiropractic but does manage speech therapy for the member's plan; Physical Therapy;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1 2023 2023
0,00,2020	., 1, 2020	0,00,2020 Medicine	/ ippioral	training (morages stair emileng)	3/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	1 2023 2023
					past; Therapy type is Habilitative; adl's; 70; Standardized tests document a deficit above the	
					10th percentile; Requestor is not a fax; Physical Therapy; The evaluation date is not in the	
					future; Magellan does not manage chiropractic but does manage speech therapy for the	
				97116 Therapeutic procedure, 1 or	member's plan; Habilitative; Physical therapy was requested; The member is 5 years old or	
4/4/2022		Dhooteal				A Ivv
4/1/2023 -	4/4/2022	Physical	A	more areas, each 15 minutes; gait	older.; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested; The health carrier is NOT HMSA	1 2023 2023
				07446.71	3/23/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	1 2023 2023
					3/27/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
1				97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	1 2023 2023
					03/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
					past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative;	
					Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation	
					date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy	
					was requested; Physical or Occupational therapy was selected; Physical or Occupational	
				97116 Therapeutic procedure, 1 or	therapy was selected; Magellan does not manage chiropractic but does manage speech	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	therapy for the member's plan; Physical therapy was requested; The health carrier is NOT	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	New Hampshire Healthy Families	1 2023 2023
	. ,	, .,	P.P.	5(03/28/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	1 2023 2023
3, 30, 2023	11 11 2023	5/30/2023 Wiedicille	Approvai	a a mb (merades stall climbing)	carrier is not new numpsing meaning rannings	1 2023 2023

				3/28/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
			97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	1 2023 2023
				03/29/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
				past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a	
				fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the	
			97116 Therapeutic procedure, 1 or	future; Physical or Occupational therapy was selected; Magellan does not manage	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	chiropractic but does manage speech therapy for the member's plan; Physical Therapy;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Wiculcine	прргочи	training (incredes stair cirrising)	3/29/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	1 2023 2023
			97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	1 2023 2023
			*		
				03/30/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
				past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a	
				fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the	
			97116 Therapeutic procedure, 1 or	future; Physical or Occupational therapy was selected; Magellan does not manage	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	chiropractic but does manage speech therapy for the member's plan; Physical Therapy;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1 2023 2023
				03/30/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
				past; Therapy type is Habilitative; LEFS; 35.0; Standardized tests document a deficit above	
				the 10th percentile; Requestor is not a fax; Physical Therapy; The evaluation date is not in	
				the future; Magellan does not manage chiropractic but does manage speech therapy for the	
			97116 Therapeutic procedure, 1 or	member's plan; Habilitative; Physical therapy was requested; The member is 5 years old or	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	older.; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested; The health carrier is NOT HMSA	1 2023 2023
				03/30/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
			97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	1 2023 2023
				3/30/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
. /. /			97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	3 2023 2023
			07446 The second state of the second	3/31/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
4/4/2022	Discost and		97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	A I
4/1/2023 -	Physical Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	4 2023 2023
				04/03/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
				past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a	
				fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the	
			97116 Therapeutic procedure, 1 or	future; Physical or Occupational therapy was selected; Magellan does not manage	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	chiropractic but does manage speech therapy for the member's plan; Physical Therapy;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1 2023 2023
-,,2020 .,2,2020	5, 50, 2020calcille	pp. 0 101		04/03/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	1 2020 2020
			97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	1 2023 2023
.,,	., , , , , , , , , , , , , , , , , , ,		3 (4/3/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
			97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	1 2023 2023
, , , , ,	, ,		3 (p	

4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	4/4/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023
				04/04/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
4/1/2023 -	Physical	Aggregati	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families 04/04/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	3 2023 2023
			97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	more areas, each 15 minutes; gait training (includes stair climbing)	manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 2 2023 2023
				4/4/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
4/4/2022	Physical		97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	A I
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	more areas, each 15 minutes; gait training (includes stair climbing)	manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 6 2023 2023
0/30/2023 4/1/2023	0/30/2023 Wicalcine	прргочи	training (includes stail elitibility)	currer is NOT NEW Humpshire frediting Furnines	0 2023 2023
4/4/2022	Dhusian		97116 Therapeutic procedure, 1 or	04/05/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage	And Ive
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	more areas, each 15 minutes; gait training (includes stair climbing)	chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023
			97116 Therapeutic procedure, 1 or	4/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; Oswestry; 70; Standardized tests document a deficit at or below the 10th percentile; Requestor is not a fax; Physical Therapy; Physical Therapy was requested; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Habilitative; Physical therapy was requested; The member is 5 years old or older.; Mild functional deficits supported by standardized assessments best describes the patient's presentation or goal of treatment;	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	was requested; The health carrier is NOT HMSA 4/5/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	1 2023 2023
			97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	2 2023 2023
				4/6/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
4/1/2022	Dhiminal		97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	A mar Iv
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	more areas, each 15 minutes; gait training (includes stair climbing)	manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 3 2023 2023
0,00,2020 4,1,2020	5,55,2525 Wicalcine	, φρισταί	a annual (morades stain eminority)	4/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	3 2023 2023
				past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a	
				fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage	
			97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical Therapy was	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	selected; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Families	1 2023 2023
			97116 Thorapoutic procedure 1 or	04/07/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	1 2023 2023

				4/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
				past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a	
				fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the	
				future; Physical or Occupational therapy was selected; Magellan does not manage	
			97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical Therapy was	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	selected; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Families	2 2023 2023
				04/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
				past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative;	
				Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation	
				date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy	
				was requested; Physical or Occupational therapy was selected; Physical or Occupational	
			97116 Therapeutic procedure, 1 or	therapy was selected; Magellan does not manage chiropractic but does manage speech	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	therapy for the member's plan; Physical therapy was requested; The health carrier is NOT	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	New Hampshire Healthy Families	1 2023 2023
				04/10/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
			97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	1 2023 2023
				4/10/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
			97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	3 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,	1-1	3,	4/11/23; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
				past; Gait, Balance and Falls is the selected condition; Therapy type is Neuro Rehabilitative;	
				Requestor is not a fax; Physical Therapy; Physical Therapy was requested; The evaluation	
				date is not in the future; Magellan does not manage chiropractic but does manage speech	
				therapy for the member's plan; Neuro Rehabilitative; Physical therapy was requested; The	
				patient was NOT previously independent with mobility and now requires human assistance	
				and/or an assistive device to walk and/or transfer; None of the following apply; Increase in	
				frequency of falls, Decline in transfers, bed mobility or transitional movements and/or	
			97116 Therapeutic procedure, 1 or	Decline in independence with mobility (walking or wheelchair mobility); Gait, Balance and	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	Falls is the selected condition; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical or Occupational therapy was requested	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Wiedicilie	Арріочаі	training (includes stail climbing)	Physical of Occupational therapy was requested	1 2023 2023
				04/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
				past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a	
				fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the	
			97116 Therapeutic procedure, 1 or	future; Physical or Occupational therapy was selected; Magellan does not manage	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	chiropractic but does manage speech therapy for the member's plan; Physical Therapy;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Wedicine	Appiovai	training (includes stail climbing)	04/11/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	1 2023 2023
			97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	, , ,	carrier is NOT New Hampshire Healthy Families	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Wedicitie	Approvai	training (includes stair climbing)	· ,	1 2023 2023
			07116 Thomasoutic proceedings 1 or	4/11/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
4/4/2022	Dhootaal		97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	A and then
4/1/2023 -	Physical Physical	A	more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	6 2023 2023
				4/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
				past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a	
				fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the	
				future; Physical or Occupational therapy was selected; Magellan does not manage	
			97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical Therapy was	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	selected; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Families	2 2023 2023

			97116 Therapeutic procedure, 1 or	4/12/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Dhysical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Anr lun
6/30/2023 4/1/20	Physical 023 6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	Apr-Jun 3 2023 2023
0/30/2023 4/1/20	023 0/30/2023 Wedicine	Арргочаг	training (includes stail climbing)	4/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	3 2023 2023
				past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a	
				fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the	
				future; Physical or Occupational therapy was selected; Magellan does not manage	
			97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical Therapy was	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	selected; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun
6/30/2023 4/1/20	·	Approval	training (includes stair climbing)	Families	1 2023 2023
,,,,,,	,,		8 (
				04/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
				past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a	
				fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the	
			97116 Therapeutic procedure, 1 or	future; Physical or Occupational therapy was selected; Magellan does not manage	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	chiropractic but does manage speech therapy for the member's plan; Physical Therapy;	Apr-Jun
6/30/2023 4/1/20	023 6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1 2023 2023
			-	4/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
				past; Surgical; 02/24/2023; Post-Op; Three or more visits anticipated; Therapy type is	
				Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected;	
				Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation related	
				to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy	
				was selected; Physical or Occupational therapy was selected; Physical or Occupational	
			97116 Therapeutic procedure, 1 or	therapy was selected; Magellan does not manage chiropractic but does manage speech	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	therapy for the member's plan; Physical therapy was requested; The health carrier is NOT	Apr-Jun
6/30/2023 4/1/20	023 6/30/2023 Medicine	Approval	training (includes stair climbing)	New Hampshire Healthy Families	1 2023 2023
				04/13/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
			97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/20	023 6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	1 2023 2023
				4/13/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
			97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/20	023 6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	1 2023 2023
				4/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
				past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative;	
				Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy	
				was requested; Physical or Occupational therapy was selected; Physical or Occupational	
			97116 Therapeutic procedure, 1 or	therapy was selected; Magellan does not manage chiropractic but does manage speech	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	therapy was selected, Magerian does not manage cini opractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT	Apr-Jun
6/30/2023 4/1/20	•	Approval	training (includes stair climbing)	New Hampshire Healthy Families	1 2023 2023
0/30/2023 4/1/20	0/30/2023 Wedlenie	прргочи	training (merades stair emissing)	New Hampshire Healthy Furnines	1 2023 2023
				4/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
				past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a	
				fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the	
			97116 Therapeutic procedure, 1 or	future; Physical or Occupational therapy was selected; Magellan does not manage	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	chiropractic but does manage speech therapy for the member's plan; Physical Therapy;	Apr-Jun
6/30/2023 4/1/20	•	Approval	training (includes stair climbing)	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1 2023 2023
				4/14/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
			97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/20	023 6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	4 2023 2023

41/7023 - 47/2023 6/39/2023 Mediane Approval training findedes star climbroal (1997) 199/2024 (1997) 199/2024 Mediane Approval training findedes star climbroal (1997) 199/2024 (1997) 199/2024 Mediane Approval training findedes star climbroal (1997) 199/2024 (1997) 199/2024 Mediane Approval training findedes star climbroal (1997) 199/2024 (1997) 199/2024 Mediane Approval training findedes star climbroal (1997) 199/2024 (1997) 199/2024 Mediane Approval training findedes star climbroal (1997) 199/2024 Mediane Approval trainin						
Requestors in and Task Physical 67315 Therapeutic procedure, 1 or more areas, such 15 minutes galt more areas, such 15 minutes galt remove areas, such 15 m						
Sergicis The evaluation date in not in the future. Physical or Coccaptional therapy was selected, Regular does not manage selectory. The price of Physical Propagation of the control of plan, Physical Propagation of the control of plan, Physical Propagation of the control of plan, Physical Propagation of Physical Physical Physical Propagation of Physical Physical Propagation of Physical Propagation of Physical Phys						
selected, Physical of Coupational therapy was requested; the department of the physical of Coupational therapy was requested; the department of the physical of Coupational therapy was requested; the department of the physical physical therapy was requested; the host carrier is NOT New Ampolities Healthy and Park and						
4/1/7023 - Physical Pringing Configuration of the manage speech therapy for the members plan; Physical Therapy was presented by the mode arrange, only 1 principle shall be provided to the manage speech therapy for the members; plan; Physical Therapy was presented by the principle of the princip						
### Agriculture of the Agricultu						
6/30/2023 4/2/2023 decision				· · · · · · · · · · · · · · · · · · ·		
9715 Therapeutic procedure, 1 or more areas, each 15 minutes; part more ar		•		· · · · · · · · · · · · · · · · · · ·		
4/1/2023 - Physical Ferrepositic procedure, 1 or more arros, cash 15 minutes; gail training (includes stair climbing) 4/1/2023 - Physical Ferrepositic procedure, 1 or more arros, cash 15 minutes; gail training (includes stair climbing) 4/1/2023 - Physical Ferrepositic procedure, 1 or more arros, cash 15 minutes; gail training (includes stair climbing) 4/1/2023 - Physical Ferrepositic procedure, 1 or more arros, cash 15 minutes; gail training (includes stair climbing) 4/1/2023 - Physical Ferrepositic procedure, 1 or more arros, cash 15 minutes; gail training (includes stair climbing) 4/1/2023 - Physical Ferrepositic Procedure, 1 or more arros, cash 15 minutes; gail training (includes stair climbing) 4/1/2023 - Physical Ferrepositic Procedure, 1 or more arros, cash 15 minutes; gail training (includes stair climbing) 4/1/2023 - Physical Ferrepositic Procedure, 1 or more arros, cash 15 minutes; gail training (includes stair climbing) 4/1/2023 - Physical Ferrepositic Procedure, 1 or more arros, cash 15 minutes; gail training (includes stair climbing) 4/1/2023 - Physical Ferrepositic Procedure, 1 or more arros, cash 15 minutes; gail training (includes stair climbing) 4/1/2023 - Physical Ferrepositic Procedure, 1 or more arros, cash 15 minutes; gail training (includes stair climbing) 4/1/2023 - Physical Ferrepositic Procedure, 1 or more arros, cash 15 minutes; gail training (includes stair climbing) 4/1/2023 - Physical Ferrepositic Procedure, 1 or more arros, cash 15 minutes; gail training (includes stair climbing) 4/1/2023 - Physical Ferrepositic Procedure, 1 or more arros, cash 15 minutes; gail training (includes stair climbing) 4/1/2023 - Physical Ferrepositic Procedure, 1 or more arros, cash 15 minutes; gail training (includes stair climbing) 4/1/2023 - Physical Ferrepositic Procedure, 1 or more arros, cash 15 minutes; gail training (includes stair climbing) 4/1/2023 - Physical Ferrepositic Procedure, 1 or more arros, cash 15 minutes; gail training (includes stair climbing) 4/1/2023 - Physical Fer	6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)		1 2023 2023
### ### ### ### ### ### ### ### ### ##						
\$41/2023 - 4/1/2023 41/2						
4/1/2023 - Physical 6/30/2023 Medicine Aproval 17/16 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 16/30/2023 4/1/2023 6/30/2023 Medicine Aproval 17/16 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 20/30/2023 4/1/2023 6/30/2023 Medicine Aproval 17/16 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 20/30/2023 4/1/2023 6/30/2023 Medicine Aproval 27/16 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 20/30/2023 4/1/2023 6/30/2023 Medicine Aproval 27/16 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 20/30/2023 Medicine Aproval 27/16 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 20/30/2023 Medicine Aproval 27/16 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 20/30/2023 Medicine Aproval 27/16 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 20/30/2023 Medicine Aproval 27/16 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 20/30/2023 Medicine Aproval 27/16 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 20/30/2023 Medicine Aproval 27/16 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 20/30/2023 Medicine Aproval 27/16 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 20/30/2023 Medicine Approval 27/16 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 20/30/2023 Medicine Approval 27/16 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 20/30/2023 Medicine Approval 27/16 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 20/30/2023 Medicine Approval 27/16 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 20/30/2023 Medicine Approval 27/16 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 20/30/2023 Medicine Approval 27/16 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 20/30/2023 Medicine Approval 27/16 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 20/30/2023 Medicine Approval 27/16 Therapeutic procedure, 1 or more areas, each 15 minutes; gait 20/30/2023 Medicine App	1 1	•		· · · · · · · · · · · · · · · · · · ·	- ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	·
4/1/2023 - Physical foregree to the control of the future, Magellan does not manage genetherapy for the member's plan, Physical threapy was requested. The health of April 1/2023 - Physical foregree to the control of the future, Magellan does not manage genetherapy for the member's plan, Physical threapy was requested. The health of April 1/2023 - Physical foregree to the control of the future, Magellan does not manage genetherapy for the member's plan, Physical threapy was requested. The health of the control of the member's plan, Physical threapy was requested. The health of the control of the member's plan, Physical threapy was requested. The health of the member's plan, Physical threapy was requested. The health of the member's plan, Physical threapy was requested. The health of the member's plan, Physical threapy was requested. The health of the member's plan, Physical threapy was requested. The health of the member's plan, Physical threapy was requested. The health of the member's plan, Physical threapy was requested. The health of the member's plan, Physical threapy was requested. The health of the member's plan, Physical threapy was requested. The health of the member's plan, Physical threapy was requested. The health of the member's plan, Physical threapy was requested. The health of the member's plan, Physical threapy was requested. The health of the member's plan, Physical threapy was requested. The health of the member's plan, Physical threapy was requested. The health of the member's plan, Physical threapy was requested. The health of the member's plan, Physical threapy was requested. The health of the member's plan, Physical threapy was requested. The health of the member's plan, Physical threapy was requested. The health of the member's plan, Physical threapy was requested. The health of the member's plan, Physical threapy was requested. The health of the was plan, Physical threapy was requested. The health of the was plan, Physical threapy was requested. The health of the was plan, Physical threa	6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	• • • • • • • • • • • • • • • • • • • •	1 2023 2023
41/2023 - Physical more areas, each 15 minutes, gait manages speech therapy for the member's plan; Physical therapy was requested; The health Aprival 6/30/2023 Medicine Approval training (includes star climbing) carrier is NOT New Hampshire Health; Pamilles a 2 2023 2023 2023 2023 2023 2023 2023				0744671		
6,36/2023 Medicine Approval training (includes stati climbing) 4/1/2023 - Physical Frequency of the company of the statistic of the statistic company of the statistic com	. /. /2022	BL : 1				
4/1/2023 - Physical Phrapput procedure, 1 or more areas, each 15 minutes; gat evaluation date is not in the future; Megelland does not manage chipropactibe to does manage speech therapy for the member's plan; Physical therapy was requested; The health 2 2023 2023 4/1/2023 (6/30/2023 Medicine Aproval training (includes stair climbing) and procedure, 1 or more areas, each 15 minutes; gat the part of the member's plan; Physical therapy was requested. The health carrier is NOT New Hampshire Health; Families 4 (4/1/2023 Medicine Aproval training (includes stair climbing) and the part of the form of the future; Physical or Occupation dates less than 90 days in the past 90 days; Evaluation dates less	1 1	•				· ·
4/1/2023 Physical omore areas, each 1.5 minutes; gat of 2.7 minute	6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	· · · · · · · · · · · · · · · · · · ·	3 2023 2023
### April Physical Physical Physical April Physical Phys				0744671		
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Familles 2 2023 2023 2023	4/4/2022	Dht		· · · · · · · · · · · · · · · · · · ·		A
4/12/2023 (A) 1/12/2023 (A) 1/	1 1	•		· · · · · · · · · · · · · · · · · · ·	- ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	•
past, Non-Surgical, Questions about your Lumbar Spline request; One visit anticipated; Therapy type is Rehabilitative, Requestor is not a fax. None of the above best describes the evaluation date is not in the future, Physical or Of-2023 4/1/2023 6/30/2023 Medicine 4/1/2023 - Physical Phys	6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)		2 2023 2023
Therapy type is Rehabilitative, Requestor is not a fax, None of the above best describes the patients of sinical presentation, Physical Herapy, Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan desor of manage chiorpractic but does manage speech therapy for the member's plan; Physical Herapy was requested; The health carrier is NOT Apr-Jun						
patient's clinical presentation, Physical Therapy. Speech Therapy was not selected; the evaluation date is not in the future. Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Apr-Jun (A/1/2023 - 4/1/2023 6/30/2023 Medicine						
evaluation date is not in the future. Physical or Occupational therapy was selected, Magellan does not manage chiropractic but does manage speech therapy for the member's plan. 4/1/2023						
4/1/2023 Physical Therape was selected; Physical Therape was requested. The member's plan; Physical Therape was requested. The shell harder is NOT Apr-Jun 6/30/2023 Medicine Approval training (includes stair climbing) 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) 4/						
4/1/2023 - Physical more areas, each 15 minutes; galt fraining (includes stair climbing)						
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) A/19/2023, Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does more areas, each 15 minutes; gait more areas, each 15 minutes; gait climbing) A/19/2023, Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does more areas, each 15 minutes; gait evaluation date is not in the future; Physical of Coccupational therapy was requested. The health carrier is NOT New Hampshire Healthy Families 2 2023 2023 2023 2023 2023 2023 2023 2	. /. /					
4/1/2023 - Physical Perspectic procedure, 1 or more areas, each 15 minutes; gait with the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative, Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical of Occupational therapy was selected; The evaluation date is not in the future; Physical of Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families and the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative, Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical of Occupational therapy was selected; The evaluation date is not in the future; Physical of Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families and Physical Physic		•		· · · · · · · · · · · · · · · · · · ·		
4/1/2023 - Physical more areas, each 15 minutes; gait chiragolar date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun (4/1/2023 + No.7-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy type is Rehabilitative; Requested; The health carrier is NOT New Hampshire Healthy Families 2 2023 2023 4/1/2023 4/1/2023 Medicine Approval training (includes stair climbing) Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families 2 2023 2023 4/2/20/2033, No patient history in the past 90 days; Evaluation date less than 90 days in the past; Surgical, 1/1/20/23, Post-Op; On Nor-Surgical, 1/1/20/23, Post-Op; On the Weather Cherapy for the member's plan; Physical Therapy was not selected; Post-Op or Nor-Surgical, The evaluation date is not in the future; Physical Therapy was selected; Post-Op or Nor-Surgical, The evaluation date is not in the future; Physical Therapy was requested; Post-Op or Nor-Surgical, The evaluation date is not in the future; Physical Therapy was requested; Post-Op or Nor-Surgical, The evaluation date is not in the future; Physical Therapy was requested; Post-Op or Nor-Surgical, The evaluation date	6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)		1 2023 2023
4/1/2023 - Physical Modern Physical Maproval training (includes stair climbing)				0744 C Th annual tip annual tip and a second		
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) O4/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy. Speech Therapy was selected; The evaluation date is not in the upst; Von-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy. Speech Therapy was selected; The evaluation date is not in the upst; Von-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy. Speech Therapy was selected; The evaluation date is not in the upst; Von-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy for the member's plan; Physical Therapy; Apr-Jun (A)/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Von-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families 2 2023 2023 2023 2023 2023 2023 2023 2	. /. /2022	BL				
04/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Apr-Jun date is not in the future; Physical or Occupational therapy was selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; Apr-Jun date less than 90 days in the past 90 days; Evaluation date is not in the future; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families day; 2023 2023 2023 2023 2023 2023 2023 202		•	A	, , , ,	- ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	•
past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage 4/1/2023	6/30/2023 4/1/2023	6/30/2023 Medicine	Approvai	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	2 2023 2023
past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage 4/1/2023					04/20/2022. No positions history in the post 00 days. Evaluation dates less than 00 days in the	
fax; Physical Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiorpractic but does manage speech therapy for the member's plan; Physical Therapy; Apr-Jun 6/30/2023 Medicine Approval training (includes stair climbing) 4/1/2023						
97116 Therapeutic procedure, 1 or future; Physical or Occupational therapy was selected; Magellan does not manage 4/1/2023 Physical Physical Physical of 6/30/2023 Medicine Approval training (includes stair climbing) Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families 2 2023 2023 4/1/2023, No patient history in the past 90 days; Evaluation dates is not in the future; Physical or Occupational therapy was selected; Physical therapy in the past 90 days; Requestor is not a fax; Physical Therapy. The evaluation date is not in the future; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; Physical therapy w						
4/1/2023 - Physical Medicine Approval training (includes stair climbing) Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families 2 2023 2023 4/20/2023; No patient history in the past 90 days; Evaluation date is not in the future; Physical or occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families 2 2023 2023 4/20/2023; No patient history in the past 90 days; Evaluation date is not on the future; Physical or Occupational therapy was selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy 4/1/2023 - Physical Mapproval training (includes stair climbing) Families selected; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy 4/1/2023 - Physical Approval training (includes stair climbing) Families od/20/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does 4/1/2023 - Physical Mapproval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families 2 2023 2023 4/1/2023 - Physical Mapproval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families 2 2023 2023 4/1/2023 - Physical Mapproval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families 2 2023 2023 4/1/2023 - Physical Mapproval training (includes stair climbing) more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun 2023 2023 Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does 4/1/2023 - Physical Mappr				07416 Thereneytic procedure 1 or		
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families 2 2023 2023 4/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/18/2023; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage 4/1/2023 - Physical Phys	4/1/2022	Dhusiaal			• • • • • • • • • • • • • • • • • • • •	A I
4/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/18/2023; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage 97116 Therapeutic procedure, 1 or chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Physical Physical Therapeutic procedure, 1 or evaluation date is not in the future; Magellan does not manage chiropractic but does 4/1/2023 - Physical Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does 4/1/2023 - Physical Approval training (includes stair climbing) 2 2023 2023 4/1/2023 Fatient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does 4/1/2023 - Physical Physical Therapy for the member's plan; Physical therapy was requested; The health Apr-Jun carrier is NOT New Hampshire Healthy Families 2 2023 2023 4/1/2023 Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does 4/1/2023 - Physical Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does 4/1/2023 - Physical Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does 4/1/2023 - Physical Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does 4/1/2023 - Physi		•	A			
past; Surgical; 4/18/2023; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy, Speech Therapy was not selected; Post-Op or Non- Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage office of the past of the member's plan; Physical Therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage office office of the past of the member's plan; Physical Therapy was selected; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy office office of the past of the p	6/30/2023 4/1/2023	6/30/2023 Medicine	Approvai	training (includes stair climbing)		2 2023 2023
Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage 97116 Therapeutic procedure, 1 or chiropractic but does manage speech therapy for the member's plan; Physical Therapy; The 97116 Therapeutic procedure, 1 or selected; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy 4/1/2023 - Physical Medicine Approval training (includes stair climbing) 4/1/2023 - Physical Physical Physical Physical Therapeutic procedure, 1 or evaluation date is not in the future; Magellan does not manage chiropractic but does 4/1/2023 - Physical Phys						
Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage 4/1/2023 - Physical Physical more areas, each 15 minutes; gait selected; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Families 1 2023 2023 4/1/2023 - Physical Physical Physical Therapy: The evaluation date is not in the future; Magellan does not manage chiropractic but does 4/1/2023 - Physical Physical Physical Therapy: The evaluation date is not in the future; Magellan does not manage chiropractic but does 4/1/2023 - Physical Physical Physical Therapy: The evaluation date is not in the future; Magellan does not manage chiropractic but does 4/1/2023 - Physical Physical Physical Therapy: The evaluation date is not in the future; Magellan does not manage chiropractic but does 4/1/2023 - Physical Physical Physical Therapy: The evaluation date is not in the future; Magellan does not manage chiropractic but does 4/1/2023 - Physical Physical Therapy: The evaluation date is not in the future; Magellan does not manage chiropractic but does 4/1/2023 - Physical Physical Therapy: The evaluation date is not in the future; Magellan does not manage chiropractic but does 4/1/2023 - Physical Physical Therapy: The evaluation date is not in the future; Magellan does not manage chiropractic but does 4/1/2023 - Physical Physical Therapy: The evaluation date is not in the future; Magellan does not manage chiropractic but does 4/1/2023 - Physical Physical Therapy: The evaluation date is not in the future; Magellan does not manage chiropractic but does 4/1/2023 - Physical Physical Therapy: The evaluation date is not in the future; Magellan does not manage chiropractic but does 4/1/2023 - Physical Physical Therapy: The evaluation date is not in the future; Physical Therapy was requested; The health Apr-Jun						
selected; Physical or Occupational therapy was selected; Magellan does not manage 4/1/2023 - Physical Physical more areas, each 15 minutes; gait selected; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) 4/1/2023 - Physical Physical Physical therapy was requested; The health carrier is NOT New Hampshire Healthy 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) 4/1/2023 - Physical Phy						
4/1/2023 - Physical more areas, each 15 minutes; gait selected; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) 4/1/2023 - Physical Physical Therapeutic procedure, 1 or work areas, each 15 minutes; gait selected; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Apr-Jun 6/30/2023 Medicine Approval training (includes stair climbing) 4/1/2023 - Physical Physical Physical Therapeutic procedure, 1 or work areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) 6/30/2023 4/1/2023 Fatient history in the past 90 days; Requestor is not a fax; Physical Therapy; The 9/116 Therapeutic procedure, 1 or evaluation date is not in the future; Magellan does not manage chiropractic but does 4/1/2023 - Physical Physical Therapy was requested; The health Apr-Jun 6/30/2023 Medicine Approval training (includes stair climbing) 6/30/2023 Medici						
4/1/2023 - Physical more areas, each 15 minutes; gait selected; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Families 04/20/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does 4/1/2023 - Physical Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families 2 2023 2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families 2 2023 2023 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families 2 2023 2023 6/4/1/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does 4/1/2023 - Physical Physical Therapy more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun				0711C Theremouting procedure 4		
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Families 04/20/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does 4/1/2023 - Physical Physical Approval training (includes stair climbing) procedure, 1 or evaluation date is not in the future; Magellan does not manage chiropractic but does more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun 6/30/2023 4/1/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families 04/21/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy the evaluation date is not in the future; Magellan does not manage chiropractic but does 4/1/2023 - Physical Physical Physical Therapeutic procedure, 1 or evaluation date is not in the future; Magellan does not manage chiropractic but does more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun Apr-Jun	4/1/2022	Dht I				A man In
04/20/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does 4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families 2 2023 2023 04/21/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The 97116 Therapeutic procedure, 1 or evaluation date is not in the future; Magellan does not manage chiropractic but does 4/1/2023 - Physical Physical More areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun		•		· · · · · · · · · · · · · · · · · · ·		· ·
97116 Therapeutic procedure, 1 or evaluation date is not in the future; Magellan does not manage chiropractic but does 4/1/2023 - Physical Physical Physical Medicine Approval Training (includes stair climbing) 6/30/2023 4/1/2023 6/30/2023 Medicine Approval Training (includes stair climbing) 6/30/2023 Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The 9/116 Therapeutic procedure, 1 or evaluation date is not in the future; Magellan does not manage chiropractic but does 4/1/2023 - Physical Physical Physical Therapy more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun	6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)		1 2023 2023
4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families 2 2023 2023 04/21/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does 4/1/2023 - Physical Physical More areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun				07445 The second second second second second		
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families 2 2023 2023 04/21/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does 4/1/2023 - Physical Physical Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families 2 2023 2023 04/21/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun	4/4/2022	Dh				A
04/21/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The 97116 Therapeutic procedure, 1 or evaluation date is not in the future; Magellan does not manage chiropractic but does 4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun	1 ' '					
97116 Therapeutic procedure, 1 or evaluation date is not in the future; Magellan does not manage chiropractic but does 4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun	6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)		2 2023 2023
4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun				0744 C.Th		
	4/4/2022	D				
b/3U/ZUZ3 4/1/ZUZ3 b/3U/ZUZ3 inedicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families 2 2023 2023	1 1	•		· · · · · · · · · · · · · · · · · · ·		•
	6/30/2023 4/1/2023	6/30/2023 Medicine	Approvai	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	2 2023 2023

				4/21/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
			97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical	_	more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	4 2023 2023
			07446 The area with a second second	4/24/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
4/1/2022	Dhusiaal		97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	Ame I.m
4/1/2023 -	Physical Phy	A	more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun 7 2023 2023
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families 4/25/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	7 2023 2023
			97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Weatchie	Арргочаг	training (includes stail climbing)	4/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	1 2023 2023
				past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a	
				fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the	
				future; Physical or Occupational therapy was selected; Magellan does not manage	
			97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical Therapy was	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	selected; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Families	1 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,	1.1.	5,	4/26/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
			97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	2 2023 2023
			•	4/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
				past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative;	
				Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation	
				date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy	
				was requested; Physical or Occupational therapy was selected; Physical or Occupational	
			97116 Therapeutic procedure, 1 or	therapy was selected; Magellan does not manage chiropractic but does manage speech	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	therapy for the member's plan; Physical therapy was requested; The health carrier is NOT	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	New Hampshire Healthy Families	1 2023 2023
				04/27/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
			97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	3 2023 2023
				4/27/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
			97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	1 2023 2023
				04/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
				past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative;	
				Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation	
				date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy	
			0744671	was requested; Physical or Occupational therapy was selected; Physical or Occupational	
4/4/2022	Dhusiaal		97116 Therapeutic procedure, 1 or	therapy was selected; Magellan does not manage chiropractic but does manage speech	Ame I
4/1/2023 - 6/30/2023 4/1/2023	Physical	A	more areas, each 15 minutes; gait	therapy for the member's plan; Physical therapy was requested; The health carrier is NOT	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	New Hampshire Healthy Families	1 2023 2023
				4/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
				past; Surgical; 5/25/2023; Pre-Op; Therapy type is Rehabilitative; Requestor is not a fax;	
				Physical Therapy; Speech Therapy was not selected; Pre-Op; The evaluation date is not in the	
			97116 Therapeutic procedure, 1 or	future; Physical or Occupational therapy was not selected; Pre-Op; The evaluation date is not in the	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	chiropractic but does manage speech therapy for the member's plan; Physical Therapy;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Wedicine	Approvai	training (includes stall climbing)	i nysical dicrapy was requested, the health Carrel is NOT new nampshire healthy Families	1 2023 2023

					4/28/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	1 2023 2023
					5/1/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
					past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a	
					fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the	
					future; Physical or Occupational therapy was selected; Magellan does not manage	
4/4/2022		Dharataal		97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical Therapy was	A a a long
4/1/2023 -	4/4/2022	Physical	A	more areas, each 15 minutes; gait	selected; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Families 5/1/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	1 2023 2023
					past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative;	
					Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation	
					date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy	
					was requested; Physical or Occupational therapy was selected; Physical or Occupational	
				97116 Therapeutic procedure, 1 or	therapy was selected; Magellan does not manage chiropractic but does manage speech	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	therapy for the member's plan; Physical therapy was requested; The health carrier is NOT	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	New Hampshire Healthy Families	1 2023 2023
					05/01/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
					past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a	
				0711C Thereney bis presedure 1 or	fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the	
4/1/2023 -		Dhysical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy;	Apr-Jun
6/30/2023	1/1/2023	Physical 6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Wedicine	Арргочаг	training (includes stail climbing)	05/01/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	1 2023 2023
				97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	2 2023 2023
					5/1/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	2 2023 2023
					05/02/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
					past; Gait, Balance and Falls is the selected condition; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy; Physical Therapy was requested; The evaluation	
					date is not in the future; Magellan does not manage chiropractic but does manage speech	
					therapy for the member's plan; Neuro Rehabilitative; Physical therapy was requested; The	
					patient was previously independent with mobility and now requires human assistance	
				97116 Therapeutic procedure, 1 or	and/or an assistive device to walk and/or transfer; Gait, Balance and Falls is the selected	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	condition; The health carrier is NOT New Hampshire Healthy Families; Physical or	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Occupational therapy was requested	1 2023 2023
					5/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
					past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a	
					fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the	
				0744571	future; Physical or Occupational therapy was selected; Magellan does not manage	
4/4/2022		Dis		97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical Therapy was	A !
4/1/2023 - 6/30/2023	4/1/2022	Physical 6/30/2023 Medicine	Annroyal	more areas, each 15 minutes; gait	selected; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 3 2023 2023
0/30/2023	7/1/2023	0/30/2023 Wedicine	Approval	training (includes stair climbing)	1 dillilics	3 2023 2023
					05/02/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
					past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a	
					fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the	
				97116 Therapeutic procedure, 1 or	future; Physical or Occupational therapy was selected; Magellan does not manage	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	chiropractic but does manage speech therapy for the member's plan; Physical Therapy;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	2 2023 2023

				F/2/2022 Patient history is the work OO days Parameter is not a few Physical Theory. The	
			97116 Therapeutic procedure, 1 or	5/2/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	4 2023 2023
0/30/2023 4/1/2023	0/30/2023 Wicalcine	прргочи	training (includes stail climbing)	carrier is NOT New Hampshire Fleating Farmines	+ 2023 2023
				05/03/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
				past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a	
				fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the	
			97116 Therapeutic procedure, 1 or	future; Physical or Occupational therapy was selected; Magellan does not manage	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	chiropractic but does manage speech therapy for the member's plan; Physical Therapy;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,		, , , , , , , , , , , , , , , , , , ,	5/4/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
				past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a	
				fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the	
				future; Physical or Occupational therapy was selected; Magellan does not manage	
			97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical Therapy was	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	selected; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Families	1 2023 2023
				05/04/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
				past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a	
				fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the	
			97116 Therapeutic procedure, 1 or	future; Physical or Occupational therapy was selected; Magellan does not manage	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	chiropractic but does manage speech therapy for the member's plan; Physical Therapy;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1 2023 2023
				5/4/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
			97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	2 2023 2023
				5/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
				past; Therapy type is Habilitative; MMT, Pain Scale, Functional Balance Assessment,	
				functional movement assessment; unknown, refer to evaluation for further information;	
				Standardized tests document a deficit at or below the 10th percentile; Requestor is not a fax;	
				Physical Therapy; Physical Therapy was requested; The evaluation date is not in the future;	
				Magellan does not manage chiropractic but does manage speech therapy for the member's	
			07446 The second the second transfer of the	plan; Habilitative; Physical therapy was requested; The member is 5 years old or older.; Mild	
. /. /2022	BL		97116 Therapeutic procedure, 1 or	functional deficits supported by standardized assessments best describes the patient's	
4/1/2023 -	Physical Physical	A	more areas, each 15 minutes; gait	presentation or goal of treatment; The health carrier is NOT New Hampshire Healthy	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Families; Physical or Occupational therapy was requested; The health carrier is NOT HMSA	1 2023 2023
			07116 Thorapoutic procedure 1 or	05/05/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
4/1/2022	Dhyciaal		97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	Apr luc
4/1/2023 -	Physical 6/30/2023 Medicine	Annroyal	more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun 1 2023 2023
6/30/2023 4/1/2023	0/30/2023 Wiedicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families 5/8/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	1 2023 2023
				past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a	
				fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the	
				future; Physical or Occupational therapy was selected; Magellan does not manage	
			97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical Therapy was	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	selected; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Families	1 2023 2023
0/30/2023 4/1/2023	0,30,2023 WEGICITE	Approval	training (includes stail climbing)	rannes	1 2023 2023

					05/08/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
					past; Therapy type is Habilitative; ; Enter the percentile here Standardized tests document a	
					deficit above the 10th percentile; Requestor is not a fax; Physical Therapy; The evaluation	
					date is not in the future; Magellan does not manage chiropractic but does manage speech	
				97116 Therapeutic procedure, 1 or	therapy for the member's plan; Habilitative; Physical therapy was requested; The member is	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	5 years old or older.; The health carrier is NOT New Hampshire Healthy Families; Physical or	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Occupational therapy was requested; The health carrier is NOT HMSA	1 2023 2023
					5/8/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	. / . /	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	2 2023 2023
					05/09/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
					past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a	
					fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the	
				97116 Therapeutic procedure, 1 or	future; Physical or Occupational therapy was selected; Magellan does not manage	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	chiropractic but does manage speech therapy for the member's plan; Physical Therapy;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1 2023 2023
		. ,		J	5/9/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	1 2023 2023
					05/10/23; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
					past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a	
					fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the	
					future; Physical or Occupational therapy was selected; Magellan does not manage	
				97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical Therapy was	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	selected; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Families	1 2023 2023
					5/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
					past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a	
					fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the	
				07446.71	future; Physical or Occupational therapy was selected; Magellan does not manage	
4/4/2022		Dhootaal		97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical Therapy was	A I
4/1/2023 -	4/4/2022	Physical	Ammanal	more areas, each 15 minutes; gait	selected; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun 2 2023 2023
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Families 05/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	2 2023 2023
					past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative;	
					Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation	
					date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The	
					rehabilitation is related to a diagnosis of Lymphedema.; Physical Therapy was requested;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families	1 2023 2023
				5. 0,		
					5/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
					past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a	
					fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the	
				97116 Therapeutic procedure, 1 or	future; Physical or Occupational therapy was selected; Magellan does not manage	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	chiropractic but does manage speech therapy for the member's plan; Physical Therapy;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1 2023 2023

					5/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
					past; Surgical; 5/8/2023; Post-Op; One visit anticipated; Therapy type is Rehabilitative;	
					Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-	
					Surgical; The evaluation date is not in the future; Physical or Occupational therapy was	
					selected; Physical or Occupational therapy was selected; Magellan does not manage	
				97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical Therapy was	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	selected; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Families	1 2023 2023
					05/10/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	1 2023 2023
					5/10/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	2 2023 2023
0/30/2023	4/1/2023	0/30/2023 Wicalcine	прргочи	training (includes stail climbing)	currier is not new numpsinic nearthy runnings	2 2023 2023
					5/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
					past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a	
				0711C Thompsonkin proceedings 1 or	fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the	
. /. /2022		5 1 1 1		97116 Therapeutic procedure, 1 or	future; Physical or Occupational therapy was selected; Magellan does not manage	
4/1/2023 -	. /. /2022	Physical Physical		more areas, each 15 minutes; gait	chiropractic but does manage speech therapy for the member's plan; Physical Therapy;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1 2023 2023
					5/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
					past; Surgical; 5/15/2023; Pre-Op; Therapy type is Rehabilitative; Requestor is not a fax;	
					Physical Therapy; Speech Therapy was not selected; Pre-Op; The evaluation date is not in the	
				97116 Therapeutic procedure, 1 or	future; Physical or Occupational therapy was selected; Magellan does not manage	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	chiropractic but does manage speech therapy for the member's plan; Physical Therapy;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1 2023 2023
					5/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
					past; Surgical; 12/1/2022; Post-Op; Three or more visits anticipated; Therapy type is	
					Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected;	
					Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation related	
					to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy	
					was selected; Physical or Occupational therapy was selected; Physical or Occupational	
				97116 Therapeutic procedure, 1 or	therapy was selected; Magellan does not manage chiropractic but does manage speech	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	therapy for the member's plan; Physical therapy was requested; The health carrier is NOT	Apr-Jun
6/30/2023	4/1/2022	6/30/2023 Medicine	Approval	training (includes stair climbing)	New Hampshire Healthy Families	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Wicalcine	Арргочаг	training (includes stail climbing)	05/11/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	1 2023 2023
				07116 Thoropoutic procedure 1 or		
4/1/2023 -		Dhysical		97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	Apr lin
	4/4/2022	Physical Physical	Ammus	more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	1 2023 2023
				07446.71	5/12/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	3 2023 2023
					5/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
					past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a	
					fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the	
					future; Physical or Occupational therapy was selected; Magellan does not manage	
				97116 Therapeutic procedure, 1 or	tuture; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was	
4/1/2023 -		Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	· · · · · · · · · · · · · · · · · · ·	Apr-Jun

			07446 There we the war and we do a	05/15/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
4/4/2022	Dhariaal		97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	A 1
4/1/2023 - 6/30/2023 4/1/2023	Physical	A	more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 2 2023 2023
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	5/15/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	2 2023 2023
			97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	3 2023 2023
0/30/2023 4/1/2023	0/30/2023 Wedicine	Арргочаг	training (includes stail climbing)	5/16/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	3 2023 2023
				past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a	
				fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the	
				future; Physical or Occupational therapy was selected; Magellan does not manage	
			97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical Therapy was	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	selected; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Families	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Wicalcine	Дрргочаг	training (includes stail climbing)	05/16/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	1 2023 2023
			97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Wedicine	Арргочаг	training (includes stail climbing)	5/16/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	1 2023 2023
			97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	4 2023 2023
0/30/2023 4/1/2023	0/30/2023 Wedicine	Approvai	training (includes stail climbing)	5/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	4 2023 2023
				past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a	
				fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the	
				future; Physical or Occupational therapy was selected; Magellan does not manage	
			97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical Therapy was	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	selected; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Families	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Wicalcine	прргочи	training (merades stair eminoring)	05/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	1 2023 2023
				past; Gait, Balance and Falls is the selected condition; Therapy type is Neuro Rehabilitative;	
				Requestor is not a fax; Physical Therapy; Physical Therapy was requested; The evaluation	
				date is not in the future; Magellan does not manage chiropractic but does manage speech	
				therapy for the member's plan; Neuro Rehabilitative; Physical therapy was requested; The	
				patient was NOT previously independent with mobility and now requires human assistance	
				and/or an assistive device to walk and/or transfer; At least one of the following apply;	
				Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements	
			97116 Therapeutic procedure, 1 or	and/or Decline in independence with mobility (walking or wheelchair mobility); Gait, Balance	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	and Falls is the selected condition; The health carrier is NOT New Hampshire Healthy	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Families; Physical or Occupational therapy was requested	1 2023 2023
0,00,2020 1,2,2020	0/00/2020 Micaionic	7.66.0101	training (morades stail difficulty)	5/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	1 2020 2020
				past; Gait, Balance and Falls is the selected condition; Therapy type is Neuro Rehabilitative;	
				Requestor is not a fax; Physical Therapy; Physical Therapy was requested; The evaluation	
				date is not in the future; Magellan does not manage chiropractic but does manage speech	
				therapy for the member's plan; Neuro Rehabilitative; Physical therapy was requested; The	
				patient was previously independent with mobility and now requires human assistance	
			97116 Therapeutic procedure, 1 or	and/or an assistive device to walk and/or transfer; Gait, Balance and Falls is the selected	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	condition; The health carrier is NOT New Hampshire Healthy Families; Physical or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Occupational therapy was requested	1 2023 2023
0,00,2020 4,1,2025	5, 50, 2025 Wedlefile	Approval	comments star combing)	05/18/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	1 2023 2023
			97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	1 2023 2023
-, 30, 2023 -, 1, 2, 2023	0,00,2020 Wicalchie	pp.0401		carrier street management readily running	1 2020 2020

				5/6/2000 5 11 11 100 1 5 1 1 1 1 1 1 1 1 1 1	
			0711C Thereacoutic presedure 1 or	5/18/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
4/4/2022	Dharataal		97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	A 1
4/1/2023 -	Physical Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	2 2023 2023
				OF /10/2022: No national history in the past 00 days. Evaluation dates less than 00 days in the	
				05/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
				past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a	
			07446 Therese settle are settle at 1	fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the	
4/4/2022	Dhooteel		97116 Therapeutic procedure, 1 or	future; Physical or Occupational therapy was selected; Magellan does not manage	A I
4/1/2023 -	Physical		more areas, each 15 minutes; gait	chiropractic but does manage speech therapy for the member's plan; Physical Therapy;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1 2023 2023
				5/19/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
			97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	1 2023 2023
				5/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
				past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a	
				fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the	
				future; Physical or Occupational therapy was selected; Magellan does not manage	
			97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical Therapy was	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	selected; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Families	1 2023 2023
				05/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
				past; Therapy type is Habilitative; Peabody Developmental Motor Scales-Second Edition	
				(PDMS-2); 3%; Standardized tests document a deficit at or below the 10th percentile;	
				Requestor is not a fax; Physical Therapy; Physical Therapy was requested; The evaluation	
				date is not in the future; Magellan does not manage chiropractic but does manage speech	
				therapy for the member's plan; Habilitative; Physical therapy was requested; The member is	
				1-4 years old.; Moderate to severe functional deficits supported by standardized	
			97116 Therapeutic procedure, 1 or	assessments best describes the patient's presentation or goal of treatment; The health	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	requested; The health carrier is NOT HMSA	1 2023 2023
				05/22/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
			97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	3 2023 2023
	· ,		<u> </u>	5/22/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
			97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	2 2023 2023
, , , , ,			3,	05/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
				past; Gait, Balance and Falls is the selected condition; Therapy type is Neuro Rehabilitative;	
				Requestor is not a fax; Physical Therapy; Physical Therapy was requested; The evaluation	
				date is not in the future; Magellan does not manage chiropractic but does manage speech	
				therapy for the member's plan; Neuro Rehabilitative; Physical therapy was requested; The	
				patient was NOT previously independent with mobility and now requires human assistance	
				and/or an assistive device to walk and/or transfer; None of the following apply; Increase in	
				frequency of falls, Decline in transfers, bed mobility or transitional movements and/or	
			97116 Therapeutic procedure, 1 or	Decline in independence with mobility (walking or wheelchair mobility); Gait, Balance and	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	Falls is the selected condition; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical or Occupational therapy was requested	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Wieulcifie	Approvai	Ganning (Includes stall Cliffbillg)	i nysical of Occupational therapy was requested	1 2023 2023

path, Non-Suggrad, Personal Suggrad, Personal Su					- Indiana - Indi	
05/21/2023. No patient history in the past 50 days. Certification dates less than 80 days in the past 50 days. Certification dates less than 80 days in the past 50 days. Certification dates less than 80 days in the past 50 days. Certification dates less than 80 days in the past 50 days. Certification dates less than 80 days in the past 50 days. Sequence in containing from the past 50 days. Sequence in containing days in the past 50				more areas, each 15 minutes; gait	fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy	·
past, Yen-Surgicii, Two sides anticipanted, Therapy we not extended inter-propries in Rehabilishter, Requestor is not a face. Physical Therapy Secoped therapy we not extended. The evolution date is not in the future, Physical or Occupational therapy was selected. Magellan does not manage of the future, Physical or Occupational therapy was selected. Magellan does not make a face of the future, Physical or Occupational therapy was selected. Physical formation of the future, Physical or Occupational therapy was selected. The evolution date is not in the future, Physical or Occupational therapy was selected. The plant of the future, Physical or Occupational therapy was selected. The plant of the property of the member's plant Physical or occupational therapy was requested. The health of the plant of the future, Physical or Occupational therapy was requested, the health of the plant of the past 30 (25) and 10	6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Families	1 2023 2023
97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait for some areas, each 15 minutes; gait fo		•	Approval	more areas, each 15 minutes; gait	past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy;	· ·
4/1/2023 Physical phy	0,00,2020 1,2,2020	0/00/2023 !!!caicilic	7.pp. 0 tu.	training (merades stan emissing)	· · · · · · · · · · · · · · · · · · ·	1 2023 2023
past. Non-Surgical. Therapy type is Rehabilitative. Requestor in not a fax Physical freapy. Speech therapy for the Rehabilitative. Requestor in not a fax Physical freapy. Speech therapy for the Repay was not selected. The evaluation date is not in the future, Physical or Corcupational therapy was selected. The gellan does not manage chropatory to the control of the future, Physical or the future, Physical or Corcupational therapy was selected. Magellan does not manage chropatory in the past 50 days. Feature that carrier is NOT New Hampshire Healthy Families 2 2023 2023 05/24/2023. No patient history in the past 50 days, the past 50 days in the past 50 days that impacts control and the proposal or the control of the past 50 days. Physical therapy was requested, The rehabilitative, Physical or the control of the past 50 days. Requestor is not a fax. Physical therapy Physical therapy was requested, The rehabilitative physical therapy was requested. The rehabilitative physical therapy was requested, the evaluation date is not in the future, Magellan does not manage chropatory that the same of the second of the past 50 days that impacts one of the second or the second of the past 50 days that impacts control function best describes the patients presentation or past 50 days that impacts control flunction best describes the patients presentation or past 50 days that impacts control flunction best describes the patients presentation or past 50 days that impacts control therapy was requested; The health carrier is NOT New Hampshire Healthy Families, Physical or Coupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families, Physical or Coupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families, Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families, Physical or Coupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families, Physical Order of the Physical order of the valuation dates is not in the			Approval	more areas, each 15 minutes; gait	evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health	
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Flysical therapy was requested; The evaluation date is not in the future; Magellan does not manage chipropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families 2 2023 2023 2023 4/1/2023 Approval 4/1/2023 Physical 6/30/2023 Medicine 4/1/2023 Approval 5/30/2023 Medicine 4/1/2023 Approval 5/30/2023 Medicine 6/30/2023 Medi					past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage	
05/24/2023. No patient history in the past 90 days; Evaluation dates less than 90 days in the past 50 days; Evaluation dates less than 90 days in the past 50 days; Evaluation dates less than 90 days in the past 50 days; Evaluation dates less than 90 days; Evaluation dates less than 90 days; Individual of the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Habilitative; Physical Therapy was requested. The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Habilitative; Physical therapy was requested. The member is 5 years old or older, Patient had a recent surgery in the least 30 days that impacts overall function best describes the patient's presentation or goal of treatment; The health carrier is NOT New Hampshire Healthy Families. Physical or Apr-Jun days are quested. The health carrier is NOT hew Hampshire Healthy Families. Physical or Apr-Jun days are quested. The health carrier is NOT hew Hampshire Healthy Families. Physical or a face provided the past of the past 90 days; Requestor is not a face. Physical Therapy. The evaluation date is not in the future; Physical or the past 90 days; Requestor is not a face. Physical Therapy the past 90 days; Requestor is not a face. Physical Therapy that the past 90 days; Requestor is not a face. Physical Therapy that is not in the future; Physical or the past 90 days; Requestor is not a face. Physical Therapy was requested. The health carrier is NOT New Hampshire Healthy Families. Physical or the past 90 days; Requested is not a face. Physical Therapy was requested. The health carrier is NOT New Hampshire Healthy Families. Physical or the past 90 days; Requested is not a face. Physical Therapy was requested. The health carrier is NOT New Hampshire Healthy Pamilies. Physical or the past 90 days; Requestor is not a face. Physical Therapy was requested. The health carrier is NOT New Hampshire Healthy Pamilies. Physical Or Decoration or the pas		·				
past, Therapy type is Habilitative, Unknown; Standardized tests document a deficit at or below the 10th precedile; Requested is not a fax, Physical Threapy was requested; The evaluation date is not in the future; Magellan does not manage chiroparatic but does manage speech therapy for the member's plan; Physical therapy was requested; The member is 5 years old or older; Patient had a recent surgery in the last 30 days that impacts owerall function best describes the patient's presentation or more areas, each 15 minutes; galt good of treatment; the health carrier is NOT New Hampshire Healthy Families. Physical or Apr-Jun 6/30/2023 Medicine Approval training (includes stair climbing) 4/1/2023	6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)		2 2023 2023
4/1/2023 - Physical more areas, each 15 minutes; gait goal of treatment; The health carrier is NOT New Hampshire Healthy Families; Physical or Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) 7/116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait specific procedure, 1 or more areas, each 15 minutes; gait specific procedure, 1 or more areas, each 15 minutes; gait specific procedure, 1 or evaluation date is not in the future; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families are specific procedure, 1 or evaluation date is not in the future; Physical or Occupational therapy was requested; The real publication of the past; Non-surgical, One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families are speech therapy was requested; The evaluation date is not in the future; Physical Therapy; Speech Therapy was not selected; Physical Therapy was requested; The health carrier is NOT New Hampshire Healthy families; Physical Therapy; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy families; Physical Therapy; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy families; Physical Therapy; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy families; Physical Therapy; Speech Therapy was not selected; Physical Ordays; Evaluation date is set than 90 days in the past; Surgical, O4/10/2023; Post-Op, One visit anticipated; Therapy was not selected; Physical Therapy; Speech Therapy was not selected; Physical Ordays; Seveluation dates is not in the future; Physical Therapy; Speech Therapy was not selected; Physical Therapy; Speech Therapy was not					past; Therapy type is Habilitative; Unknown; Unknown; Standardized tests document a deficit at or below the 10th percentile; Requestor is not a fax; Physical Therapy; Physical Therapy was requested; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Habilitative; Physical	
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Occupational therapy was requested; The health carrier is NOT HMSA 1 2023 2023 5/24/2023, Patient history in the past 9 0 days, Requestor is not a fax, Physical Therapy; The evaluation date is not in the future; Magellan does not manage therapy for the member's plan; Physical therapy was requested; The health carrier is NOT HMSA Apr-Jun dealth of the future; Magellan does not manage the future; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families 5/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past, Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical therapy was selected; The evaluation dates less than 90 days in the future; Physical or Occupational therapy was selected; The evaluation dates less than 90 days in the past; Surgical; One visit anticipated; The health carrier is NOT New Hampshire Healthy Apr-Jun dealth of the future; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Apr-Jun dealth of the past 90 days; Evaluation dates less than 90 days in the past; Surgical; One visit anticipated; The reputing of the member's plan; Physical Therapy type is Rehabilitative; Requestor is not a fax; Physical therapy type is Rehabilitative; Requestor is not a fax; Physical therapy type is Rehabilitative; Requestor is not a fax; Physical therapy was requested; The health darrier is NOT New Hampshire Healthy Apr-Jun dealth of the past 90 days; Evaluation dates less than 90 days; Evaluation dates less than 90 days in the past; Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical therapy						
5/24/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapp; The evaluation date is not in the future; Physical Medicine Aproval training (includes stair climbing) 4/1/2023		,		, , , ,		
4/1/2023 - Physical P	6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	. , , , , , , , , , , , , , , , , , , ,	1 2023 2023
4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families 5/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage 97116 Therapeutic procedure, 1 or chiral past; Non-Surgical; Dut of the member's plan; Physical Therapy was selected; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Aproval training (includes stair climbing) Families 5/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy type is Rehabilitative; Physical Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy was selected; Physical Or Occupational therapy was selected; Physical Or Occupational therapy was selected; Physical Therapy; Speech Therapy was not selected; Physical Therapy; Speech Therapy was selected; Physical Therapy was requested; The health carrier is NOT New Hampshire Healthy Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Aproval training (includes stair climbing) Families selected; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Aproval				97116 Therapeutic procedure 1 or		
5/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was selected; Magellan does not manage 4/1/2023 - Physical Physica	4/1/2023 -	Physical				Apr-Jun
past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy. Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Families 1 2023 2023 5/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; Od/10/2023; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Apr-Jun 5/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; Od/10/2023; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical or Occupational therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was requested; Therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy for the member's plan; Physical Therapy was selected; Physical or Occupational therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested; The health carrier is NOT was Hampshire Healthy Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Families 1 2023 2023 5/25/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy. The evaluation date is not in the future; Magellan does not manage chirporactic but does manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun manage speech therapy for the member's plan; Physical therapy was requested; The		•	Approval		* ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	
4/1/2023 - Physical more areas, each 15 minutes; gait selected; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy 6/30/2023 Medicine Approval training (includes stair climbing) Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Apr-Jun 6/30/2023 Medicine Approval training (includes stair climbing)					past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the	
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Families 5/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/10/2023; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Families 97116 Therapeutic procedure, 1 or evaluation date is not in the future; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Apr-Jun Families 5/25/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does 4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun Manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun Manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun Manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun Manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun Manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun Manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun Manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun Manage speech therapy for the member's plan;						
5/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/10/2023; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical Therapy was selected; Physical Therapy was selected; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Apr-Jun fo/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Families 1 2023 2023 5/25/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does 4/1/2023 Physical Therapy was requested; The health Apr-Jun manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun			Approval			
97116 Therapeutic procedure, 1 or chiropractic but does manage speech therapy for the member's plan; Physical Therapy was 4/1/2023 - Physical Physical Physical Therapy was more areas, each 15 minutes; gait selected; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Apr-Jun follows stair climbing for the member's plan; Physical Therapy was requested; The health carrier is NOT New Hampshire Healthy Apr-Jun follows stair climbing for the member's plan; Physical Therapy was requested; The health carrier is NOT New Hampshire Healthy Apr-Jun follows from the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does 4/1/2023 - Physical Physical Therapy was requested; The health Apr-Jun for the member's plan; Physical therapy was requested; The health Apr-Jun follows from the future; Magellan does not manage chiropractic but does	0/30/2023 4/1/2023	o/30/2023 Medicine	Арргоvаг	uanning (includes stair cimbing)	5/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/10/2023; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-	1 2023 2023
5/25/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The 97116 Therapeutic procedure, 1 or evaluation date is not in the future; Magellan does not manage chiropractic but does 4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun	1 ' '	Physical			chiropractic but does manage speech therapy for the member's plan; Physical Therapy was	
97116 Therapeutic procedure, 1 or evaluation date is not in the future; Magellan does not manage chiropractic but does 4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun	6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)		1 2023 2023
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families 2 2023 2023				more areas, each 15 minutes; gait	evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health	· ·
2 202 2020	6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	2 2023 2023

					5/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
					past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a	
					fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the	
					future; Physical or Occupational therapy was selected; Magellan does not manage	
				97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical Therapy was	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	selected; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Families	1 2023 2023
					5/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
					past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a	
					fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The	
					patient was NOT previously independent with mobility and now requires human assistance	
					and/or an assistive device to walk and/or transfer; None of the following apply; Increase in	
					frequency of falls, Decline in transfers, bed mobility or transitional movements and/or	
					Decline in independence with mobility (walking or wheelchair mobility); Physical Therapy;	
					Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy	
				0744671 11 1	was requested; Physical or Occupational therapy was selected; Magellan does not manage	
				97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical Therapy was	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	selected; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Families	1 2023 2023
					5/26/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	1 2023 2023
					05/29/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	1 2023 2023
.,,	, ,	.,,	1.1.	5 (5/30/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
					past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a	
					fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the	
					future; Physical or Occupational therapy was selected; Magellan does not manage	
				97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical Therapy was	
4/1/2023 -		Dhusiaal				Ame I.in
, ,	. /. /2022	Physical		more areas, each 15 minutes; gait	selected; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Families	2 2023 2023
					5/30/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
					past; Surgical; 6/2/2023; Pre-Op; Neither Pre-Op, Post-Op or Non-Surgical; Therapy type is	
					Rehabilitative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected;	
					Pre-Op; The evaluation date is not in the future; Physical or Occupational therapy was	
				97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	member's plan; Physical Therapy; Physical therapy was requested; The health carrier is NOT	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	New Hampshire Healthy Families	1 2023 2023
					5/30/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	4 2023 2023
		.,,	1.1.	5 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	5/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
					past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative;	
					Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation	
					date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The	
					rehabilitation is related to a diagnosis of Lymphedema.; Physical Therapy was requested;	
				07416 Theremoutie precedure 4 - 7	Physical or Occupational therapy was selected; Physical or Occupational therapy was	
. /. /2025		51		97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -	. /. /2025	Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families	1 2023 2023

					05/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
					past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a	
					fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the	
				97116 Therapeutic procedure, 1 or	future; Physical or Occupational therapy was selected; Magellan does not manage	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	chiropractic but does manage speech therapy for the member's plan; Physical Therapy;	Apr-Jun
6/30/2023 4	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1 2023 2023
0,30,2023	+/ 1/ 2023	0/30/2023 Wedicine	прргочи	training (merades stair emiliarily)	05/31/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	1 2023 2023
				97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	1 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,	.,,	P P	0,	5/31/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	6 2023 2023
					06-06-2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
					past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a	
					fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the	
					future; Physical or Occupational therapy was selected; Magellan does not manage	
				97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical Therapy was	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	selected; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun
6/30/2023 4	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Families	1 2023 2023
					06-19-2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
					past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a	
					fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the	
				97116 Therapeutic procedure, 1 or	future; Physical or Occupational therapy was selected; Magellan does not manage	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	chiropractic but does manage speech therapy for the member's plan; Physical Therapy;	Apr-Jun
6/30/2023 4	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1 2023 2023
					06-21-2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
					past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a	
				0744671	fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the	
4 /4 /2022		51		97116 Therapeutic procedure, 1 or	future; Physical or Occupational therapy was selected; Magellan does not manage	
4/1/2023 -	. /. /2022	Physical Physical		more areas, each 15 minutes; gait	chiropractic but does manage speech therapy for the member's plan; Physical Therapy;	Apr-Jun
6/30/2023 4	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1 2023 2023
					6/1/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
					past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative;	
					Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy	
					was requested; Physical or Occupational therapy was selected; Physical or Occupational	
				97116 Therapeutic procedure, 1 or	therapy was selected; Magellan does not manage chiropractic but does manage speech	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	therapy for the member's plan; Physical therapy was requested; The health carrier is NOT	Apr-Jun
6/30/2023	1/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	New Hampshire Healthy Families	1 2023 2023
0/30/2023	+/1/2023	0/30/2023 Wedicine	Арргочаг	training (includes stail climbing)	6/1/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	1 2023 2023
					past; Therapy type is Habilitative; Oswestry score; 62%; Standardized tests document a	
					deficit at or below the 10th percentile; Requestor is not a fax; Physical Therapy; Physical	
					Therapy was requested; The evaluation date is not in the future; Magellan does not manage	
					chiropractic but does manage speech therapy for the member's plan; Habilitative; Physical	
					therapy was requested; The member is 5 years old or older.; Moderate to severe functional	
				97116 Therapeutic procedure, 1 or	deficits supported by standardized assessments best describes the patient's presentation or	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	goal of treatment; The health carrier is NOT New Hampshire Healthy Families; Physical or	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Occupational therapy was requested; The health carrier is NOT HMSA	1 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, _, _ 323	.,,			06/01/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	1 2023 2023
, ,		, ,	P.P. 2121	0 ,		

				6/1/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
			97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	4 2023 2023
				6/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
				past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative;	
				Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation	
				date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy	
				was requested; Physical or Occupational therapy was selected; Physical or Occupational	
			97116 Therapeutic procedure, 1 or	therapy was selected; Magellan does not manage chiropractic but does manage speech	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	therapy for the member's plan; Physical therapy was requested; The health carrier is NOT	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	New Hampshire Healthy Families	1 2023 2023
				06/02/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
				past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a	
				fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the	
			97116 Therapeutic procedure, 1 or	future; Physical or Occupational therapy was selected; Magellan does not manage	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	chiropractic but does manage speech therapy for the member's plan; Physical Therapy;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1 2023 2023
1,00,000	0,00,2020			06/05/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
				past; Therapy type is Habilitative; ADL; 75; Standardized tests document a deficit above the	
				10th percentile; Requestor is not a fax; Physical Therapy; The evaluation date is not in the	
				future; Magellan does not manage chiropractic but does manage speech therapy for the	
			97116 Therapeutic procedure, 1 or	member's plan; Habilitative; Physical therapy was requested; The member is 5 years old or	
4/1/2023 -	Dhysical		more areas, each 15 minutes; gait	older.; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational	Apr-Jun
1 ' '	Physical Phy	Annroyal	, , , ,		1 2023 2023
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested; The health carrier is NOT HMSA 06/05/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	1 2023 2023
			07116 Therene which are codered 1 ar		
4/4/2022	Dhorataal		97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	A constitute
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	1 2023 2023
			0744671 11 1	6/5/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
			97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	2 2023 2023
				6/6/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
			97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	2 2023 2023
				06/07/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
				past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a	
				fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the	
			97116 Therapeutic procedure, 1 or	future; Physical or Occupational therapy was selected; Magellan does not manage	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	chiropractic but does manage speech therapy for the member's plan; Physical Therapy;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1 2023 2023
				06/07/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
			97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	1 2023 2023
				6/7/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
			97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	3 2023 2023
			•	06/08/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
			97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	1 2023 2023
.,,	.,,				

				6/8/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
			97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/20	023 6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	3 2023 2023
				06/09/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
			97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/20	023 6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	1 2023 2023
				6/9/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
			97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/20	023 6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	2 2023 2023
				6/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
				past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a	
				fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the	
			97116 Therapeutic procedure, 1 or	future; Physical or Occupational therapy was selected; Magellan does not manage	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	chiropractic but does manage speech therapy for the member's plan; Physical Therapy;	Apr-Jun
6/30/2023 4/1/20	· ·	Approval	training (includes stair climbing)	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1 2023 2023
, . , . , . , . , . , . , . , .	, ,		0,	06/12/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
			97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/20		Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	1 2023 2023
0/30/2023 4/1/20	0/30/2023 Wedlenie	пррочи	training (merades stair elimbing)	6/12/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	1 2023 2023
			97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
	·	Approval		carrier is NOT New Hampshire Healthy Families	2 2023 2023
6/30/2023 4/1/20	0/30/2023 Medicine	Approval	training (includes stair climbing)	6/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	2 2023 2023
				past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a	
				fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the	
				future; Physical or Occupational therapy was selected; Magellan does not manage	
			97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical Therapy was	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	selected; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun
6/30/2023 4/1/20	023 6/30/2023 Medicine	Approval	training (includes stair climbing)	Families	1 2023 2023
				6/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
				past; Surgical; 07/10/2023; Pre-Op; Therapy type is Rehabilitative; Requestor is not a fax;	
				Physical Therapy; Speech Therapy was not selected; Pre-Op; The evaluation date is not in the	
			97116 Therapeutic procedure, 1 or	future; Physical or Occupational therapy was selected; Magellan does not manage	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	chiropractic but does manage speech therapy for the member's plan; Physical Therapy;	Apr-Jun
6/30/2023 4/1/20	023 6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	1 2023 2023
				06/13/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
			97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/20	023 6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	4 2023 2023
				6/13/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
			97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/20	•	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	1 2023 2023
, , , . , . , . , . , . , .	.,,	1,		06/14/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
			97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/20		Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	1 2023 2023
0/30/2023 4/1/20	723 0/30/2023 WEUKINE	Appiovai	adming (meduces stall cliffibling)	6/14/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	1 2023 2023
			97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2022	Dh. (a) 1				Amerikan
4/1/2023 -	Physical Physical Physical	Ammerical	more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/20	023 6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	3 2023 2023

			07446 Therese subtracts are subtracted as	06/15/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
4/4/2022	Dharinal		97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	A I
4/1/2023 -	Physical 6/30/2023 Medicine	Ammunuml	more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun 4 2023 2023
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	4 2023 2023
			97116 Therapeutic procedure, 1 or	6/15/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Dhysical		· · · · · · · · · · · · · · · · · · ·		Apr lup
	Physical 6/30/2023 Medicine	Approval	more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 2 2023 2023
6/30/2023 4/1/2023	6/30/2023 Medicine	Approvai	training (includes stair climbing)	06/16/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	2 2023 2023
			97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical				Apr lup
6/30/2023 4/1/2023	•	A	more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun 1 2023 2023
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	1 2023 2023
			0711C Thomasoutic proceedings 1 or	06/19/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
4/1/2022	Dhusiaal		97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	Amm Ivon
4/1/2023 -	Physical Phy	A	more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	2 2023 2023
			07116 Thorangutic procedure 1 or	6/19/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
4/4/2022	Dhooteal		97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	A I
4/1/2023 -	Physical Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	2 2023 2023
			0711C Thomasoutic proceedings 1 or	6/20/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
4/4/2022	Dharitaal		97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	A Iv.
4/1/2023 -	Physical Physical	A	more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	2 2023 2023
			0744C Theorem which are and one 4 are	06/21/2022; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
4/4/2022	Dhooteal		97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	A Iv.
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	1 2023 2023
			0744C Theorem which are a drope 4 and	6/21/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
4/1/2023 -	Dhusiaal		97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	Ame I.m
	Physical Physical	A	more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	3 2023 2023
			0744C Theorem which are and one 4 are	6/22/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
4/1/2023 -	Dhusiaal		97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	A I
1 ' '	Physical	A	more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	1 2023 2023
			0711C Thomasoutic proceedings 1 or	06/23/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
4/4/2022	Dharitaal		97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	A Iv.
4/1/2023 -	Physical Physical	Ammunual	more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun 1 2023 2023
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	1 2023 2023
			0711C Thomas autic proceed up 1 au	6/23/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
4/4/2022	Dhooteal		97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	A Iv.
4/1/2023 -	Physical Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	1 2023 2023
				06/26/23; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
				past; Therapy type is Habilitative; Oswestry low back pain disability questionnaire; 48%;	
				Standardized tests document a deficit at or below the 10th percentile; Requestor is not a fax;	
				Physical Therapy; Physical Therapy was requested; The evaluation date is not in the future;	
				Magellan does not manage chiropractic but does manage speech therapy for the member's	
				plan; Habilitative; Physical therapy was requested; The member is 5 years old or older.;	
			0744671	Moderate to severe functional deficits supported by standardized assessments best	
4/4/2022	5 1 · ·		97116 Therapeutic procedure, 1 or	describes the patient's presentation or goal of treatment; The health carrier is NOT New	
4/1/2023 -	Physical Physical		more areas, each 15 minutes; gait	Hampshire Healthy Families; Physical or Occupational therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT HMSA	1 2023 2023

or lock	22 Believe blisters in the cost 00 days Benevater is not a few Division Theorem. The
	23; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The n date is not in the future; Magellan does not manage chiropractic but does
	peech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun
	NOT New Hampshire Healthy Families 1 2023 2023
	3; No patient history in the past 90 days; Evaluation dates less than 90 days in the
	gical; 7/24/2023; Pre-Op; Neither Pre-Op, Post-Op or Non-Surgical; Therapy type is
•	ative; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected;
	he evaluation date is not in the future; Physical or Occupational therapy was
97116 Therapeutic procedure, 1 or selected	Magellan does not manage chiropractic but does manage speech therapy for the
	s plan; Physical Therapy; Physical therapy was requested; The health carrier is NOT Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) New Ha	ppshire Healthy Families 1 2023 2023
6/27/20	3; No patient history in the past 90 days; Evaluation dates less than 90 days in the
past; Su	gical; 7/24/2023; Pre-Op; Therapy type is Rehabilitative; Requestor is not a fax;
Physica	Therapy; Speech Therapy was not selected; Pre-Op; The evaluation date is not in the
97116 Therapeutic procedure, 1 or future; I	nysical or Occupational therapy was selected; Magellan does not manage
	tic but does manage speech therapy for the member's plan; Physical Therapy; Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Physical	herapy was requested; The health carrier is NOT New Hampshire Healthy Families 1 2023 2023
06/27/2	23; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The
	n date is not in the future; Magellan does not manage chiropractic but does
	peech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun
	NOT New Hampshire Healthy Families 2 2023 2023
	3; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The
	n date is not in the future; Magellan does not manage chiropractic but does
	peech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun
	NOT New Hampshire Healthy Families 2 2023 2023
	23; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The
	n date is not in the future; Magellan does not manage chiropractic but does
	peech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun NOT Now Members Health Families
	NOT New Hampshire Healthy Families 3 2023 2023
	Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; Then date is not in the future; Magellan does not manage chiropractic but does
	speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun
, , , , , , , , , , , , , , , , , , , ,	NOT New Hampshire Healthy Families 1 2023 2023
	22; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The
	n date is not in the future; Magellan does not manage chiropractic but does
	peech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun
	NOT New Hampshire Healthy Families 1 2023 2023
	22; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The
	n date is not in the future; Magellan does not manage chiropractic but does
	peech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun
	NOT New Hampshire Healthy Families 1 2023 2023
	2; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The
	n date is not in the future; Magellan does not manage chiropractic but does Apr-Jun
The state of the s	peech therapy for the member's plan; Physical therapy was requested 1 2023 2023
• • • • • • • • • • • • • • • • • • • •	22; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The
	n date is not in the future; Magellan does not manage chiropractic but does
4/1/2023 - Physical more areas, each 15 minutes; gait manage	peech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun
	NOT New Hampshire Healthy Families 1 2023 2023
12/15/7	22; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The
97116 Therapeutic procedure, 1 or evaluati	n date is not in the future; Magellan does not manage chiropractic but does
4/1/2023 - Physical more areas, each 15 minutes; gait manage	peech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) carrier i	NOT New Hampshire Healthy Families 1 2023 2023
12/20/7	22; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The
97116 Therapeutic procedure, 1 or evaluati	n date is not in the future; Magellan does not manage chiropractic but does
4/1/2023 - Physical more areas, each 15 minutes; gait manage	peech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun
4/1/2025 - Physical More aleas, each 15 minutes, gait manage	,,

				12/27/2022; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
			97116 Therapeutic procedure, 1 or	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families	1 2023 2023
				Body Part passes complete; Perform Body Part selection; First Pass; Body Part for first pass is	
				not in options listed; 4/10/2023; No patient history in the past 90 days; Evaluation dates less	
				than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits	
				anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax;	
				Wound/Burn Care selected as the body type/region; Body Part for first pass is Wound/Burn	
				Care; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the	
				future; OK; The members functional deficits are moderate; The rehabilitation is NOT related	
				to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				selected; Physical or Occupational therapy was selected; Magellan does not manage	
			97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical therapy was	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	requested; The health carrier is NOT New Hampshire Healthy Families; Physical Therapy was	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	requested	1 2023 2023
-, 30, 2020 7, 1, 2020	3, 30, 2023 Wichielle	, .pp. 5401		Body Part passes complete; Perform Body Part selection; First Pass; Body Part for first pass is	1 2020 2020
				not in options listed; 6/15/2023; No patient history in the past 90 days; Evaluation dates less	
				than 90 days in the past; Surgical; 5/20/2023; Post-Op; Body Part pass complete; Three or	
				more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is	
				not a fax; Wound/Burn Care selected as the body type/region; Body Part for first pass is	
				Wound/Burn Care; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-	
				Surgical; The evaluation date is not in the future; OK; The members functional deficits are	
				severe; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT	
				related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				selected; Physical or Occupational therapy was selected; Magellan does not manage	
			97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical therapy was	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	requested; The health carrier is NOT New Hampshire Healthy Families; Physical Therapy was	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	requested	1 2023 2023
				Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
				Pass; Second Pass check point; Body Part for first pass is Elbow; Body Part for second pass is	
				Hand; 04/06/2023; No patient history in the past 90 days; Evaluation dates less than 90 days	
				in the past; Surgical; 03/14/2023; Post-Op; Elbow selected as the specific body part; Hand	
				selected as the specific body part; Body Part pass complete; Questions about your Hand	
				request: ; Questions about your Elbow request: ; Three or more visits anticipated; The	
				anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated	
				number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is	
				not a fax; Severe objective and functional deficits: constant intense symptoms with severe	
				loss of range of motion, strength, or ability to perform daily tasks best describes the	
				patient's presentation; Moderate objective and functional deficits: constant symptoms	
				and/or symptoms that are intensified with activity with moderate loss of range of motion,	
				strength, or ability to perform daily task best describes the patient's presentation; Upper	
				Extremity was selected as the first body type/region; Upper Extremity selected as the second	
				body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-	
				Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a	
				diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
				was selected; Physical or Occupational therapy was selected; Magellan does not manage	
			97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical therapy was	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Apr-Jun
	•				The second secon
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	requested; Physical therapy was requested	1 2023 2023

		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
		Pass; Second Pass check point; Body Part for first pass is Elbow; Body Part for second pass is	
		Hand; 6/29/2023; No patient history in the past 90 days; Evaluation dates less than 90 days	
		in the past; Non-Surgical; Elbow selected as the specific body part; Hand selected as the	
		specific body part; Body Part pass complete; Questions about your Hand request: ;	
		Questions about your Elbow request: ; Three or more visits anticipated; The anticipated	
		number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of	
		visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax;	
		Moderate objective and functional deficits: constant symptoms and/or symptoms that are	
		intensified with activity with moderate loss of range of motion, strength, or ability to	
		perform daily tasks best describes the patient's presentation; Moderate objective and	
		functional deficits: constant symptoms and/or symptoms that are intensified with activity	
		with moderate loss of range of motion, strength, or ability to perform daily task best	
		describes the patient's presentation; Upper Extremity was selected as the first body	
		type/region; Upper Extremity selected as the second body type/region; Physical Therapy;	
		Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
		is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
		Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
		therapy was selected; Physical or Occupational therapy was selected; Physical or	
		Occupational therapy was selected; Magellan does not manage chiropractic but does	
	97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 - Physical	more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
		Rady Part passes complete Parform Rady Part salection, Parform Rady Part salection, First	
		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; Body Part for second pass is	
		Knee; 5/4/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in	
		the past; Non-Surgical; Elbow selected as the specific body part; Knee selected as the specific	
		body part; Body Part pass complete; Questions about your Knee request: ; Questions about	
		your Elbow request: ; Three or more visits anticipated; The anticipated number of visits is	
		other than 2.; Non-Surgical; Therapy type is Rehabilitative; The anticipated number of visits	
		is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional	
		deficits: constant symptoms and/or symptoms that are intensified with activity with	
		moderate loss of range of motion, strength, or ability to perform daily tasks best describes	
		the patient's presentation; Moderate objective and functional deficits: constant symptoms	
		and/or symptoms that are intensified with activity with moderate loss of range of motion,	
		strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Lower Extremity/Hip selected as	
		the second body type/region; Physical Therapy; Speech Therapy was not selected; The	
		evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
		cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
		Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
	97116 Therapeutic procedure, 1 or	or Occupational therapy was selected; Physical or Occupational therapy was selected;	
4/4/2022 Physical		Magellan does not manage chiropractic but does manage speech therapy for the member's	American
4/1/2023 - Physical 6/30/2023 4/1/2023 6/30/2023 Medicine Approval	more areas, each 15 minutes; gait training (includes stair climbing)	plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	Apr-Jun 1 2023 2023

					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is Elbow; Body Part for second pass is	
					Lumbar Spine; 05/05/2023; No patient history in the past 90 days; Evaluation dates less than	
					90 days in the past; Non-Surgical; Elbow selected as the specific body part; Lumbar Spine	
					selected as the specific body part; Body Part pass complete; Questions about your Lumbar	
					Spine request: ; Questions about your Elbow request: ; Three or more visits anticipated; The	
					anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated	
					number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is	
					not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms	
					that are intensified with activity with moderate loss of range of motion, strength, or ability	
					to perform daily tasks best describes the patient's presentation; Mild or moderate functional	
					deficits due to lumbopelvic impairments with distal symptoms best describes the patient's	
					clinical presentation; Upper Extremity was selected as the first body type/region;	
					Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was	
					not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	
					diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
					selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
					was selected; Magellan does not manage chiropractic but does manage speech therapy for	
				97116 Therapeutic procedure, 1 or	the member's plan; Physical therapy was requested; The health carrier is NOT New	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Hampshire Healthy Families; Physical therapy was requested; Physical therapy was	Apr-Jun
6/30/2023 4/3	/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	requested	1 2023 2023
					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is Elbow; Body Part for second pass is	
					Lumbar Spine; 6/8/2023; No patient history in the past 90 days; Evaluation dates less than	
					90 days in the past; Non-Surgical; Elbow selected as the specific body part; Lumbar Spine	
					selected as the specific body part; Body Part pass complete; Questions about your Lumbar	
					Spine request: ; Questions about your Elbow request: ; Three or more visits anticipated; The	
					anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated	
					number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is	
					not a fax; Severe objective and functional deficits: constant intense symptoms with severe	
					loss of range of motion, strength, or ability to perform daily tasks best describes the	
					patient's presentation; Severe functional deficits due to lumbopelvic impairments with or	
					without distal symptoms best describes the patient's clinical presentation; Upper Extremity	
					was selected as the first body type/region; Spine/Chest selected as the second body	
					type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
					in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
					NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
					selected; Physical or Occupational therapy was selected; Magellan does not manage	
				97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical therapy was	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Apr-Jun
6/30/2023 4/3	/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	requested; Physical therapy was requested	1 2023 2023

Book part passes complete, Perform Booky Part selection, Perform Booky Part selection, Perform Book Par							
Hand, 4/24/2023, No patient history in the past 90 days; Evaluation dates less than 90 days in the past No-migralici, it and sected as the specific body part; Hand selected as the specific body part; Bands provided in the past No-migralici, it and selected as the specific body part; Bands petition about your hand request; Counting the past 90 days; Evaluation dates less than 90 days in the past No-migralic Handson, or specific body part; Bands petition about your hand request; Three or more visits anticipated number of visits is other than 2. The anticipated number of visits is other than							
in the past, Non Surgical, Hand selected as the specific body part, Hand selec							
Specific body part; Body Part pass complete; Questions about your Hand request; Cuestions about your Hand request; Che anticipated number of visits is other than 2; The anticipated number of visit						Hand; 4/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days	
Questions about your Hand request: Three or more visits an interpact mumber of visits is other than 2. The anticipated mumber of visits is other than 2. The national rember of visits is other than 2. The remove with severe loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation. Severe objective and functional deficits: constain intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentations. Severe objective and functional deficits: constain intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentations. Severe objective and functional deficits: constain intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentations. Upper Extremity was selected as the first body type/region; hypical or Decupational Therapy was selected as the first body type/region in NOT related to a diagnosis of camers. The rehabilitation is NOT related to a diagnosis of camers. The rehabilitation is NOT related to a diagnosis of camers. The rehabilitation is NOT related to a diagnosis of camers. The rehabilitation is NOT related to a diagnosis of camers. The rehabilitation is NOT related to a diagnosis of severe loss of camers. The rehabilitation is NOT related to a diagnosis of severe loss of camers. The rehabilitation is NOT related to a diagnosis of severe loss of camers. The rehabilitation is NOT related to a diagnosis of severe loss of camers. The rehabilitation is NOT related to a diagnosis of severe loss of camers. The rehabilitation is NOT related to a diagnosis of severe loss of camers. The rehabilitation is NOT related to a severe loss of severe loss of camers. The rehabilitation is NOT related to a NOT related to a diagnosis of severe loss of s							
number of visits is other than 2. The anticipated number of visits is other than 2. Therapy type is Rehabilitative; two Body Parts selected. Scood Pass Satisfaced, and Bitty to perform daily tasks best describes the patient's presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the scood body type/region; Dylical Preapy Speach Therapy vas not selected, The evaluation date is not in the future; the rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected, Physical therapy was requested; Physical therapy Physical Physical Physical P							
Severe begint selected, Second Pass selected, Second Pass Starting, Requestor is not a fair, Severe begint was functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation. Upper Extremity vesticed deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation. Upper Extremity vesticed and fell-ticks constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation. Upper Extremity vesticed as the second body type/region; Physical Therapy. Speech Therapy was not selected. The valuation of the inture, the rebabilitation is NOT related to a diagnosis of transcer. The rehabilitation is NOT related to a diagnosis of transcer in the inture, the rehabilitation is NOT related to a diagnosis of transcer. The rehabilitation is NOT related to a diagnosis of transcer in the inture, the rehabilitation is NOT related to a diagnosis of transcer in the inture. The rehabilitation is NOT related to a diagnosis of transcer in the patient of the severe in the patient of the severe in the patient of the severe in the patient of the patient of the severe in the patient of						Questions about your Hand request: ; Three or more visits anticipated; The anticipated	
Sewere objective and functional deficits: constant intense symptoms with sewere loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Sewere objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity, selected as the first body type/region, Upper Extremity selected as the second body type/region, Physical Therapy, Speech Therapy was not selected. The selected of the constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity, selected as the first body type/region, Upper Extremity selected as the second body type/region, Physical Therapy, Speech Therapy was not selected. The selected pression of Coupational Therapy was selected; Physical or Coupational Therapy was selected. Physical Physical Therapy was selected. Physical Orbital Therapy was selected. Physical Therapy was selected. Physical Therapy was select						number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy	
range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits; constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity, was selected as the steption (by pyper/region; Depre Extremity selected as the second body typer/region; Depre Extremity selected as the second body typer/region; Depre Extremity selected as the second body typer/region; Depression (Secretary 1) and the patient's presentation; Upper Extremity was selected; The rehabilitation is NOT related to a diagnosis of concern, The rehabilitation is NOT related to a diagnosis of concern, The rehabilitation is NOT related to a diagnosis of concern, The rehabilitation is NOT related to a diagnosis of concern, The rehabilitation is NOT related to a diagnosis of concern, The rehabilitation is NOT related to a diagnosis of concern, The rehabilitation is NOT related to a diagnosis of concern, The rehabilitation is NOT related to a diagnosis of concern, The rehabilitation is NOT related to a diagnosis of concern, The rehabilitation is NOT related to a diagnosis of concern, The rehabilitation is NOT related to a diagnosis of concern, The rehabilitation is NOT related to a diagnosis of concern, The rehabilitation is NOT related to a secretary to the member's plan physical therapy was requested; Physical therapy was selected, Physical or Coccupational therapy was selected, Physical therapy was requested. The health carrier is NOT New the member's plan physical therapy was requested. The health carrier is NOT New the member's plan physical therapy was requested. The health carrier is NOT New the NOT th						type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax;	
presentation, Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Upper Extremity selected; The evaluation is NOT related to a diagnosis of typinchedienta; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected. Physi						Severe objective and functional deficits: constant intense symptoms with severe loss of	
severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity was selected as the first body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer;. The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of content therapy was selected; Physical or Occupational therapy was selected; Physical or Decupational therapy was selected; Physical or Scupational therapy was requested to a diagnosis of cancer; Nor New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; Physical or Scupational Physical Therapy was requested; Physical therapy was requested; Physical therapy was requested; Physical Therapy was requested; Physical Physical Therapy was requested; Physical						range of motion, strength, or ability to perform daily tasks best describes the patient's	
patient's presentation; Upper Extremity was selected as the first body type/region; Upper Extremity was selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of tymphedema; Physical or Occupational therapy was selected; Physical therapy selected; Physical						presentation; Severe objective and functional deficits: constant intense symptoms with	
Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of tymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was se						severe loss of range of motion, strength, or ability to perform daily tasks best describes the	
not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Cumphedema; Physical or Occupational therapy was selected; Magelian does not manage sepace therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampher Healthy Families; Physical therapy was requested; Physical therapy was a Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) requested Body Part passes complete; Perform Body Part selection; Perform Body Part selection; Perform Body Part selection; Perform Body Part for first pass is Hand; Body Part for Second pass is New; Offo/6/2023, No pasten history in the past Od yas; In the p						patient's presentation; Upper Extremity was selected as the first body type/region; Upper	
diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical therapy was requested; The health carrier is NOT New 4/1/2023 - Physical more area, each 15 minutes; gait Hampshire Healthy Families; Physical therapy was requested; Physical therapy was Physical therapy was requested; Physical Therapy was not selected; Physical Therapy was requested; Physical Therapy was requested; Physica						Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was	
Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical therapy was selected; Physical therapy was selected; Physical therapy was selected; Physical or Occupational therapy was selected; Physical therapy was selected; Physical or Occupational therapy was selected; Physical Physical Therapy was selected as the specific body part; Sab and Secret or Occupational therapy was selected as the						not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	
selected; Physical or Occupational therapy was selected; Physical or Occupational therapy or was selected; Algellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New 4/1/2023							
was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New 4/1/2023 - Physical Physical more areas, each 15 minutes; gait Hampshire Healthy Families; Physical therapy was requested; Physical therapy was plan; Physical therapy was requested;						Physical or Occupational therapy was selected; Physical or Occupational therapy was	
97116 Therapeutic procedure, 1 or the member's plan; Physical therapy was requested; The health carrier is NOT New 4/1/2023 Physical Medicine Approval training (includes stair climbing) Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Check point; Body Part for first pass is Hand; Body Part for second pass is Knee; 06/06/2023; No patient history in the past; Dody Part, Sheep Selected as the specific body part; Sheep Selected as the specific body part; Sheep Selected as the specific body part; Body Part pass complete; Perform Body Part selection; First Pass; Second Pass Check point; Body Part for first pass is Hand; Body Part for second pass is Knee; 06/06/2023; No patient history in the past; On-Surgical; Hand selected as the specific body part; Sheody Part pass complete; Questions about your Knee request: ; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity, was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of						selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
4/1/2023 - Physical more areas, each 15 minutes; gait requested (Physical therapy was requested; Physical therapy was provided therapy was provided therapy was provided to the provided therapy was provided to the provided therapy was provided to the provided therapy was provided to a diagnosis of the sound of the provided the provided the provided the provided to a diagnosis of the sound of the provided to a diagnosis of the sound of the future; The rehabilitation is NOT related to a diagnosis of						was selected; Magellan does not manage chiropractic but does manage speech therapy for	
Body Part passes complete; Perform Body Part spescion; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Knee; 06/06/2023; No patient history in the past; Don Jourgical; Hand selected as the specific body part; Knee selected as the specific body part; Knee selected as the specific body part; Knee selected as the specific body part; Snee Snee Snee Snee Snee Snee Snee Sne					97116 Therapeutic procedure, 1 or	the member's plan; Physical therapy was requested; The health carrier is NOT New	
Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Knee; 06/06/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Hand request; ; Three or more visits anticipated number of visits is other than 2.; Non-Surgical; The anticipated number of visits is other than 2.; Non-Surgical; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3 + Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity, as selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	4/1/2023 -		Physical		more areas, each 15 minutes; gait	Hampshire Healthy Families; Physical therapy was requested; Physical therapy was	Apr-Jun
Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Knee; 06/06/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Moderate objective and functional deficits presentation; or ability to perform daily task best describes the patient's presentation; Moderate objective and functional deficits constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	requested	1 2023 2023
Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Knee; 06/06/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Moderate objective and functional deficits presentation; or ability to perform daily task best describes the patient's presentation; Moderate objective and functional deficits constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of						Dark Dark and a consistent Dark and Dark and a street Dark Dark and Dark an	
Knee; 06/06/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; The anticipated number of visits of where than 2.; Non-Surgical; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of							
in the past; Non-Surgical; Hand selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; The anticipated number of visits is other than 2.; Non-Surgical; The anticipated number of visits is other than 2.; Non-Surgical; The anticipated number of visits is other than 2.; Non-Surgical; The anticipated number of visits is other than 2.; The anticipate							
specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of							
about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of							
is other than 2.; Non-Surgical; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of							
is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of							
the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of							
deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of						· · · · · · · · · · · · · · · · · · ·	
moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of						, ,	
the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of						, , , , , , , , , , , , , , , , , , , ,	
and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of							
strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of						·	
Upper Extremity was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of						•	
the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of							
evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of						· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·							
						· · · · · · · · · · · · · · · · · · ·	
cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or						- · · · · · · · · · · · · · · · · · · ·	
Occupational therapy was selected; Physical or Occupational therapy was selected; Physical							
or Occupational therapy was selected; Physical or Occupational therapy was selected;					07446 Theresee the great days 4 and		
97116 Therapeutic procedure, 1 or Magellan does not manage chiropractic but does manage speech therapy for the member's							
	4/4/2022		Discort 1				
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Families; Physical therapy was requested; Physical therapy was requested 1 2023 2023	4/1/2023 -	4/4/2022	Physical Physical Physical	Approval	more areas, each 15 minutes; gait	plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun 1 2023 2023
			Physical				

				Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
				Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is	
				not in options listed; 06/06/2023; No patient history in the past 90 days; Evaluation dates	
				less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body	
				Part pass complete; Questions about your Hand request: ; Questions about your Head/Neck	
				request:; Three or more visits anticipated; The anticipated number of visits is other than 2.;	
				Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; More than 2	
				Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass	
				Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense	
				symptoms with severe loss of range of motion, strength, or ability to perform daily tasks	
				best describes the patient's presentation; Severe functional deficits due to cervical	
				impairments with or without distal symptoms best describes the patient's clinical	
				presentation; Upper Extremity was selected as the first body type/region; Head/Neck	
				selected as the second body type/region; Body Part for second pass is Head/Neck; Physical	
				Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
				rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
				diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
				Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
				or Occupational therapy was selected; Magellan does not manage chiropractic but does	
			97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
				Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is	
				Shoulder; 05/15/2023; No patient history in the past 90 days; Evaluation dates less than 90	
				days in the past; Non-Surgical; Hand selected as the specific body part; Shoulder selected as	
				, , , , , , , , , , , , , , , , , , , ,	
				the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated	
				number of visits is other than 2.; Therapy type is Rehabilitative; Non-Surgical; The	
				anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was	
				selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax;	
				•	
				Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to	
				perform daily task best describes the patient's presentation; Severe objective and functional	
				deficits without instability: constant symptoms and/or symptoms that are intensified with	
				activity with moderate loss of range of motion, strength, or ability to perform daily tasks	
				best describes the patient's clinical pre; Upper Extremity was selected as the first body	
				type/region; Upper Extremity selected as the second body type/region; Physical Therapy;	
				Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
				is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
				Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
				therapy was selected; Physical or Occupational therapy was selected; Physical or	
			07446 There we the name of the 4	Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2022	Dha! I		97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	American
4/1/2023 -	Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	more areas, each 15 minutes; gait training (includes stair climbing)	plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	Apr-Jun 1 2023 2023
				97116 Therapeutic procedure, 1 or	Magellan does not manage chiropractic but does manage speech therapy for the member's	
					or Occupational therapy was selected; Physical or Occupational therapy was selected;	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
					evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
					second body type/region; Physical Therapy; Speech Therapy was not selected; The	
					Extremity/Hip was selected as the first body type/region; Upper Extremity selected as the	
					perform daily tasks best describes the patient's presentation best describes th; Lower	
					intensified with activity with moderate loss of range of motion, strength, or ability to	
					Moderate objective and functional deficits: constant symptoms and/or symptoms that are	
					to perform daily tasks best describes the patient's presentation; The hip is beingn treated.;	
					that are intensified with activity with moderate loss of range of motion, strength, or ability	
					not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms	
					number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is	
					anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated	
					request: ; Questions about your Elbow request: ; Three or more visits anticipated; The	
					selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip	
					pass is Elbow; 3/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Elbow	
					Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second	
					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Dade Dade access consists - Deafrey Dade Dade shorter - Deafrey Dade D. 1 1 1 2 2	
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested	1 2023 2023
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
				97116 Therapeutic procedure, 1 or	does not manage chiropractic but does manage speech therapy for the member's plan;	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
					to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
					The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
					Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
					describes the patient's presentation; Lower Extremity/Hip selected as the body type/region;	
					Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best	
					Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor	
					other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	
					Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is	
					Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your	
					history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical;	
					Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 5/4/2023; No patient	
					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	

		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
		Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second	
		pass is Hip/Pelvic; 3/22/2023; No patient history in the past 90 days; Evaluation dates less	
		than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part;	
		Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your	
		Pelvis/Hip request: ; Questions about your Pelvis/Hip request: ; Three or more visits	
		anticipated; The anticipated number of visits is other than 2.; The anticipated number of	
		visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body	
		Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a	
		fax; The Pelvis/Pelvic Floor is being treated.; The Pelvis/Pelvic Floor is being treated.; The	
		patient has Pelvic Floor Dysfunction, including bowel or bladder; The patient has Pelvic Floor	
		Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to	
		perform functional tasks due to constipation, incontinence or pelvic organ prolapse best	
		describes the patient's presentation; Mild to moderate impairment in the ability to perform	
		functional tasks due to constipation, incontinence or pelvic organ prolapse best describes	
		the patient's presentation; Lower Extremity/Hip was selected as the first body type/region;	
		Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech	
		Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT	
		related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
		Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
		therapy was selected; Physical or Occupational therapy was selected; Physical or	
		Occupational therapy was selected; Magellan does not manage chiropractic but does	
	97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 - Physical	more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
		Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second	
		pass is Hip/Pelvic; 4/3/2023; No patient history in the past 90 days; Evaluation dates less	
		than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part;	
		Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your	
		Pelvis/Hip request: ; Questions about your Pelvis/Hip request: ; Three or more visits	
		anticipated; The anticipated number of visits is other than 2.; The anticipated number of	
		visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass	
		Starting; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The Pelvis/Pelvic	
		Floor is being treated.; The patient has Pelvic Pain Syndrome; The patient has Pelvic Floor	
		Dysfunction, including bowel or bladder; Severe impairment in the ability to perform	
		functional tasks due to short, tight or tender pelvic floor muscles or trigger points that cause	
		referred pain best describes the patient's presentation; Severe impairment in the ability to	
		perform functional tasks due to constipation, incontinence or pelvic organ prolapse best	
		describes the patient's presentation; Lower Extremity/Hip was selected as the first body	
		type/region; Lower Extremity/Hip selected as the second body type/region; Physical	
		Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
		rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
		diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
		Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
		or Occupational therapy was selected; Magellan does not manage chiropractic but does	
	97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 - Physical	more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval	training (includes stair climbing)	therapy was requested	1 2023 2023

				Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Hip/Pelvic; 04/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; The Pelvis/Pelvic Floor is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
			97116 Therapeutic procedure, 1 or	rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 - 6/30/2023 4/1/2	Physical 2023 6/30/2023 Medicine	Approval	more areas, each 15 minutes; gait training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	Apr-Jun 1 2023 2023
				Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Hip/Pelvic; 5/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Hip/Pelvis selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles or trigger points that cause referred pain best describes the	
4/1/2022	Dhurical		97116 Therapeutic procedure, 1 or	patient's presentation; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New	Apr Iva
4/1/2023 - 6/30/2023 4/1/2	Physical 2023 6/30/2023 Medicine	Approval	more areas, each 15 minutes; gait training (includes stair climbing)	Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	Apr-Jun 1 2023 2023

6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	requested; Physical therapy was requested	1 2023 2023
	•	Approval	, , ,		
4/1/2023 -	Physical		more areas, each 15 minutes; gait	requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Apr-Jun
			97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical therapy was	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage	
				NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
				in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
				type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
				selected as the first body type/region; Lower Extremity/Hip selected as the second body	
				pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip was	
				impairment in the ability to perform functional tasks due to constipation, incontinence or	
				that cause referred pain best describes the patient's presentation; Mild to moderate	
				perform functional tasks due to short, tight or tender pelvic floor muscles, or trigger points	
				Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to	
				Floor is being treated.; The patient has Pelvic Pain Syndrome; The patient has Pelvic Floor	
				Starting; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The Pelvis/Pelvic	
				visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass	
				anticipated; The anticipated number of visits is other than 2.; The anticipated number of	
				Pelvis/Hip request: ; Questions about your Pelvis/Hip request: ; Three or more visits	
				Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your	
				than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part;	
				pass is Hip/Pelvic; 5/22/2023; No patient history in the past 90 days; Evaluation dates less	
				Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second	
, , , , , , , , , , , , , , , , , , , ,	,		0,	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
6/30/2023 4/1/2023	•	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
4/1/2023 -	Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
			97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
				or Occupational therapy was selected; Hysical or Occupational therapy was selected; Magellan does not manage chiropractic but does	
				Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
				diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
				rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
				Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
				type/region; Lower Extremity/Hip selected as the second body type/region; Physical	
				presentation best describes th; Lower Extremity/Hip was selected as the first body	
				range of motion, strength, or ability to perform daily tasks best describes the patient's	
				the patient's presentation best describes th; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of	
				moderate loss of range of motion, strength, or ability to perform daily tasks best describes	
				deficits: constant symptoms and/or symptoms that are intensified with activity with	
				fax; The hip is beingn treated.; The hip is beingn treated.; Moderate objective and functional	
				Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a	
				visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body	
				anticipated; The anticipated number of visits is other than 2.; The anticipated number of	
				Pelvis/Hip request: ; Questions about your Pelvis/Hip request: ; Three or more visits	
				Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your	
				than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part;	
				pass is Hip/Pelvic; 5/22/2023; No patient history in the past 90 days; Evaluation dates less	
				Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second	

Body Part passes complete; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis, Body Part for second pass is Hip/Pelvis, 06/02/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selectied as the specific body part; Hip/Pelvis selected as the specific body parts selected; Second Pass Starting; Requestor; Descripant than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; The Pelvis/Pelvic Floor is being treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability tasks best describes the patient's presentation best describes the patient's presentation:; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region, Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The evaluation and therapy was selected; Physical or Occupational therapy was selected; The member's plan; Physical therapy was requested; The health 4/1/2023
pass is Hip/Pelvic; 06/02/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; so complete; Questions about your Pelvis/Hip request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The report of the pelvis/Pelvic Floor is being treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Dwer Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of Cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of Cancer; The rehabilitation is NOT related to a diagnosis of Cancer; The rehabilitation is NOT related to a diagnosis of Cancer; The rehabilitation is NOT related to a diagnosis of Cancer; The rehabilitation is NOT related to a diagnosis of Cancer; The rehabilitation is NOT related to a diagnosis of Cancer; The rehabilitation is NOT related to a diagnosis of Cancer; The rehabilitation is NOT
than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Questions about your Pelvis/Hip request; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is Pelvis/Pelvic Floor is being treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does 97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health
Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Questions about your Pelvis/Hip request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The part yope is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; The Pelvis/Pelvic Floor is being treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health
Pelvis/Hip request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The reapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; The Pelvis/Pelvic Floor is being treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation; in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; tower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip seas selected as the first body type/region; Lower Extremity/Hip seas selected as the first body type/region; Lower Extremity/Hip seas selected to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; The enablitation or Occupational therapy was selected; The manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health
anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Pelvis/Pelvic Floor is being treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cancer.; The rehabilitation is NOT related to a diagnosi or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or or Occupational therapy was selected; Physical or or Occupational therapy was selected; Physical or or or Occupational therapy was selected; The health
visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; The Pelvis/Pelvic Floor is being treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Ph
Starting; Requestor is not a fax; The hip is beingn treated.; The Pelvis/Pelvic Floor is being treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation best describes the patient's presentation; Including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Ph
treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation best describes the patient's presentation in the ability to perform Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Nagellan does not manage chiropractic but does 97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health
loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation:; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does 97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health
patient's presentation best describes the patient's presentation:; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does 97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health
Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health
functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does 97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health
the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does 97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health
Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does 97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health
Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does 97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health
related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does 97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health
Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does 97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health
therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does 97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health
Occupational therapy was selected; Magellan does not manage chiropractic but does 97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health
97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health
* * * * * * * * * * * * * * * * * * * *
4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical Apr
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested 1 2023 202
Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First
Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second
pass is Hip/Pelvic; 06/13/2023; No patient history in the past 90 days; Evaluation dates less
than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part;
Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your
Pelvis/Hip request: ; Questions about your Pelvis/Hip request: ; Three or more visits
anticipated; The anticipated number of visits is other than 2.; The anticipated number of
visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass
Starting; Requestor is not a fax; The hip is beingn treated.; The hip is beingn treated.; Severe
objective and functional deficits: constant intense symptoms with severe loss of range of
motion, strength, or ability to perform daily tasks best describes the patient's presentation
best describes the patient's presentation:; Severe objective and functional deficits: constant
intense symptoms with severe loss of range of motion, strength, or ability to perform daily
tasks best describes the patient's presentation best describes the patient's presentation:;
Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip
selected as the second body type/region; Physical Therapy; Speech Therapy was not
selected; The evaluation date is not in the future; The rehabilitation is NOT related to a
diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;
Physical or Occupational therapy was selected; Physical or Occupational therapy was
selected; Physical or Occupational therapy was selected; Physical or Occupational therapy
was selected; Magellan does not manage chiropractic but does manage speech therapy for
97116 Therapeutic procedure, 1 or the member's plan; Physical therapy was requested; The health carrier is NOT New
4/1/2023 - Physical more areas, each 15 minutes; gait Hampshire Healthy Families; Physical therapy was requested; Physical therapy was (20/2023 - 4/4/2023
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) requested 1 2023 202

Body Part passes complete; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Hip/Pelvis; O6/16/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Questions about your Pelvis/Hip request:; Three or more visits anticipated; The articipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The articipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; The Pelvis/Pelvic Floor is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy, Speech Therapy was not selected; The evaluation date is not
pass is Hip/Pelvic; 06/16/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Hip/Pelvis Pelvis/Pilp request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; The Pelvis/Pelvic Floor is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body
than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Questions about your Pelvis/Hip request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; The Pelvis/Pelvic Floor is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body
Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The rapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; The Pelvis/Pelvic Floor is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body
Pelvis/Hip request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; The Pelvis/Pelvic Floor is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body
anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; The Pelvis/Pelvic Floor is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body
visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; The Pelvis/Pelvic Floor is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body
Starting; Requestor is not a fax; The hip is beingn treated.; The Pelvis/Pelvic Floor is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform duily tasks best describes the patient's presentation obst describes th; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body
treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body
that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body
to perform daily tasks best describes the patient's presentation best describes th; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body
patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body
impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body
pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body
selected as the first body type/region; Lower Extremity/Hip selected as the second body
type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not
in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is
NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;
Physical or Occupational therapy was selected; Physical or Occupational therapy was
selected; Physical or Occupational therapy was selected; Magellan does not manage
97116 Therapeutic procedure, 1 or chiropractic but does manage speech therapy for the member's plan; Physical therapy was
4/1/2023 - Physical more areas, each 15 minutes; gait requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) requested; Physical therapy was requested 1 2023
Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First
Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second
pass is Hip/Pelvic; 06/22/2023; No patient history in the past 90 days; Evaluation dates less
than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part;
Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your
Pelvis/Hip request: ; Questions about your Pelvis/Hip request: ; Three or more visits
anticipated; The anticipated number of visits is other than 2.; The anticipated number of
visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass
Starting; Requestor is not a fax; The hip is beingn treated.; The hip is beingn treated.; Severe
objective and functional deficits: constant intense symptoms with severe loss of range of
motion, strength, or ability to perform daily tasks best describes the patient's presentation
best describes the patient's presentation:; Severe objective and functional deficits: constant
intense symptoms with severe loss of range of motion, strength, or ability to perform daily
tasks best describes the patient's presentation best describes the patient's presentation:
Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip
selected as the second body type/region; Physical Therapy: Speech Therapy was not
Selected as the second body type/region, Physical Therapy, speech therapy was not
selected; The evaluation date is not in the future; The rehabilitation is NOT related to a
selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;
selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was
selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy
selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy wa
selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy w
selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy wa

					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second	
					pass is Hip/Pelvic; 06/23/2023; No patient history in the past 90 days; Evaluation dates less	
					than 90 days in the past; Surgical; 06/21/2023; Post-Op; Hip/Pelvis selected as the specific	
					body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions	
					about your Pelvis/Hip request: ; Questions about your Pelvis/Hip request: ; Three or more	
					visits anticipated; The anticipated number of visits is other than 2.; The anticipated number	
					of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second	
					Pass Starting; Requestor is not a fax; The hip is beingn treated.; The hip is beingn treated.;	
					Mild objective and functional deficits: sporadic symptoms with minimal loss of range of	
					motion, strength, or ability to perform daily tasks best describes the patient's presentation	
					best describes the patient's presentation:; Severe objective and functional deficits: constant	
					intense symptoms with severe loss of range of motion, strength, or ability to perform daily	
					tasks best describes the patient's presentation best describes the patient's presentation:;	
					Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip	
					selected as the second body type/region; Physical Therapy; Speech Therapy was not	
					selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation	
					is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
					Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
				97116 Therapeutic procedure, 1 or	does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested; Physical therapy was requested	1 2023 2023
					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second	
					pass is Hip/Pelvic; Hip/Pelvis selected as the specific body part; Hip/Pelvis selected as the	
					specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
					Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.;	
					The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions	
					The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; The hip is beingn treated.;	
					The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; The hip is beingn treated.; The hip is beingn treated.; Severe objective and functional deficits: constant intense	
					The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; The hip is beingn treated.; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks	
					The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; The hip is beingn treated.; The hip is beingn treated.; Severe objective and functional deficits: constant intense	
					The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; The hip is beingn treated.; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation:; Severe	
					The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; The hip is beingn treated.; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation:; Severe objective and functional deficits: constant intense symptoms with severe loss of range of	
					The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; The hip is beingn treated.; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation:; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation	
					The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; The hip is beingn treated.; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation:	
					The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; The hip is beingn treated.; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Three or	
					The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; The hip is beingn treated.; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation:; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more	
				97116 Therapeutic procedure, 1 or	The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; The hip is beingn treated.; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation:; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation best describes the patient's presentation: Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ;	
4/1/2023 -		Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes, gait	The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; The hip is beingn treated.; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation:; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation best describes the patient's presentation:; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request:; Physical or Occupational therapy was selected; Physical or Occupational therapy was	Apr-Ju n

Body Part passes complete, Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hij/Pelvis; Body Part for second pass is Hij/Pelvis; Body Part pass complete; Cuestions about your Pelvis/Hij prequest; ; Questions about your Pelvis/Hij prequest; ; The anticipated number of visits is other than 2; The anticipated number of visits is other than 2; Two Body Parts selected; Second Pass Starting; The Pelvis/Pelvic Floor is being treated. The patient has Pelvic Floor is being treated. The patient has Pelvic Floor psyfunction, including bowel or bladder; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hij was selected as the first body type/region; Lower Extremity/Hij selected as the first body type/region; Lower Extremity/Hij selected as the first body type/region; Lower Extremity/Hij selected as the first body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; 4/1/2023 - Physical Physical or Start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical or Occupational therapy was requested; Physical or Pass is Knee; 4/5/2023, No patient history in the past 90 days; Stellation dates less than 90 days in the past, Non-Surgical, Hij/Pelvis selected as the second body type fregion; Lover form Body Part selection; First the specific body part, Body Part past so complete; selected as the specific body part, Body Part past so complete; could not knee
pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Hip/Pelvis selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; Causard in about your Pelvis/Hip request; The anticipated number of visits is other than 2; The anticipated number of visits is other than 2; The anticipated number of visits is other than 2.] The anticipated number of visits is other than 2.] The patient has Pelvis/Pelvic Floor is being treated.; The Pelvis/Pelvic Floor is being treated.; The pelvis/Pelvic Floor is being treated.; The patient has Pelvis floor Dysfunction, including bowel or bladder; The patient has Pelvis floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Wild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip was selected; The previous auth data anticipated; This is not a gold-card auth; Questions about the subsequent request; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical Apr-Jun 4/12023 6/30/2023 Medicine Aproval training (includes stair climbing) therapy
specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Pelvis/Hip request: ; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated pass of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated of visits is ontation, incontinent or pelvis of period of the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Nild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Nild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Nild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ p
Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; The Pelvis/Pelvis Floor is being treated;; The patient has Pelvic Floor Dysfunction, including bowel or bladder; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request; Physical or Occupational therapp was selected; Physical or Occupational therapp was requested; Physi
The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; The Pelvis/Pelvic Floor is being treated.; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; There or more visits anticipated; The previous auth did not address any body part; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data 4/1/2023 - Physical more areas, each 15 minutes; gait retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical or Physical therapy was requested. Physical therapy was requested. Physical pass second pass is Knee; 4/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part, Knee selected as
Starting; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip was selected as the first body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; The previous auth did not address any body parts; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical that data retrieved, type of habilitative; Physical therapy was requested; Physical body Part for first pass is Hip/Pelvis; Body Part for second pass is Knee; 4/5/2023; No patent history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Knee selected as
The patient has Pelvic Floor Dysfunction, including bowel or bladder; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Lower Extremity/Hip selected as the first body typ
Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip was selected as the second body type/region; Lower Extremity/Hip selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data anticipated; Physical therapy was requested; Physical therapy wa
perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip was selected as the second body type/region; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data 4/1/2023 - Physical more areas, each 15 minutes; gait retrieved, type of habilitative; Physical therapy was requested; Phy
describes the patient's presentation; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data 4/1/2023 - Physical more areas, each 15 minutes; gait retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical training (includes stair climbing) 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) 4/1/2023 Ferror Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Knee; 4/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as
functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The ### 1/2023 - Physical more areas, each 15 minutes; gait retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical ### 2023 2023 ### 2023
the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The 97116 Therapeutic procedure, 1 or member's plan does not require the collection of start and end dates; Previous auth data 4/1/2023 - Physical more areas, each 15 minutes; gait retrieved, type of habilitative; Physical therapy was requested; Physical therapy
Lower Extremity/Hip selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The 97116 Therapeutic procedure, 1 or member's plan does not require the collection of start and end dates; Previous auth data 4/1/2023 - Physical more areas, each 15 minutes; gait retrieved, type of habilitative; Physical therapy was requested; Physical training (includes stair climbing) therapy was requested 2 2023 2023 Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Knee; 4/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as
anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data 4/1/2023 - Physical more areas, each 15 minutes; gait retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical training (includes stair climbing) therapy was requested 2 2023 2023 Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Knee; 4/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Knee selected as
anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data 4/1/2023 - Physical more areas, each 15 minutes; gait retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical Physical therapy was requested; Physical therapy was request
or Occupational therapy was selected; Physical or Occupational therapy was selected; The 97116 Therapeutic procedure, 1 or member's plan does not require the collection of start and end dates; Previous auth data 4/1/2023 - Physical more areas, each 15 minutes; gait retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical Physical training (includes stair climbing) therapy was requested 2 2023 2023 Body Part perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Knee; 4/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Knee selected as
97116 Therapeutic procedure, 1 or member's plan does not require the collection of start and end dates; Previous auth data 4/1/2023 - Physical more areas, each 15 minutes; gait retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical training (includes stair climbing) therapy was requested 2 2023 2023 Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Knee; 4/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Knee selected as
4/1/2023 - Physical more areas, each 15 minutes; gait retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested 2 2023 2023 Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Knee; 4/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Knee; 4/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Knee selected as
Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Knee; 4/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Knee selected as
Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Knee; 4/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Knee selected as
pass is Knee; 4/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Knee selected as
days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Knee selected as
the specific hody part: Body Part pass complete: Questions about your Knee request:
the speame sout party sout it has completely adestrone about your wheel requestry
Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated
number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-
Surgical; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was
selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip
is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or
symptoms that are intensified with activity with moderate loss of range of motion, strength,
or ability to perform daily tasks best describes the patient's presentation best describes th;
Severe objective and functional deficits: constant intense symptoms with severe loss of
range of motion, strength, or ability to perform daily tasks best describes the patient's
clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower
Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy
was not selected; The evaluation date is not in the future; The rehabilitation is NOT related
to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;
Physical or Occupational therapy was selected; Physical or Occupational therapy was
selected; Physical or Occupational therapy was selected; Physical or Occupational therapy
was selected; Magellan does not manage chiropractic but does manage speech therapy for
97116 Therapeutic procedure, 1 or the member's plan; Physical therapy was requested; The health carrier is NOT New
4/1/2023 - Physical more areas, each 15 minutes; gait Hampshire Healthy Families; Physical therapy was requested; Physical therapy was Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) requested 1 2023 2023

					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second	
					pass is Knee; 04/20/2023; No patient history in the past 90 days; Evaluation dates less than	
					90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Knee selected	
					as the specific body part; Body Part pass complete; Questions about your Knee request: ;	
					Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated	
					number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-	
					Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting;	
					Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits:	
					constant symptoms and/or symptoms that are intensified with activity with moderate loss of	
					range of motion, strength, or ability to perform daily tasks best describes the patient's	
					presentation best describes th; Mild objective and functional deficits: sporadic symptoms	
					with minimal loss of range of motion, strength, or ability to perform daily tasks best	
					describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first	
					body type/region; Lower Extremity/Hip selected as the second body type/region; Physical	
					Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
					rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
					diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
					or Occupational therapy was selected; Magellan does not manage chiropractic but does	
				97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
1/2023 -		Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jui
30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second	
					pass is Knee; 4/24/2023; No patient history in the past 90 days; Evaluation dates less than 90	
					days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Knee selected as	
					the specific body part; Body Part pass complete; Questions about your Knee request: ;	
					Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated	
					number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-	
					Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting;	
					Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits:	
					constant symptoms and/or symptoms that are intensified with activity with moderate loss of	
					range of motion, strength, or ability to perform daily tasks best describes the patient's	
					presentation best describes th; Moderate objective and functional deficits: constant	
					symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical	
					presentation; Lower Extremity/Hip was selected as the first body type/region; Lower	
					Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related	
					to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
					selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
				97116 Therapeutic procedure, 1 or	was selected; Magellan does not manage chiropractic but does manage speech therapy for	
/1 /2022		Dhysical			the member's plan; Physical therapy was requested; The health carrier is NOT New	A
/1/2023 -	4/1/2022	Physical 6/20/2022 Modising	Approval	more areas, each 15 minutes; gait	Hampshire Healthy Families; Physical therapy was requested; Physical therapy was	Apr-Jur 1 2023 2023
/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	requested	1 2023 2023

Body Part passes complete; Perform Body Part selection; Perform Body Part selection	
Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for sec	
pass is Knee; 05/15/2023; No patient history in the past 90 days; Evaluation dates le	
90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Knee	
as the specific body part; Body Part pass complete; Questions about your Knee reque	
Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The antic	•
number of visits is other than 2.; The anticipated number of visits is other than 2.; No	on-
Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Startir	ıg;
Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional	deficits:
constant symptoms and/or symptoms that are intensified with activity with moderat	e loss of
range of motion, strength, or ability to perform daily tasks best describes the patient	t's
presentation best describes th; Moderate objective and functional deficits: constant	
symptoms and/or symptoms that are intensified with activity with moderate loss of	range of
motion, strength, or ability to perform daily tasks best describes the patient's clinical	l
presentation; Lower Extremity/Hip was selected as the first body type/region; Lower	
Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Th	erapy
was not selected; The evaluation date is not in the future; The rehabilitation is NOT r	elated
to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphed	iema.;
Physical or Occupational therapy was selected; Physical or Occupational therapy was	<u>.</u>
selected; Physical or Occupational therapy was selected; Physical or Occupational th	erapy
was selected; Magellan does not manage chiropractic but does manage speech there	apy for
97116 Therapeutic procedure, 1 or the member's plan; Physical therapy was requested; The health carrier is NOT New	
4/1/2023 - Physical more areas, each 15 minutes; gait Hampshire Healthy Families; Physical therapy was requested; Physical therapy was	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) requested	1 2023 2023
Body Part passes complete; Perform Body Part selection; Perform Body Part selection	
Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for sec	
pass is Knee; 6/13/2023; No patient history in the past 90 days; Evaluation dates less	
days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Knee sel	
the specific body part; Body Part pass complete; Questions about your Knee request	
Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The antic	cipated
number of visits is other than 2.; The anticipated number of visits is other than 2.; No	on-
Surgical; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions wa	ıs
selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; 1	īhe hip
is beingn treated.; Severe objective and functional deficits: constant intense sympton	ms with
severe loss of range of motion, strength, or ability to perform daily tasks best describ	oes the
patient's presentation best describes the patient's presentation:; Severe objective an	ıd
functional deficits: constant intense symptoms with severe loss of range of motion, s	strength,
or ability to perform daily tasks best describes the patient's clinical presentation; Lov	ver
Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip select	ted as
the second body type/region; Physical Therapy; Speech Therapy was not selected; Th	ne
evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis o	of
cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	r
Occupational therapy was selected; Physical or Occupational therapy was selected; P	
or Occupational therapy was selected, Physical or Occupational therapy was selected	·
97116 Therapeutic procedure, 1 or Magellan does not manage chiropractic but does manage speech therapy for the me	
	Ithy Anr-lun
4/1/2023 - Physical More areas, each 15 minutes; gait plan; Physical therapy was requested; The health carrier is NOT New Hampshire Heal 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Families; Physical therapy was requested; Physical therapy was requested the same of the health carrier is NOT New Hampshire Heal for the health carrier is NOT New Hampshire Health carrier is NOT New	1 2023 2023

					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second	
					pass is Knee; 06/20/2023; No patient history in the past 90 days; Evaluation dates less than	
					90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Knee selected	
					as the specific body part; Body Part pass complete; Questions about your Knee request: ;	
					Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated	
					number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-	
					Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting;	
					Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits:	
					constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's	
					presentation:; Severe objective and functional deficits: constant intense symptoms with	
					severe loss of range of motion, strength, or ability to perform daily tasks best describes the	
					patient's clinical presentation; Lower Extremity/Hip was selected as the first body	
					type/region; Lower Extremity/Hip selected as the second body type/region; Physical	
					Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
					rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
					diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
					or Occupational therapy was selected; Magellan does not manage chiropractic but does	
				97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jur
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second	
					pass is Knee; 6/21/2023; No patient history in the past 90 days; Evaluation dates less than 90	
					days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Knee selected as	
					the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated	
					number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-	
					Surgical; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was	
					selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip	
					is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or	
					symptoms that are intensified with activity with moderate loss of range of motion, strength,	
					or ability to perform daily tasks best describes the patient's presentation best describes th;	
					Moderate objective and functional deficits: constant symptoms and/or symptoms that are	
					intensified with activity with moderate loss of range of motion, strength, or ability to	
					perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip	
					was selected as the first body type/region; Lower Extremity/Hip selected as the second body	
					type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
					in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
					NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
					NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				97116 Therapeutic procedure, 1 or	Physical or Occupational therapy was selected; Physical or Occupational therapy was	
4/1/2023 -		Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage	Apr-Ju r

					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second	
					pass is Knee; 6/22/2023; No patient history in the past 90 days; Evaluation dates less than 90	
					days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Knee selected as	
					the specific body part; Body Part pass complete; Questions about your Knee request: ;	
					Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated	
					number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-	
					Surgical; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was	
					selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip	
					is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or	
					symptoms that are intensified with activity with moderate loss of range of motion, strength,	
					or ability to perform daily tasks best describes the patient's presentation best describes th;	
					Moderate objective and functional deficits: constant symptoms and/or symptoms that are	
					intensified with activity with moderate loss of range of motion, strength, or ability to	
					perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip	
					was selected as the first body type/region; Lower Extremity/Hip selected as the second body	
					type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
					in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
					NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
					selected; Physical or Occupational therapy was selected; Magellan does not manage	
				97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical therapy was	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Apr-Jun
5/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	requested; Physical therapy was requested	1 2023 2023
					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second	
					pass is Lumbar Spine; 4/5/2023; No patient history in the past 90 days; Evaluation dates less	
					than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar	
					Spine selected as the specific body part; Body Part pass complete; Questions about your	
					Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	
					anticipated; The anticipated number of visits is other than 2.; The anticipated number of	
					visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body	
					Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a	
					fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense	
					symptoms with severe loss of range of motion, strength, or ability to perform daily tasks	
					best describes the patient's presentation best describes the patient's presentation:; Mild or	
					moderate functional deficits due to lumbopelvic impairments with distal symptoms best	
					describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first	
					body type/region; Spine/Chest selected as the second body type/region; Physical Therapy;	
					Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
					is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
					Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Magellan does not manage chiropractic but does	
				97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
5/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023

					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second	
					pass is Lumbar Spine; 4/5/2023; No patient history in the past 90 days; Evaluation dates less	
					than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar	
					Spine selected as the specific body part; Body Part pass complete; Questions about your	
					Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	
					anticipated; The anticipated number of visits is other than 2.; The anticipated number of	
					visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body	
					Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a	
					fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense	
					symptoms with severe loss of range of motion, strength, or ability to perform daily tasks	
					best describes the patient's presentation best describes the patient's presentation:; Severe	
					functional deficits due to lumbopelvic impairments with or without distal symptoms best	
					describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first	
					body type/region; Spine/Chest selected as the second body type/region; Physical Therapy;	
					Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
					is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
					Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Magellan does not manage chiropractic but does	
				97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second	
					pass is Lumbar Spine; 4/5/2023; No patient history in the past 90 days; Evaluation dates less	
					than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar	
					Spine selected as the specific body part; Body Part pass complete; Questions about your	
					Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	
					anticipated; The anticipated number of visits is other than 2.; The anticipated number of	
					visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass	
					Starting; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional	
					deficits: constant intense symptoms with severe loss of range of motion, strength, or ability	
					to perform daily tasks best describes the patient's presentation best describes the patient's	
					presentation:; Severe functional deficits due to lumbopelvic impairments with or without	
					distal symptoms best describes the patient's clinical presentation; Lower Extremity/Hip was	
					selected as the first body type/region; Spine/Chest selected as the second body type/region;	
					Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
					The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
					to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
					or Occupational therapy was selected; Magellan does not manage chiropractic but does	
1				97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023

				Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
				Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second	
				pass is Lumbar Spine; 04/06/2023; No patient history in the past 90 days; Evaluation dates	
				less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part;	
				Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about	
				your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	
				anticipated; The anticipated number of visits is other than 2.; The anticipated number of	
				visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body	
				Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a	
				fax; The hip is beingn treated.; Moderate objective and functional deficits: constant	
				symptoms and/or symptoms that are intensified with activity with moderate loss of range of	
				motion, strength, or ability to perform daily tasks best describes the patient's presentation	
				best describes th; Mild or moderate functional deficits due to lumbopelvic impairments	
				without distal symptom best describes the patient's clinical presentation; Lower	
				Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second	
				body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is	
				not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The	
				rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
				therapy was selected; Physical or Occupational therapy was selected; Physical or	
				Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
			97116 Therapeutic procedure, 1 or	does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested; Physical therapy was requested	1 2023 2023
				Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
				Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second	
				pass is Lumbar Spine; 4/7/2023; No patient history in the past 90 days; Evaluation dates less	
				than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar	
				Spine selected as the specific body part; Body Part pass complete; Questions about your	
				Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	
				anticipated; The anticipated number of visits is other than 2.; The anticipated number of	
				visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body	
				Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a	
				fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense	
				symptoms with severe loss of range of motion, strength, or ability to perform daily tasks	
				best describes the patient's presentation best describes the patient's presentation:; Severe	
				functional deficits due to lumbopelvic impairments with or without distal symptoms best	
				describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first	
				body type/region; Spine/Chest selected as the second body type/region; Physical Therapy;	
				Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
				is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
				Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
				therapy was selected; Physical or Occupational therapy was selected; Physical or	
				Occupational therapy was selected; Magellan does not manage chiropractic but does	
			97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
			5. 01		

					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 04/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation:; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Lower Extremity/Hip was	
					selected as the first body type/region; Spine/Chest selected as the second body type/region;	
					Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
					The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
					or Occupational therapy was selected; Magellan does not manage chiropractic but does	
				97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; 04/18/2023; No patient history in the past 90 days; Evaluation dates	
					less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part;	
					Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about	
					your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	
					anticipated; The anticipated number of visits is other than 2.; The anticipated number of	
					visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass	
					Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and	
					functional deficits: constant symptoms and/or symptoms that are intensified with activity	
					with moderate loss of range of motion, strength, or ability to perform daily tasks best	
					describes the patient's presentation best describes th; Mild or moderate functional deficits	
					due to lumbopelvic impairments with distal symptoms best describes the patient's clinical	
					presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest	
					selected as the second body type/region; Physical Therapy; Speech Therapy was not	
					selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	
					diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	
					selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
					was selected; Magellan does not manage chiropractic but does manage speech therapy for	
				97116 Therapeutic procedure, 1 or	the member's plan; Physical therapy was requested; The health carrier is NOT New	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Hampshire Healthy Families; Physical therapy was requested; Physical therapy was	Apr-Jun
		,		, , , ,		

Body Part passes complete, Perform Body Part selection; Perform Body Part pass Second Pass check point; Body Part for first pass is Hip/Pelvis, Body pass is Lumbar Spine; 5/3/2023; No patient history in the past 90 days; Ev than 90 days in the past; Non-Surgical; Hip/Pelvis Body Part pass complete, Question Spine selected as the specific body part, Body Part pass complete, Question Pelvis/Hip request: , Questions about your Lumbar Spine request: ; Three-anticipated, The anticipated number of visits is other than 2.; The anticipated in Pelvis Part pass complete, Question Pelvis/Hip request: , Questions about your Lumbar Spine request: ; Three-anticipated in the past of visits is other than 2.; The anticipated visits is other than 3. Severe objective deficits: constant intense symptoms with severe loss of range of motion, so to perform daily tasks best describes the patient's presentation best describes the patient's presentation best describes the patient's presentation of the performance of the patient's distal symptoms best describes the patient's presentation of the performance of the patient's distal symptoms best describes the patient's presentation of the performance of the patient of the patient's distal symptoms best describes the patient's presentation of the performance of the patient's distal symptoms best describes the patient's presentation of the patient's distal symptoms best describes the patient's presentation; described as the performance of the patient of	Part for second aluation dates less body part; Lumbar ns about your or more visits ted number of ted; Second Pass e and functional trength, or ability ibes the patient's with or without extremity/Hip was body type/region; e not in the future; on is NOT related cted; Physical actic but does ested; The health lested; Physical art for second aluation dates less body part; Lumbar ns about your or more visits ted number of ted; Second Pass ctive and ied with activity
	ied with activity y tasks best
lumbopelvic impairments with or without distal symptoms best describes clinical presentation; Lower Extremity/Hip was selected as the first body to Spine/Chest selected as the second body type/region; Physical Therapy; S	/pe/region;
not selected; The evaluation date is not in the future; The rehabilitation is	
diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lyr Physical or Occupational therapy was selected; Physical or Occupational th	,
selected; Physical or Occupational therapy was selected; Physical or Occ	. ,
was selected; Magellan does not manage chiropractic but does manage sp	eech therapy for
97116 Therapeutic procedure, 1 or the member's plan; Physical therapy was requested; The health carrier is N	
4/1/2023 - Physical more areas, each 15 minutes; gait Hampshire Healthy Families; Physical therapy was requested; Physical the Families; Physical therapy was requested; Physical therapy was	.,
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) requested	1 2023 2023

			Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
			Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second	
			pass is Lumbar Spine; 5/9/2023; No patient history in the past 90 days; Evaluation dates less	
			than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar	
			Spine selected as the specific body part; Body Part pass complete; Questions about your	
			Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	
			anticipated; The anticipated number of visits is other than 2.; The anticipated number of	
			visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass	
			Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and	
			functional deficits: constant symptoms and/or symptoms that are intensified with activity	
			with moderate loss of range of motion, strength, or ability to perform daily tasks best	
			describes the patient's presentation best describes th; Mild or moderate functional deficits	
			due to lumbopelvic impairments with distal symptoms best describes the patient's clinical	
			presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest	
			selected as the second body type/region; Physical Therapy; Speech Therapy was not	
			selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	
			diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
			Physical or Occupational therapy was selected; Physical or Occupational therapy was	
			selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
			was selected; Magellan does not manage chiropractic but does manage speech therapy for	
		97116 Therapeutic procedure, 1 or	the member's plan; Physical therapy was requested; The health carrier is NOT New	
4/1/2023 -	Physical	more areas, each 15 minutes; gait	Hampshire Healthy Families; Physical therapy was requested; Physical therapy was	Apr-Jun
6/30/2023 4/1/2023 6/30/2023	3 Medicine Approval	training (includes stair climbing)	requested	1 2023 2023
			Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
			Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second	
			pass is Lumbar Spine; 05/11/2023; No patient history in the past 90 days; Evaluation dates	
			less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part;	
			Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about	
			your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	
			anticipated; The anticipated number of visits is other than 2.; The anticipated number of	
			visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass	
			Starting; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has	
			Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the	
			ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse	
			best describes the patient's presentation; Mild or moderate functional deficits due to	
			lumbopelvic impairments without distal symptom best describes the patient's clinical	
			presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest	
			selected as the second body type/region; Physical Therapy; Speech Therapy was not	
			selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	
			diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
			Physical or Occupational therapy was selected; Physical or Occupational therapy was	
			selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
			was selected; Magellan does not manage chiropractic but does manage speech therapy for	
		97116 Therapeutic procedure, 1 or	the member's plan; Physical therapy was requested; The health carrier is NOT New	
4/1/2023 -	Physical	more areas, each 15 minutes; gait	Hampshire Healthy Families; Physical therapy was requested; Physical therapy was	Apr-Jun
1 * *	3 Medicine Approval	training (includes stair climbing)	requested	1 2023 2023
0/30/2023 4/1/2023 0/30/2023	Wiedicilie Approval	training (merades stail climbing)	requested	1 2023 2023

		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
		Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second	
		pass is Lumbar Spine; 5/12/2023; No patient history in the past 90 days; Evaluation dates	
		less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part;	
		Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about	
		your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	
		anticipated; The anticipated number of visits is other than 2.; The anticipated number of	
		visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass	
		Starting; Requestor is not a fax; The hip is beingn treated.; Mild objective and functional	
		deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to	
		perform daily tasks best describes the patient's presentation best describes the patient's	
		presentation:; Mild or moderate functional deficits due to lumbopelvic impairments without	
		distal symptom best describes the patient's clinical presentation; Lower Extremity/Hip was	
		selected as the first body type/region; Spine/Chest selected as the second body type/region;	
		Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
		The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
		to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
		Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
		or Occupational therapy was selected; Magellan does not manage chiropractic but does	
	97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 - Physical	more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
		Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second	
		pass is Lumbar Spine; 5/15/2023; No patient history in the past 90 days; Evaluation dates	
		less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part;	
		Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about	
		your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	
		anticipated; The anticipated number of visits is other than 2.; The anticipated number of	
		visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass	
		Starting; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional	
		deficits: constant intense symptoms with severe loss of range of motion, strength, or ability	
		to perform daily tasks best describes the patient's presentation best describes the patient's	
		presentation:; Severe functional deficits due to lumbopelvic impairments with or without	
		distal symptoms best describes the patient's clinical presentation; Lower Extremity/Hip was	
		selected as the first body type/region; Spine/Chest selected as the second body type/region;	
		Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
		The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
		to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
		Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
		or Occupational therapy was selected; Physical or Occupational therapy w	
	97116 Thorapoutic procedure 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 - Physical	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr.lup
	· · · · · · · · · · · · · · · · · · ·		Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval	training (includes stair climbing)	therapy was requested	1 2023 2023

			Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
			Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second	
			pass is Lumbar Spine; 05/18/2023; No patient history in the past 90 days; Evaluation dates	
			less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part;	
			Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about	
			your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	
			anticipated; The anticipated number of visits is other than 2.; The anticipated number of	
			visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body	
			Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a	
			fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction,	
			including bowel or bladder; Mild to moderate impairment in the ability to perform	
			functional tasks due to constipation, incontinence or pelvic organ prolapse best describes	
			the patient's presentation; Mild or moderate functional deficits due to lumbopelvic	
			impairments with distal symptoms best describes the patient's clinical presentation; Lower	
			Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second	
			body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is	
			not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The	
			rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
			therapy was selected; Physical or Occupational therapy was selected; Physical or	
			Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
		97116 Therapeutic procedure, 1 or	does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 -	Physical	more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023 4/1/2023 6/30/20	23 Medicine Approval	training (includes stair climbing)	Physical therapy was requested; Physical therapy was requested	1 2023 2023
			Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
			Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second	
			pass is Lumbar Spine; 5/22/2023; No patient history in the past 90 days; Evaluation dates	
			less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part;	
			Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about	
			your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	
			anticipated; The anticipated number of visits is other than 2.; The anticipated number of	
			visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass	
			Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and	
			functional deficits: constant symptoms and/or symptoms that are intensified with activity	
			with moderate loss of range of motion, strength, or ability to perform daily tasks best	
			describes the patient's presentation best describes th; Mild or moderate functional deficits	
			due to lumbopelvic impairments with distal symptoms best describes the patient's clinical	
			presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest	
			selected as the second body type/region; Physical Therapy; Speech Therapy was not	
			selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	
			diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
			Physical or Occupational therapy was selected; Physical or Occupational therapy was	
			selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
			was selected; Magellan does not manage chiropractic but does manage speech therapy for	
		97116 Therapeutic procedure, 1 or	the member's plan; Physical therapy was requested; The health carrier is NOT New	
4/1/2023 -	Physical	more areas, each 15 minutes; gait	Hampshire Healthy Families; Physical therapy was requested; Physical therapy was	Apr-Jun
6/30/2023 4/1/2023 6/30/20	23 Medicine Approval	training (includes stair climbing)	requested	1 2023 2023
.,,			- 4	

					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second	
					pass is Lumbar Spine; 5/23/2023; No patient history in the past 90 days; Evaluation dates	
					less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part;	
					Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about	
					your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	
					anticipated; The anticipated number of visits is other than 2.; The anticipated number of	
					visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass	
					Starting; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional	
					deficits: constant intense symptoms with severe loss of range of motion, strength, or ability	
					to perform daily tasks best describes the patient's presentation best describes the patient's	
					presentation:; Severe functional deficits due to lumbopelvic impairments with or without	
					distal symptoms best describes the patient's clinical presentation; Lower Extremity/Hip was	
					selected as the first body type/region; Spine/Chest selected as the second body type/region;	
					Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
					The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
					to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
					or Occupational therapy was selected; Magellan does not manage chiropractic but does	
				97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second	
					pass is Lumbar Spine; 5/23/2023; No patient history in the past 90 days; Evaluation dates	
					less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part;	
					Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about	
					your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	
					anticipated; The anticipated number of visits is other than 2.; The anticipated number of	
					visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass	
					Starting; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has	
					Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to	
					perform functional tasks due to constipation, incontinence or pelvic organ prolapse best	
					describes the patient's presentation; Mild or moderate functional deficits due to	
					lumbopelvic impairments without distal symptom best describes the patient's clinical	
					presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest	
					selected as the second body type/region; Physical Therapy; Speech Therapy was not	
					selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	
					diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
					selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
					was selected; Magellan does not manage chiropractic but does manage speech therapy for	
				97116 Therapeutic procedure, 1 or	the member's plan; Physical therapy was requested; The health carrier is NOT New	
1		Physical		more areas, each 15 minutes; gait	Hampshire Healthy Families; Physical therapy was requested; Physical therapy was	Apr-Jun
4/1/2023 -		,				

				Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
				Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second	
				pass is Lumbar Spine; 05/25/2023; No patient history in the past 90 days; Evaluation dates	
				less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part;	
				Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about	
				your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	
				anticipated; The anticipated number of visits is other than 2.; The anticipated number of	
				visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass	
				Starting; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has	
				Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the	
				ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse	
				best describes the patient's presentation; Mild or moderate functional deficits due to	
				lumbopelvic impairments without distal symptom best describes the patient's clinical	
				presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest	
				selected as the second body type/region; Physical Therapy; Speech Therapy was not	
				selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	
				diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
				was selected; Magellan does not manage chiropractic but does manage speech therapy for	
			97116 Therapeutic procedure, 1 or	the member's plan; Physical therapy was requested; The health carrier is NOT New	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	Hampshire Healthy Families; Physical therapy was requested; Physical therapy was	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	requested	1 2023 2023
				Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
				Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second	
				pass is Lumbar Spine; 5/30/2023; No patient history in the past 90 days; Evaluation dates	
				less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part;	
				Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about	
				your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	
				anticipated; The anticipated number of visits is other than 2.; The anticipated number of	
				visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass	
				Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and	
				functional deficits: constant symptoms and/or symptoms that are intensified with activity	
				with moderate loss of range of motion, strength, or ability to perform daily tasks best	
				describes the patient's presentation best describes th; Mild or moderate functional deficits	
				due to lumbopelvic impairments with distal symptoms best describes the patient's clinical	
				presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest	
				selected as the second body type/region; Physical Therapy; Speech Therapy was not	
				selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	
				diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
				was selected; Magellan does not manage chiropractic but does manage speech therapy for	
			97116 Therapeutic procedure, 1 or	the member's plan; Physical therapy was requested; The health carrier is NOT New	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	Hampshire Healthy Families; Physical therapy was requested; Physical therapy was	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	requested	1 2023 2023
			•		

		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
		Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second	
		pass is Lumbar Spine; 6/14/2023; No patient history in the past 90 days; Evaluation dates	
		less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part;	
		Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about	
		your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	
		anticipated; The anticipated number of visits is other than 2.; The anticipated number of	
		visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass	
		Starting; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has	
		Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the	
		ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse	
		best describes the patient's presentation; Severe functional deficits due to lumbopelvic	
		impairments with or without distal symptoms best describes the patient's clinical	
		presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest	
		selected as the second body type/region; Physical Therapy; Speech Therapy was not	
		selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	
		diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
		Physical or Occupational therapy was selected; Physical or Occupational therapy was	
		selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
		was selected; Magellan does not manage chiropractic but does manage speech therapy for	
	97116 Therapeutic procedure, 1 or	the member's plan; Physical therapy was requested; The health carrier is NOT New	
4/1/2023 - Physical	more areas, each 15 minutes; gait	Hampshire Healthy Families; Physical therapy was requested; Physical therapy was	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval	training (includes stair climbing)	requested	1 2023 2023
		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
		Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second	
		pass is Lumbar Spine; 06/27/2023; No patient history in the past 90 days; Evaluation dates	
		less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part;	
		Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about	
		your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	
		anticipated; The anticipated number of visits is other than 2.; The anticipated number of	
		visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body	
		Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a	
		fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction,	
		including bowel or bladder; Mild to moderate impairment in the ability to perform	
		functional tasks due to constipation, incontinence or pelvic organ prolapse best describes	
		the patient's presentation; Mild or moderate functional deficits due to lumbopelvic	
		impairments with distal symptoms best describes the patient's clinical presentation; Lower	
		Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second	
		body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is	
		not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
		- · · · · · · · · · · · · · · · · · · ·	
		therapy was selected; Physical or Occupational therapy was selected; Physical or	
	07116 Thorapoutic procedure 1 or	Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
	97116 Therapeutic procedure, 1 or	does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2022 Physical	mana ayana ayah 15 minutay sait	Dhysical thereasy uses a supertail. The health session is NOT New Househire U Mr. Franklin	A 1
4/1/2023 - Physical 6/30/2023 4/1/2023 6/30/2023 Medicine Approval	more areas, each 15 minutes; gait training (includes stair climbing)	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	Apr-Jun 1 2023 2023

					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second	
					pass is not in options listed; 4/14/2023; No patient history in the past 90 days; Evaluation	
					dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body	
					part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about	
					your Lower Leg request: ; Questions about your Pelvis/Hip request: ; The anticipated number	
					of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is	
					other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was	
					selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip	
					is beingn treated.; Mild objective and functional deficits: sporadic symptoms with minimal	
					loss of range of motion, strength, or ability to perform daily tasks best describes the	
					patient's presentation best describes the patient's presentation:; Mild objective and	
					functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or	
					ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip	
					was selected as the first body type/region; Lower Extremity/Hip selected as the second body	
					type/region; Body Part for second pass is Lower Leg; Physical Therapy; Speech Therapy was	
					not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	
					diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
					selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
					was selected; Magellan does not manage chiropractic but does manage speech therapy for	
				97116 Therapeutic procedure, 1 or	the member's plan; Physical therapy was requested; The health carrier is NOT New	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Hampshire Healthy Families; Physical therapy was requested; Physical therapy was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	requested	1 2023 2023
					Dade Destruction Control Destruction Destruction Destruction Destruction Flori	
					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second	
					pass is not in options listed; 05/01/2023; No patient history in the past 90 days; Evaluation	
					dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body	
					part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about	
					your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits	
					is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than	
					2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2;	
					Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to	
					cervical impairments without distal symptoms best describes the patient's clinical	
					presentation; The hip is beingn treated.; Moderate objective and functional deficits:	
					constant symptoms and/or symptoms that are intensified with activity with moderate loss of	
					range of motion, strength, or ability to perform daily tasks best describes the patient's	
					presentation best describes th; Lower Extremity/Hip was selected as the first body	
					type/region; Head/Neck selected as the second body type/region; Body Part for second pass	
					is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
					in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
					NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
					selected; Physical or Occupational therapy was selected; Magellan does not manage	
				97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical therapy was	
4/1/2023 - 6/30/2023		Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	Apr-Jun 1 2023 2023

					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second	
					pass is not in options listed; 5/15/2023; No patient history in the past 90 days; Evaluation	
					dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body	
					part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about	
					your Lower Leg request: ; Questions about your Pelvis/Hip request: ; The anticipated number	
					of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is	
					other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting;	
					Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits:	
					constant symptoms and/or symptoms that are intensified with activity with moderate loss of	
					range of motion, strength, or ability to perform daily tasks best describes the patient's	
					presentation best describes th; Moderate objective and functional deficits: constant	
					symptoms and/or symptoms that are intensified with activity with moderate loss of range of	
					motion, strength, or ability to perform daily tasks best describes the patient presentation;	
					Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip	
					selected as the second body type/region; Body Part for second pass is Lower Leg; Physical	
					Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
					rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
					diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
					or Occupational therapy was selected; Magellan does not manage chiropractic but does	
				97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second	
					pass is not in options listed; 06/08/2023; No patient history in the past 90 days; Evaluation	
					dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body	
					part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about	
					your Lower Leg request: ; Questions about your Pelvis/Hip request: ; The anticipated number	
					of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is	
					other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip	
					is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or	
					symptoms that are intensified with activity with moderate loss of range of motion, strength,	
					or ability to perform daily tasks best describes the patient's presentation best describes th;	
					Moderate objective and functional deficits: constant symptoms and/or symptoms that are	
					intensified with activity with moderate loss of range of motion, strength, or ability to	
					perform daily tasks best describes the patient presentation; Lower Extremity/Hip was	
					selected as the first body type/region; Lower Extremity/Hip selected as the second body	
					type/region; Body Part for second pass is Lower Leg; Physical Therapy; Speech Therapy was	
					not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	
					diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
					selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
					was selected; Magellan does not manage chiropractic but does manage speech therapy for	
				97116 Therapeutic procedure, 1 or	the member's plan; Physical therapy was requested; The health carrier is NOT New	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Hampshire Healthy Families; Physical therapy was requested; Physical therapy was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	requested	1 2023 2023
	4/1/2023	•	Approval			1 20

Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is not in options listed; 6/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; There or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of	
Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is not in options listed; 6/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Severe	
pass is not in options listed; 6/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Severe	
dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Severe	
part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Severe	
visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Severe	
Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Severe	
the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Severe	
objective and functional deficits. Constant intense symptoms with severe loss of range of	
motion, strength, or ability to perform daily tasks best describes the patient's presentation	
best describes the patient's presentation: The requesting provider is other than Physical	
Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The	
anticipated number of visits is other than 2.; Lower Extremity/Hip was selected as the first	
body type/region; Gait, Balance and Falls was selected as the second body type/region; Body	
Part for second pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation data is not in the future. Physical Therapy was requested. The rehabilitation	
The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of capear. The rehabilitation is NOT related to a diagnosis of	
is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
therapy was selected; Physical or Occupational therapy was selected; Physical or	
97116 Therapeutic procedure, 1 or Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families; Physical therapy was requested 1 2023	023
Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second	
pass is not in options listed; 06/22/2023; No patient history in the past 90 days; Evaluation	
dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body	
part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about	
your Lower Leg request: ; Questions about your Pelvis/Hip request: ; The anticipated number	
of visits is other than 2.; Three or more visits anticipated, The anticipated number of visits is	
other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting;	
Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits:	
constant symptoms and/or symptoms that are intensified with activity with moderate loss of	
range of motion, strength, or ability to perform daily tasks best describes the patient's	
presentation best describes th; Moderate objective and functional deficits: constant	
symptoms and/or symptoms that are intensified with activity with moderate loss of range of	
motion, strength, or ability to perform daily tasks best describes the patient presentation;	
Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip	
selected as the second body type/region; Body Part for second pass is Lower Leg; Physical	
Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
Constitution to the relation to the relation to the relation of the relation to the relation t	
diagnosis of Lymphedema.: Physical or Occupational therapy was selected: Physical or	
diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: Physical	
Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does	
Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health	nr-lun
Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does	Apr-Jun

					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Shoulder; 4/5/2023; No patient history in the past 90 days; Evaluation dates less than	
					90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Shoulder	
					selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip	
					request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The	
					anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Non-Surgical;	
					The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions	
					was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The	
					hip is beingn treated.; Moderate objective and functional deficits: constant symptoms	
					and/or symptoms that are intensified with activity with moderate loss of range of motion,	
					strength, or ability to perform daily tasks best describes the patient's presentation best	
					describes th; Severe objective and functional deficits without instability: constant symptoms	
					and/or symptoms that are intensified with activity with moderate loss of range of motion,	
					strength, or ability to perform daily tasks best describes the patient's clinical pre; Lower	
					Extremity/Hip was selected as the first body type/region; Upper Extremity selected as the	
					second body type/region; Physical Therapy; Speech Therapy was not selected; The	
					evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
					cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
					or Occupational therapy was selected; Physical or Occupational therapy was selected;	
				97116 Therapeutic procedure, 1 or	Magellan does not manage chiropractic but does manage speech therapy for the member's	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Families; Physical therapy was requested; Physical therapy was requested	1 2023 2023
					Dady Doub access complete. Doubour Dady Doub coloation, Doubour Dady Doub coloation. First	
					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second	
					pass is Shoulder; 04/06/2023; No patient history in the past 90 days; Evaluation dates less	
					than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part;	
					Shoulder selected as the specific body part; Body Part pass complete; Questions about your	
					Pelvis/Hip request: ; Questions about your Shoulder request: ; Three or more visits	
					anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative;	
					Non-Surgical; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+	
					Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is	
					not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant	
					symptoms and/or symptoms that are intensified with activity with moderate loss of range of	
					motion, strength, or ability to perform daily tasks best describes the patient's presentation	
					best describes th; Mild or moderate objective and functional deficits with instability:	
					,,·,·,·,·,·,·,·,·,·,·	
					sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to	
					sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip	
					perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip	
					perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Upper Extremity selected as the second body	
					perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
					perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
					perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
				97116 Therapeutic procedure, 1 or	perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	
4/1/2023 -		Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage	Apr-Jun

		Dark Dark and a consistence Dark and Dark asked for Dark Dark Dark Dark Dark Dark Dark Dar	
		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
		Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second	
		pass is Shoulder; 4/25/2023; No patient history in the past 90 days; Evaluation dates less	
		than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part;	
		Shoulder selected as the specific body part; Body Part pass complete; Questions about your	
		Pelvis/Hip request: ; Questions about your Shoulder request: ; Three or more visits	
		anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative;	
		Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected;	
		Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Severe objective and	
		functional deficits: constant intense symptoms with severe loss of range of motion, strength,	
		or ability to perform daily tasks best describes the patient's presentation best describes the	
		patient's presentation;; Severe objective and functional deficits with instability; constant or	
		intense symptoms with severe loss of range of motion, strength, or ability to perform daily	
		tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as	
		the first body type/region; Upper Extremity selected as the second body type/region;	
		Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
		The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
		to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
		Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
		or Occupational therapy was selected; Physical or Occupational therapy was selected, Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does	
	0741C Therene tie procedure 1 or		
4/1/2023 - Physical	97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	Ame I.m
•	more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
		Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is	
		Elbow; 6/30/2023; No patient history in the past 90 days; Evaluation dates less than 90 days	
		in the past; Non-Surgical; Knee selected as the specific body part; Elbow selected as the	
		specific body part; Body Part pass complete; Questions about your Knee request: ; Questions	
		about your Elbow request: ; Three or more visits anticipated; The anticipated number of	
		visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; The anticipated number	
		of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide	
		details on the top 2; Second Pass Starting; Requestor is not a fax; Severe objective and	
		functional deficits: constant intense symptoms with severe loss of range of motion, strength,	
		or ability to perform daily tasks best describes the patient's presentation; Severe objective	
		and functional deficits: constant intense symptoms with severe loss of range of motion,	
		strength, or ability to perform daily tasks best describes the patient's clinical presentation;	
		Lower Extremity/Hip was selected as the first body type/region; Upper Extremity selected as	
		the second body type/region; Physical Therapy; Speech Therapy was not selected; The	
		evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
		cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
		Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
		or Occupational therapy was selected; Physical or Occupational therapy was selected;	
	97116 Therapeutic procedure, 1 or	Magellan does not manage chiropractic but does manage speech therapy for the member's	
	·		
4/1/2023 - Physical	more areas, each 15 minutes: gait	nlan: Physical therapy was requested: The health carrier is NOT New Hampshire Healthy	∆nr-lun
4/1/2023 - Physical 6/30/2023 4/1/2023 6/30/2023 Medicine Approval	more areas, each 15 minutes; gait training (includes stair climbing)	plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	Apr-Jun 1 2023 2023

			Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
			Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is	
			Hip/Pelvic; 4/26/2023; No patient history in the past 90 days; Evaluation dates less than 90	
			days in the past; Non-Surgical; Knee selected as the specific body part; Hip/Pelvis selected as	
			the specific body part; Body Part pass complete; Questions about your Knee request: ;	
			Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated	
			number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-	
			Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting;	
			Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits:	
			constant intense symptoms with severe loss of range of motion, strength, or ability to	
			perform daily tasks best describes the patient's presentation best describes the patient's	
			presentation:; Severe objective and functional deficits: constant intense symptoms with	
			severe loss of range of motion, strength, or ability to perform daily tasks best describes the	
			patient's clinical presentation; Lower Extremity/Hip was selected as the first body	
			type/region; Lower Extremity/Hip selected as the second body type/region; Physical	
			Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
			rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
			diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
			Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
			or Occupational therapy was selected; Magellan does not manage chiropractic but does	
		97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -	Physical	more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
			Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
			Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is	
			Hip/Pelvic; 4/27/2023; No patient history in the past 90 days; Evaluation dates less than 90	
			days in the past; Non-Surgical; Knee selected as the specific body part; Hip/Pelvis selected as	
			the specific body part; Body Part pass complete; Questions about your Knee request: ;	
			Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated	
			number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-	
			Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting;	
			Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits:	
			constant symptoms and/or symptoms that are intensified with activity with moderate loss of	
			range of motion, strength, or ability to perform daily tasks best describes the patient's	
			presentation best describes th; Severe objective and functional deficits: constant intense	
			symptoms with severe loss of range of motion, strength, or ability to perform daily tasks	
			best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the	
			first body type/region; Lower Extremity/Hip selected as the second body type/region;	
			Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
			The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
			to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
			Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
			or Occupational therapy was selected; Magellan does not manage chiropractic but does	
		97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -	Physical	more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine Approval	training (includes stair climbing)	therapy was requested	1 2023 2023

Body Part passes complete; Perform Body Part selection; Fret form Body Part selection; First Pass; Second Pas
Hip/Pelvic; 6/5/2023, No patient history in the past 90 days; Evaluation dates lest than 90 days in the past; Non-Surgical, Non-Surgical, Non-Surgical, Non-Surgical, Non-Surgical, Non-Surgical, Non-Surgical, Non-Surgical, Non-Surgical therapy was selected; Physical or Occupational therapy was selected; Physical therapy was selected; Physical therapy was selected; Physical or Occupational therapy was selected; Physical therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical therapy was selected; Physical or Occupational therapy was selected; Physical or Nocupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Nocupational therapy was selected; Physical or Occupational therapy was selected; Physical or Nocupational therapy was selected; Physical or Nocupati
days in the past; Non-Surgical; Knee selected as the specific body part; Hip/Pelvis selected as the specific body part; Bip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis, Pipr request; Three or more visits anticipated. In earticipated number of visits is other than 2; Non-Surgical; Three or more visits is other than 2; Non-Surgical; Three or more visits is other than 2; Non-Surgical; Three yor the member of visits is other than 2; Non-Surgical; Three yor the member of visits is other than 2; Non-Surgical; Three yor the member of visits is other than 2; Non-Surgical; Three yor the pash behildlighted; Three yor the pash behildlighted; Three yor the pash behildlighted; Three yor more visits anticipated, number of visits is other than 2; Non-Surgical; Three yor more visits anticipated number of visits is other than 2; Non-Surgical; Three yor more visits anticipated number of visits is other than 2; Non-Surgical; Three yor more yor than 1; Non-Surgical; Three yor more yor starting, Non-Surgical; Three yor more yor starting, Requestor is not a fax; The hij is being treated; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity-Hijp asselected as the first body type/region; Physical or Couptain three yor seventh year of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity-Hijp asselected as the first body type/region; Physical Three yor Speech Three yor was not selected. The vealuation date is not in the future; The rehabilitation is NOT related to a diagnosis of current yor was selected. The vealuation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational threngy was selected; Physical or Occupational threngy was selected. Physical or Occupational thren
the specific body part, Body Part pass complete; Questions about your Knee request; Questions about your Knee request; Questions about your Role request; Price or more visits is other than 2.; Non- Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hig is beingn treated; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th, Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th, Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the first body type/region plower Extremity/Hip selected as the second plow to the further, the rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cance
Questions about your Pelvis/Hip request; Three or more visits anticipated, The anticipated number of visits is other than 2; The anticipated number of visits is other than 2; Non-Surgical, Therapy type is Rehabilitative; Two Body Parts selected, Second Pass Starting; Requestor is not a fax; The hip is being not reated, Moderate objective and functional deflicits: constant symptoms and/or symptoms shall are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Moderate objective and functional deflicits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region, Lower Extremity/Hip was selected as the first body type/region, Lower Extremity/Hip was selected; as the first body type/region, Lower Extremity/Hip was selected; as the first body type/region, Lower Extremity/Hip was selected; as the second body type/region, Physical Therapy. Speech Therapy was selected; to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therap
number of visits is other than 2; The anticipated number of visits is other than 2; Non- Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is being neated, Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes; Noderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Dower Extremity/Hip selected as the second body type/region; Physical Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of Cocupational therapy was selected; Physical or Occupational therapy was
Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated, Moderate objective and functional deficits: constant symptoms mad are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the first body type/region; Dower Extremity/Hip selected as the second body type/region; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of the rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitatio
Requestor is not a fair, The hip is beingn treated. Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes this, Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's given the presentation best describes the patient's clinical presentation; Lower Extremity/Hip was selected with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Physical Therapy; Speech Therapy was not selected; The valuation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of Companional therapy was selected; Physical or Occupational therapy was selected
constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the, Moderate objective and functional deficities; constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Dever Extremity/Hip selected as the second body type/region; Physical Therapy. Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation was selected; Physical or Occupational therapy was selected; Physic
range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Moderate objective and functional deficits: constant symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of current of Cocupational therapy was selected; Physical or Occupational therapy was selected; Physical therapy was requested; Physical therapy was reques
presentation best describes th; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; Physical therapy was selected; Physical therapy was requested; Physical therapy was selected; Physical therapy was requested; Physical therapy was selected; Physical therap
symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip was requested as the first body type/region; Lower Extremity/Hip was requested; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical was selected; Physical therapy was requested; Physical therapy was requested; Physical therapy was selected; Physical therapy was selected; Physical therapy was requested; Physical therapy was selected; Physical therapy was requested; Physical therapy was educated; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; Physical therapy was physical therapy was requested; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; Physical therapy was physical therapy was requested; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; Physical therapy was physical therapy was physical therapy was physical therapy was requested; Physical therapy was physical therapy was requested; Physical therapy was physical t
motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Dewer Extremity/Hip was selected as the first body type/region; Dewer Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of comments. Physical or Occupational therapy was selected; Physical therapy was selected; Physical therapy was requested; The health carrier is NOT New 4/1/2023
presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cancer.; The rehabilitation is NOT related to a diagnosis of Cancer.; The rehabilitation is NOT related to a diagnosis of Coupational therapy was selected; Physical or Occupational therapy was selected; Physical therapy was requested; The halth carrier is NOT New 4/1/2023 -
Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; Physical therapy was requested; Physi
was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical freapy was selected; Physical freapy was selected; Physical freap
to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; Physical therapy was requested; Phys
Physical or Occupational therapy was selected; Physical therapy was selected; Physical therapy was selected; Physical therapy was selected; Physical therapy was requested; The health carrier is NOT New 4/1/2023 - Physical therapy was requested; Physical therapy was reque
selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical on the manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New 4/1/2023 - Physical more areas, each 15 minutes; gait Hampshire Healthy Families; Physical therapy was requested; Physical therapy was Physical therapy wa
was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New 4/1/2023 - Physical more areas, each 15 minutes; gait Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; Physical therapy was Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; Physical therapy was Physical therapy was requested; Physical therapy
97116 Therapeutic procedure, 1 or the member's plan; Physical therapy was requested; The health carrier is NOT New 4/1/2023 - Physical Physical Medicine Physical Medicine Approval Physical training (includes stair climbing) 80dy Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass cockeck point; Body Part for second pass is Hip/Pelvic; 06/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-
97116 Therapeutic procedure, 1 or the member's plan; Physical therapy was requested; The health carrier is NOT New 4/1/2023 - Physical Physical Medicine Physical Medicine Approval Physical training (includes stair climbing) 80dy Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass cockeck point; Body Part for second pass is Hip/Pelvic; 06/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-
4/1/2023 - Physical more areas, each 15 minutes; gait Hampshire Healthy Families; Physical therapy was requested; Physical therapy was Apr-Jun 1 2023 2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) requested Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Hip/Pelvic; 06/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Hip/Pelvic selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated number of visits is other than 2.; Non-
Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Hip/Pelvic; 06/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-
Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Hip/Pelvic; 06/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Knee request:; Questions about your Pelvis/Hip request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-
Hip/Pelvic; 06/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-
days in the past; Non-Surgical; Knee selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-
the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-
Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-
number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-
Currical Thorany time is Bohabilitative Two Body Barts colocted Second Bass Starting
Suigical, Hierapy type is Renabilitative, Two body Parts selected, Second Pass Starting,
Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits:
constant symptoms and/or symptoms that are intensified with activity with moderate loss of
range of motion, strength, or ability to perform daily tasks best describes the patient's
presentation best describes th; Moderate objective and functional deficits: constant
symptoms and/or symptoms that are intensified with activity with moderate loss of range of
motion, strength, or ability to perform daily tasks best describes the patient's clinical
presentation; Lower Extremity/Hip was selected as the first body type/region; Lower
Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy
was not selected; The evaluation date is not in the future; The rehabilitation is NOT related
was not selected, the evaluation are in the return of the
to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of Lymphedema.
to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected: Physical or Occupational therapy was
Physical or Occupational therapy was selected; Physical or Occupational therapy was
Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy
Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for
Physical or Occupational therapy was selected; Physical or Occupational
Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for

				Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
				Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is	
				Knee; 3/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days	
				in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the	
				specific body part; Body Part pass complete; Questions about your Knee request: ; Questions	
				about your Knee request: ; Three or more visits anticipated; The anticipated number of visits	
				is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical;	
				Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is	
				not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms	
				that are intensified with activity with moderate loss of range of motion, strength, or ability	
				to perform daily tasks best describes the patient's clinical presentation; Moderate objective	
				and functional deficits: constant symptoms and/or symptoms that are intensified with	
				activity with moderate loss of range of motion, strength, or ability to perform daily tasks	
				best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the	
				first body type/region; Lower Extremity/Hip selected as the second body type/region;	
				Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
				The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
				to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
				Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
				or Occupational therapy was selected; Magellan does not manage chiropractic but does	
			97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
				Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
				Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is	
				Knee; 4/4/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in	
				the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific	
				body part; Body Part pass complete; Questions about your Knee request: ; Questions about	
				your Knee request: ; Three or more visits anticipated; The anticipated number of visits is	
				other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical;	
				Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is	
				not a fax; Severe objective and functional deficits: constant intense symptoms with severe	
				loss of range of motion, strength, or ability to perform daily tasks best describes the	
				patient's clinical presentation; Severe objective and functional deficits: constant intense	
				symptoms with severe loss of range of motion, strength, or ability to perform daily tasks	
				best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the	
				first body type/region; Lower Extremity/Hip selected as the second body type/region;	
				Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
				The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
				to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
				Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
				or Occupational therapy was selected; Magellan does not manage chiropractic but does	
			97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023

Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; A/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; Questions about your Knee request; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deflicits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosi of cancer, The rehabilitation is NOT related to a diagnosi of cancer, The rehabilitation is NOT related to a diagnosi of cancer, The rehabilitation is NOT related to a diagnosi of cancer, The rehabilitation is NOT related to a diagnosi of cancer, The rehabilitation is NOT related to a diagnosi of cancer, The rehabilitation is NOT related to a diagnosi of cancer, The rehabilitation is NOT related to a diagnosi of cancer, The rehabilitation is NOT related to a diagnosi of cancer, The rehabilitation is NOT relat	
4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested	2 2023 2023
Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 04/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Mon-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Rody Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Ouestions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2; Non-Surgical; Non-Surgica	
97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health 4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested	1 2023 2023

		Dadu Dark passas sanalaka Darkara Dark Dark salastian Darkara Dadu Dark - Latin State	
		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
		Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is	
		Knee; 04/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days	
		in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the	
		specific body part; Body Part pass complete; Questions about your Knee request: ; Questions	
		about your Knee request: ; Three or more visits anticipated; The anticipated number of visits	
		is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical;	
		Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is	
		not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms	
		that are intensified with activity with moderate loss of range of motion, strength, or ability	
		to perform daily tasks best describes the patient's clinical presentation; Moderate objective	
		and functional deficits: constant symptoms and/or symptoms that are intensified with	
		activity with moderate loss of range of motion, strength, or ability to perform daily tasks	
		best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the	
		first body type/region; Lower Extremity/Hip selected as the second body type/region;	
		Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
		The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
		to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
		Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
		or Occupational therapy was selected; Magellan does not manage chiropractic but does	
	97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 - Physical	more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
		Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is	
		Knee; 4/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days	
		in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the	
		specific body part; Body Part pass complete; Questions about your Knee request: ; Questions	
		about your Knee request: ; Three or more visits anticipated; The anticipated number of visits	
		is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical;	
		Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is	
		not a fax; Severe objective and functional deficits: constant intense symptoms with severe	
		loss of range of motion, strength, or ability to perform daily tasks best describes the	
		patient's clinical presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks	
		best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the	
		first body type/region; Lower Extremity/Hip selected as the second body type/region;	
		Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
		The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
		to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
		Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
		or Occupational therapy was selected; Magellan does not manage chiropractic but does	
	97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 - Physical 6/30/2023 4/1/2023 6/30/2023 Medicine Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	Apr-Jun 1 2023 2023

					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is	
					Knee; 4/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days	
					in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the	
					specific body part; Body Part pass complete; Questions about your Knee request: ; Questions	
					about your Knee request: ; Three or more visits anticipated; The anticipated number of visits	
					is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical;	
					Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is	
					not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms	
					that are intensified with activity with moderate loss of range of motion, strength, or ability	
					to perform daily tasks best describes the patient's clinical presentation; Moderate objective	
					and functional deficits: constant symptoms and/or symptoms that are intensified with	
					activity with moderate loss of range of motion, strength, or ability to perform daily tasks	
					best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the	
					first body type/region; Lower Extremity/Hip selected as the second body type/region;	
					Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
					The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
					to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
					or Occupational therapy was selected; Magellan does not manage chiropractic but does	
				97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is	
					Knee; 4/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days	
					in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the	
					specific body part; Body Part pass complete; Questions about your Knee request: ; Questions	
					about your Knee request: ; Three or more visits anticipated; The anticipated number of visits	
					is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical;	
					Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is	
					not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms	
					that are intensified with activity with moderate loss of range of motion, strength, or ability	
					to perform daily tasks best describes the patient's clinical presentation; Moderate objective	
					and functional deficits: constant symptoms and/or symptoms that are intensified with	
					activity with moderate loss of range of motion, strength, or ability to perform daily tasks	
					best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the	
					first body type/region; Lower Extremity/Hip selected as the second body type/region;	
					Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
					The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
					to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
				0741C Therepoutie presedure 1 a	or Occupational therapy was selected; Magellan does not manage chiropractic but does	
		51 · ·		97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
		Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
4/1/2023 - 6/30/2023	4/4/2022	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023

					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is	
					Knee; 5/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days	
					in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the	
					specific body part; Body Part pass complete; Questions about your Knee request: ; Questions	
					about your Knee request: ; Three or more visits anticipated; The anticipated number of visits	
					is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical;	
					Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is	
					not a fax; Severe objective and functional deficits: constant intense symptoms with severe	
					loss of range of motion, strength, or ability to perform daily tasks best describes the	
					patient's clinical presentation; Severe objective and functional deficits: constant intense	
					symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the	
					, , , , , , , , , , , , , , , , , , , ,	
					first body type/region; Lower Extremity/Hip selected as the second body type/region;	
					Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
					The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
					to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
					or Occupational therapy was selected; Magellan does not manage chiropractic but does	
				97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is	
					Knee; 5/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days	
					in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the	
					specific body part; Body Part pass complete; Questions about your Knee request: ; Questions	
					about your Knee request: ; Three or more visits anticipated; The anticipated number of visits	
					is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical;	
					Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected -	
					provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate	
					objective and functional deficits: constant symptoms and/or symptoms that are intensified	
					with activity with moderate loss of range of motion, strength, or ability to perform daily	
					tasks best describes the patient's clinical presentation; Moderate objective and functional	
					deficits: constant symptoms and/or symptoms that are intensified with activity with	
					moderate loss of range of motion, strength, or ability to perform daily tasks best describes	
					the patient's clinical presentation; Lower Extremity/Hip was selected as the first body	
					type/region; Lower Extremity/Hip selected as the second body type/region; Physical	
					Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
					rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
					diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
					or Occupational therapy was selected; Magellan does not manage chiropractic but does	
				97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
The second secon	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023

4/1/2023 -		Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 05/16/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
4/1/2023 -		Physical		· · · · · · · · · · · · · · · · · · ·		Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 05/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of coccupational therapy was selected; Physical or Occupational therapy was selected; Dagellan does not manage chiropractic but does	
4/4/2022		Discortant		97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	A 1
4/1/2023 - 6/30/2023	A/1/2022	Physical 6/30/2023 Medicine	Approval	more areas, each 15 minutes; gait training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	Apr-Jun 1 2023 2023
0/30/2023	7/1/2023	0/30/2023 MEDICINE	Approvar	training (includes stall cliffibling)	trier apy was requested	1 2023 2023

4/1/2023 -		Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 05/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Power Extremity, Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	Apr-Ju n
4/1/2023 -		Physical		· · · · · · · · · · · · · · · · · · ·		Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 05/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
				0744C Thompsontin proceedings 4 or	or Occupational therapy was selected; Magellan does not manage chiropractic but does	
				97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun

6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 6/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Roe part pass complete; Questions about your Knee request:; Questions about your Knee request:; Three or more visits anticipated number of visits is other than 2.; The anticipated						
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested Body Part saeses complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 6/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Roes operations about your Knee request:; Questions about your Knee request:; Questions about your Knee request:; Three or more visits anticipated number of visits is other than 2.; The anticipated number of visits is other than 2				97116 Therapeutic procedure, 1 or	Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 5/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selec	
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested Body Part saeses complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 6/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Roes operations about your Knee request:; Questions about your Knee request:; Questions about your Knee request:; Three or more visits anticipated number of visits is other than 2.; The anticipated number of visits is other than 2	4/1/2023 -	Physical				Apr-Jun
Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 6/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Rore selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Ouestions about your Knee request: ; Ouestions about your Knee request: ; Ouestions about your Knee request: ; Three or more visits anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was remarked; The health or Occupational therapy was remarked; The health or Occupational therapy was requested; The health or Occupational th		,	Approval	· · · · · · · · · · · · · · · · · · ·		1 2023 2023
4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical Applications of the physical series of th				07116 Thorasquiis associdus 1 as	Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 6/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Cymphedema.; Physical or Occupational therapy was selected; Physical or Oc	
, , , , , , , , , , , , , , , , , , ,	4/1/2023 -	Physical				Apr-Jun
of 30/2012 - 1/1/2013 of 30/2012 medicine reprivati training fine aues stati clinioning/ tricially was requested	6/30/2023 4/1/2	,	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023

		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
		Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is	
		Knee; 06/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days	
		in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the	
		specific body part; Body Part pass complete; Questions about your Knee request: ; Questions	
		about your Knee request: ; Three or more visits anticipated; The anticipated number of visits	
		is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical;	
		Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is	
		not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of	
		range of motion, strength, or ability to perform daily tasks best describes the patient's	
		clinical presentation; Mild objective and functional deficits: sporadic symptoms with minimal	
		loss of range of motion, strength, or ability to perform daily tasks best describes the	
		patient's clinical presentation; Lower Extremity/Hip was selected as the first body	
		type/region; Lower Extremity/Hip selected as the second body type/region; Physical	
		Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
		rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
		diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
		Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
		or Occupational therapy was selected; Magellan does not manage chiropractic but does	
	97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 - Physical	more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
	•		
		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
		Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is	
		Knee; 6/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days	
		in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the	
		specific body part; Body Part pass complete; Questions about your Knee request: ; Questions	
		about your Knee request: ; Three or more visits anticipated; The anticipated number of visits	
		is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical;	
		Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is	
		not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms	
		that are intensified with activity with moderate loss of range of motion, strength, or ability	
		to perform daily tasks best describes the patient's clinical presentation; Moderate objective	
		and functional deficits: constant symptoms and/or symptoms that are intensified with	
		activity with moderate loss of range of motion, strength, or ability to perform daily tasks	
		best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the	
		first body type/region; Lower Extremity/Hip selected as the second body type/region;	
		Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
		The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
		to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
		Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
		or Occupational therapy was selected; Magellan does not manage chiropractic but does	
	0744 C The control of		
	9/116 Inerapeutic procedure. 1 or	manage speech therapy for the member's plan: Physical therapy was requested: The health	
4/1/2023 - Physical	97116 Therapeutic procedure, 1 or more areas. each 15 minutes: gait	manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-lun
4/1/2023 - Physical 6/30/2023 4/1/2023 6/30/2023 Medicine Approval	more areas, each 15 minutes; gait training (includes stair climbing)	manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	Apr-Jun 1 2023 2023

4/1/2023 -		Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 06/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Rnee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
4/1/2023 -		Physical		· · · · · · · · · · · · · · · · · · ·		Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
				97/116 Thorapoutic procedure 1 or	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 6/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical The part of the member's plans [Physical Therapy was requested; The hoalth	
4/1/2023 -		Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested therapy was requested	1 2023 2023
,		, ,	P.P. 2121	J (The state of the s	0

4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Lumbar Spine; 04/07/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; Physical therapy was requested (Physical therapy was requested) and the pass of the pass; Evaluation dates le	Apr-Jun 1 2023 2023
			selected as the specific body part; Body Part pass complete; Questions about your Knee	
			visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a	
			fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate	
			functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body	
			type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT	
			related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
			Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	
			Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/4/2022	Dhysical	97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	Amerikan
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine Approval	more areas, each 15 minutes; gait training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	Apr-Jun 1 2023 2023
. , , , , , , , , , ,		3,	.,	

	Dark Dark masses considered Darform Dark Dark coloration, Darform Dark Dark Dark Chick	
	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
	Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is	
	Lumbar Spine; 4/17/2023; No patient history in the past 90 days; Evaluation dates less than	
	90 days in the past; Non-Surgical; Knee selected as the specific body part; Lumbar Spine	
	selected as the specific body part; Body Part pass complete; Questions about your Knee	
	request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated;	
	The anticipated number of visits is other than 2.; Non-Surgical; The anticipated number of	
	visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass	
	Starting; Requestor is not a fax; Moderate objective and functional deficits: constant	
	symptoms and/or symptoms that are intensified with activity with moderate loss of range of	
	motion, strength, or ability to perform daily tasks best describes the patient's clinical	
	presentation; Mild or moderate functional deficits due to lumbopelvic impairments with	
	distal symptoms best describes the patient's clinical presentation; Lower Extremity/Hip was	
	selected as the first body type/region; Spine/Chest selected as the second body type/region;	
	Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
	The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
	to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
	Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
	or Occupational therapy was selected; Magellan does not manage chiropractic but does	
97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 - Physical more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing)	therapy was requested	1 2023 2023
у, с., у, с.,	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
	Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is	
	Lumbar Spine; 4/17/2023; No patient history in the past 90 days; Evaluation dates less than	
	90 days in the past; Non-Surgical; Knee selected as the specific body part; Lumbar Spine	
	selected as the specific body part; Body Part pass complete; Questions about your Knee	
	request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated;	
	The anticipated number of visits is other than 2.; Non-Surgical; The anticipated number of	
	visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass	
	Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense	
	symptoms with severe loss of range of motion, strength, or ability to perform daily tasks	
	best describes the patient's clinical presentation; Mild or moderate functional deficits due to	
	lumbopelvic impairments with distal symptoms best describes the patient's clinical	
	presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest	
	selected as the second body type/region; Physical Therapy; Speech Therapy was not	
	selected as the second body type, region, ringstear merapy, specer merapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	
	diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
	Physical or Occupational therapy was selected; Physical or Occupational therapy was	
	selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
07116 Therapoutic procedure 1 are	was selected; Magellan does not manage chiropractic but does manage speech therapy for	
97116 Therapeutic procedure, 1 or	the member's plan; Physical therapy was requested; The health carrier is NOT New	Ang I
4/1/2023 - Physical more areas, each 15 minutes; gait	Hampshire Healthy Families; Physical therapy was requested; Physical therapy was	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing)	requested	1 2023 2023

					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is	
					Lumbar Spine; 4/18/2023; No patient history in the past 90 days; Evaluation dates less than	
					90 days in the past; Non-Surgical; Knee selected as the specific body part; Lumbar Spine	
					selected as the specific body part; Body Part pass complete; Questions about your Knee	
					request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated;	
					The anticipated number of visits is other than 2.; Non-Surgical; The anticipated number of	
					visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body	
					Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a	
					fax; Severe objective and functional deficits: constant intense symptoms with severe loss of	
					range of motion, strength, or ability to perform daily tasks best describes the patient's	
					clinical presentation; Severe functional deficits due to lumbopelvic impairments with or	
					without distal symptoms best describes the patient's clinical presentation; Lower	
					Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second	
					body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The	
					rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
				97116 Therapeutic procedure, 1 or	does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested; Physical therapy was requested	1 2023 2023
0,00,2020	., 2, 2020	of sof Eses in careine	7.661.010.	training (moraces stair eminerily)	Triplical alcrapy trad requested, Triplical alcrapy trad requested	1 2020 2020
					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is	
					Lumbar Spine; 4/18/2023; No patient history in the past 90 days; Evaluation dates less than	
					90 days in the past; Non-Surgical; Knee selected as the specific body part; Lumbar Spine	
					selected as the specific body part; Body Part pass complete; Questions about your Knee	
					request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated;	
					The anticipated number of visits is other than 2.; Non-Surgical; The anticipated number of	
					visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass	
					Starting; Requestor is not a fax; Moderate objective and functional deficits: constant	
					symptoms and/or symptoms that are intensified with activity with moderate loss of range of	
					motion, strength, or ability to perform daily tasks best describes the patient's clinical	
					presentation; Mild or moderate functional deficits due to lumbopelvic impairments with	
					distal symptoms best describes the patient's clinical presentation; Lower Extremity/Hip was	
					selected as the first body type/region; Spine/Chest selected as the second body type/region;	
					Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
					The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
					to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
					or Occupational therapy was selected; Magellan does not manage chiropractic but does	
. /. /				97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -	4/4/2022	Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023

					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is	
					Lumbar Spine; 4/21/2023; No patient history in the past 90 days; Evaluation dates less than	
					90 days in the past; Non-Surgical; Knee selected as the specific body part; Lumbar Spine	
					selected as the specific body part; Body Part pass complete; Questions about your Knee	
					request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated;	
					The anticipated number of visits is other than 2.; Non-Surgical; The anticipated number of	
					visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body	
					Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a	
					fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that	
					are intensified with activity with moderate loss of range of motion, strength, or ability to	
					perform daily tasks best describes the patient's clinical presentation; Mild or moderate	
					functional deficits due to lumbopelvic impairments with distal symptoms best describes the	
					patient's clinical presentation; Lower Extremity/Hip was selected as the first body	
					type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech	
					Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT	
					related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
					Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Magellan does not manage chiropractic but does	
				97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -	F	hysical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023 4/1/		•	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,			S,	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is	
					Lumbar Spine; 4/24/2023; No patient history in the past 90 days; Evaluation dates less than	
					90 days in the past; Non-Surgical; Knee selected as the specific body part; Lumbar Spine	
					selected as the specific body part; Body Part pass complete; Questions about your Knee	
					request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated;	
					The anticipated number of visits is other than 2.; Non-Surgical; The anticipated number of	
					visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass	
					Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense	
					symptoms with severe loss of range of motion, strength, or ability to perform daily tasks	
					best describes the patient's clinical presentation; Mild or moderate functional deficits due to	
					lumbopelvic impairments with distal symptoms best describes the patient's clinical	
					presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest	
					selected as the second body type/region; Physical Therapy; Speech Therapy was not	
					selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	
					diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
					selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
					was selected; Magellan does not manage chiropractic but does manage speech therapy for	
				97116 Therapeutic procedure, 1 or	the member's plan; Physical therapy was requested; The health carrier is NOT New	
4/1/2023 -	ŗ	hysical		more areas, each 15 minutes; gait	Hampshire Healthy Families; Physical therapy was requested; Physical therapy was	Apr-Jun
6/30/2023 4/1/		'	Approval	training (includes stair climbing)	requested	1 2023 2023
3,30,2023 4/1/	2020 0/30/2023 1		, .pp104u1	a annua (marades stair elimbing)	requested	1 2023 2023

					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Lumbar Spine; 5/9/2023; No patient history in the past 90 days; Evaluation dates less than	
					90 days in the past; Non-Surgical; Knee selected as the specific body part; Lumbar Spine	
					selected as the specific body part; Body Part pass complete; Questions about your Knee	
					request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated;	
					The anticipated number of visits is other than 2.; Non-Surgical; The anticipated number of	
					visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass	
					Starting; Requestor is not a fax; Moderate objective and functional deficits: constant	
					symptoms and/or symptoms that are intensified with activity with moderate loss of range of	
					motion, strength, or ability to perform daily tasks best describes the patient's clinical	
					presentation; Mild or moderate functional deficits due to lumbopelvic impairments with	
					distal symptoms best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region;	
					Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
					The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
					to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
					or Occupational therapy was selected; Magellan does not manage chiropractic but does	
				97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is	
					Lumbar Spine; 5/22/2023; No patient history in the past 90 days; Evaluation dates less than	
					90 days in the past; Non-Surgical; Knee selected as the specific body part; Lumbar Spine	
					selected as the specific body part; Body Part pass complete; Questions about your Knee	
					request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated;	
					The anticipated number of visits is other than 2.; Non-Surgical; The anticipated number of	
					visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass	
					Starting; Requestor is not a fax; Moderate objective and functional deficits: constant	
					symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical	
					presentation; Mild or moderate functional deficits due to lumbopelvic impairments with	
					distal symptoms best describes the patient's clinical presentation; Lower Extremity/Hip was	
					selected as the first body type/region; Spine/Chest selected as the second body type/region;	
					Physical Therapy; Speech Therapy was not selected: The evaluation date is not in the future:	
					Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
					Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
					The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
					The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
				97116 Therapeutic procedure, 1 or	The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected.	
4/1/2023 -		Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does	Apr -Jun

					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is	
					Lumbar Spine; 6/5/2023; No patient history in the past 90 days; Evaluation dates less than	
					90 days in the past; Non-Surgical; Knee selected as the specific body part; Lumbar Spine	
					selected as the specific body part; Body Part pass complete; Questions about your Knee	
					request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated;	
					The anticipated number of visits is other than 2.; Non-Surgical; The anticipated number of	
					visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass	
					Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense	
					symptoms with severe loss of range of motion, strength, or ability to perform daily tasks	
					best describes the patient's clinical presentation; Mild or moderate functional deficits due to	
					lumbopelvic impairments without distal symptom best describes the patient's clinical	
					presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest	
					selected as the second body type/region; Physical Therapy; Speech Therapy was not	
					selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	
					diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
					selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
					was selected; Magellan does not manage chiropractic but does manage speech therapy for	
				97116 Therapeutic procedure, 1 or	the member's plan; Physical therapy was requested; The health carrier is NOT New	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Hampshire Healthy Families; Physical therapy was requested; Physical therapy was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	requested	1 2023 2023
			•	•	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is	
					Lumbar Spine; 6/7/2023; No patient history in the past 90 days; Evaluation dates less than	
					90 days in the past; Non-Surgical; Knee selected as the specific body part; Lumbar Spine	
					selected as the specific body part; Body Part pass complete; Questions about your Knee	
					request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated;	
					The anticipated number of visits is other than 2.; Non-Surgical; The anticipated number of	
					visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass	
					Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense	
					symptoms with severe loss of range of motion, strength, or ability to perform daily tasks	
					best describes the patient's clinical presentation; Mild or moderate functional deficits due to	
					lumbopelvic impairments with distal symptoms best describes the patient's clinical	
					presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest	
					selected as the second body type/region; Physical Therapy; Speech Therapy was not	
					selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	
					diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
					selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
					was selected; Magellan does not manage chiropractic but does manage speech therapy for	
				97116 Therapeutic procedure, 1 or	the member's plan; Physical therapy was requested; The health carrier is NOT New	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Hampshire Healthy Families; Physical therapy was requested; Physical therapy was	Apr-Jun
6/30/2023	4/1/2022	6/30/2023 Medicine	Approval	training (includes stair climbing)		1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Wiedicine	Approval	training (includes stair climbing)	requested	1 2023 2023

4/1/2023 -		Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is not in options listed; 4/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; At least one of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); The anticipated number of visits is other than 2.; Lower Extremity/Hip was selected as the first body type/region; Gait, Balance and Falls was selected as the second body type/region; Body Part for second pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected. The health	Apr-lun
4/1/2023 -		Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is not in options listed; 4/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Lower Extremity/Hip was selected	
				97116 Theraneutic procedure 1 or	as the first body type/region; Gait, Balance and Falls was selected as the second body type/region; Body Part for second pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physica	
4/1/2023 -		Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	type/region; Body Part for second pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	Apr-Jun

					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is	
					not in options listed; 4/17/2023; No patient history in the past 90 days; Evaluation dates less	
					than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part	
					pass complete; Questions about your Knee request: ; Three or more visits anticipated; The	
					anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative;	
					Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and	
					functional deficits: constant intense symptoms with severe loss of range of motion, strength,	
					or ability to perform daily tasks best describes the patient's clinical presentation; The	
					requesting provider is other than Physical Therapy or Occupational Therapy; The patient was	
					previously independent with mobility and now requires human assistance and/or an	
					assistive device to walk and/or transfer; The anticipated number of visits is other than 2.;	
					Lower Extremity/Hip was selected as the first body type/region; Gait, Balance and Falls was	
					selected as the second body type/region; Body Part for second pass is Gait/Balance; Physical	
					Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical	
					Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The	
					rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
				97116 Therapeutic procedure, 1 or	does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested	1 2023 2023
					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is	
					not in options listed; 5/5/2023; No patient history in the past 90 days; Evaluation dates less	
					than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part	
					pass complete; Questions about your Knee request: ; Three or more visits anticipated; The	
					anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative;	
					Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and	
					functional deficits: constant intense symptoms with severe loss of range of motion, strength,	
					or ability to perform daily tasks best describes the patient's clinical presentation; The	
					requesting provider is other than Physical Therapy or Occupational Therapy; The patient was	
					previously independent with mobility and now requires human assistance and/or an	
					assistive device to walk and/or transfer; The anticipated number of visits is other than 2.;	
					Lower Extremity/Hip was selected as the first body type/region; Gait, Balance and Falls was	
					selected as the second body type/region; Body Part for second pass is Gait/Balance; Physical	
					Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical	
					Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The	
					rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
				97116 Therapeutic procedure, 1 or	does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 -		Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait		Apr-Jun

				Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
				Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is	
				not in options listed; 5/19/2023; No patient history in the past 90 days; Evaluation dates less	
				than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part	
				pass complete; Questions about your Knee request: ; Three or more visits anticipated; The	
				anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative;	
				More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second	
				Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant	
				intense symptoms with severe loss of range of motion, strength, or ability to perform daily	
				tasks best describes the patient's clinical presentation; The requesting provider is other than	
				Physical Therapy or Occupational Therapy; The patient was previously independent with	
				mobility and now requires human assistance and/or an assistive device to walk and/or	
				transfer; The anticipated number of visits is other than 2.; Lower Extremity/Hip was selected	
				as the first body type/region; Gait, Balance and Falls was selected as the second body	
				type/region; Body Part for second pass is Gait/Balance; Physical Therapy; Speech Therapy	
				was not selected; The evaluation date is not in the future; Physical Therapy was requested;	
				The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
				to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
				Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
			97116 Therapeutic procedure, 1 or	or Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/202	3 6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
			<u> </u>	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
				Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is	
				not in options listed; 05/24/2023; No patient history in the past 90 days; Evaluation dates	
				less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body	
				Part pass complete; Questions about your Knee request: ; Three or more visits anticipated;	
				The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is	
				Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax;	
				Moderate objective and functional deficits: constant symptoms and/or symptoms that are	
				intensified with activity with moderate loss of range of motion, strength, or ability to	
				perform daily tasks best describes the patient's clinical presentation; The requesting	
				provider is other than Physical Therapy or Occupational Therapy; The patient was previously	
				independent with mobility and now requires human assistance and/or an assistive device to	
				walk and/or transfer; The anticipated number of visits is other than 2.; Lower Extremity/Hip	
				was selected as the first body type/region; Gait, Balance and Falls was selected as the second	
				body type/region; Body Part for second pass is Gait/Balance; Physical Therapy; Speech	
				Therapy was not selected; The evaluation date is not in the future; Physical Therapy was	
				requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
				NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				selected; Physical or Occupational therapy was selected; Magellan does not manage	
			97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical therapy was	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Apr-Jun
6/30/2023 4/1/202	·	Approval	training (includes stair climbing)	requested	1 2023 2023
,	.,,	P.P. = 1=1	J	-4	

					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is	
					not in options listed; 05/30/2023; No patient history in the past 90 days; Evaluation dates	
					less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Lower	
					Leg selected as the specific body part; Body Part pass complete; Questions about your Lower	
					Leg request: ; Questions about your Knee request: ; The anticipated number of visits is other	
					than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.;	
					Non-Surgical; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was	
					selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe	
					objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical	
					presentation; Moderate objective and functional deficits: constant symptoms and/or	
					symptoms that are intensified with activity with moderate loss of range of motion, strength,	
					or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip	
					was selected as the first body type/region; Lower Extremity/Hip selected as the second body	
					type/region; Body Part for second pass is Lower Leg; Physical Therapy; Speech Therapy was	
					not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	
					diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
					selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
					was selected; Magellan does not manage chiropractic but does manage speech therapy for	
				97116 Therapeutic procedure, 1 or	the member's plan; Physical therapy was requested; The health carrier is NOT New	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Hampshire Healthy Families; Physical therapy was requested; Physical therapy was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	requested	1 2023 2023
					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is not in options listed; 5/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; At least one of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); The anticipated number of visits is other than 2.; Lower Extremity/Hip was selected as the first body type/region; Gait, Balance and Falls was selected as the second body type/region; Body Part for second pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of Cuppational therapy was selected; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Physical or	
				97116 Therapeutic procedure, 1 or	Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023

Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is not in options listed; 06/08/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe	
not in options listed; 06/08/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is	
less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is	
Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is	
The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is	
Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe	
objective and functional deficits: constant intense symptoms with severe loss of range of	
motion, strength, or ability to perform daily tasks best describes the patient's clinical	
presentation; The requesting provider is other than Physical Therapy or Occupational	
Therapy; The patient was NOT previously independent with mobility and now requires	
human assistance and/or an assistive device to walk and/or transfer; At least one of the	
following apply; Increase in frequency of falls, Decline in transfers, bed mobility or	
transitional movements and/or Decline in independence with mobility (walking or	
wheelchair mobility); The anticipated number of visits is other than 2.; Lower Extremity/Hip	
was selected as the first body type/region; Gait, Balance and Falls was selected as the second	
body type/region; Body Part for second pass is Gait/Balance; Physical Therapy; Speech	
Therapy was not selected; The evaluation date is not in the future; Physical Therapy was	
requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
Physical or Occupational therapy was selected; Physical or Occupational therapy was	
selected; Physical or Occupational therapy was selected; Magellan does not manage	
97116 Therapeutic procedure, 1 or chiropractic but does manage speech therapy for the member's plan; Physical therapy was	
4/1/2023 - Physical more areas, each 15 minutes; gait requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Apr-Jun
	2023 2023
Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is	
not in options listed; 6/20/2023; No patient history in the past 90 days; Evaluation dates less	
than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part	
pass complete; Questions about your Knee request: ; Questions about your Head/Neck	
request:; Three or more visits anticipated; The anticipated number of visits is other than 2.;	
Non-Surgical; Therapy type is Rehabilitative; The anticipated number of visits is other than	
2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2;	
Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical	
impairments with or without distal symptoms best describes the patient's clinical	
presentation; Severe objective and functional deficits: constant intense symptoms with	
severe loss of range of motion, strength, or ability to perform daily tasks best describes the	
patient's clinical presentation; Lower Extremity/Hip was selected as the first body	
type/region; Head/Neck selected as the second body type/region; Body Part for second pass	
is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
Physical or Occupational therapy was selected; Physical or Occupational therapy was	
selected; Physical or Occupational therapy was selected; Magellan does not manage	
97116 Therapeutic procedure, 1 or chiropractic but does manage speech therapy for the member's plan; Physical therapy was	
4/1/2023 - Physical more areas, each 15 minutes; gait requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) requested; Physical therapy was requested	2023 2023

				Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
				Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is	
				Shoulder; 6/7/2023; No patient history in the past 90 days; Evaluation dates less than 90	
				days in the past; Non-Surgical; Knee selected as the specific body part; Shoulder selected as	
				the specific body part; Body Part pass complete; Questions about your Knee request: ;	
				Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated	
				number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Non-Surgical;	
				The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions	
				was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax;	
				Severe objective and functional deficits: constant intense symptoms with severe loss of	
				range of motion, strength, or ability to perform daily tasks best describes the patient's	
				clinical presentation; Severe objective and functional deficits with instability: constant or	
				intense symptoms with severe loss of range of motion, strength, or ability to perform daily	
				tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as	
				the first body type/region; Upper Extremity selected as the second body type/region;	
				Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
				The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
				to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
				Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
			07446.71	or Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/4/2022	51		97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
				Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
				Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is	
				Thoracic Spine/Chest; 5/31/2023; No patient history in the past 90 days; Evaluation dates	
				less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Thoracic	
				Spine/Chest selected as the specific body part; Body Part pass complete; Questions about	
				your Knee request: ; Questions about your Thoracic Spine/Chest request.; Three or more	
				visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; The	
				anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2	
				Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass	
				Starting; Requestor is not a fax; Moderate objective and functional deficits: constant	
				symptoms and/or symptoms that are intensified with activity with moderate loss of range of	
				motion, strength, or ability to perform daily tasks best describes the patient's clinical	
				presentation; Severe functional deficits due to thoracic/lumbar impairments with or without	
				distal symptoms best describes the patient's clinical presentation; Lower Extremity/Hip was	
				selected as the first body type/region; Spine/Chest selected as the second body type/region;	
				Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
				The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
				to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
				Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
				or Occupational therapy was selected; Magellan does not manage chiropractic but does	
			97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
, ,====					
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023

				Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
				Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	
				pass is Elbow; 4/7/2023; No patient history in the past 90 days; Evaluation dates less than 90	
				days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Elbow	
				selected as the specific body part; Body Part pass complete; Questions about your Lumbar	
				Spine request: ; Questions about your Elbow request: ; Three or more visits anticipated; The	
				anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated	
				number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is	
				not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms	
				that are intensified with activity with moderate loss of range of motion, strength, or ability	
				to perform daily tasks best describes the patient's presentation; Mild or moderate functional	
				deficits due to lumbopelvic impairments with distal symptoms best describes the patient's	
				clinical presentation; Spine/Chest was selected as the first body type/region; Upper	
				Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was	
				not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	
				diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
				was selected; Magellan does not manage chiropractic but does manage speech therapy for	
			97116 Therapeutic procedure, 1 or	the member's plan; Physical therapy was requested; The health carrier is NOT New	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	Hampshire Healthy Families; Physical therapy was requested; Physical therapy was	Apr-Jun
6/30/2023 4/1/2	2023 6/30/2023 Medicine	Approval	training (includes stair climbing)	requested	1 2023 2023
				Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
				Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	
				pass is Hand; 5/30/2023; No patient history in the past 90 days; Evaluation dates less than	
				90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hand	
				selected as the specific body part; Body Part pass complete; Questions about your Lumbar	
				Spine request: ; Questions about your Hand request: ; Three or more visits anticipated; The	
				anticipated number of visits is other than 2.; The anticipated number of visits is other than	
				Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor	
				is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of	
				range of motion, strength, or ability to perform daily tasks best describes the patient's	
				presentation; Mild or moderate functional deficits due to lumbopelvic impairments without	
				distal symptom best describes the patient's clinical presentation; Spine/Chest was selected	
				as the first body type/region; Upper Extremity selected as the second body type/region;	
				Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
				The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
				to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
				Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
				or Occupational therapy was selected; Magellan does not manage chiropractic but does	
			97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023 4/1/2	2023 6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023

		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
		Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	
		pass is Hip/Pelvic; 03/30/2023; No patient history in the past 90 days; Evaluation dates less	
		than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part;	
		Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your	
		Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	
		anticipated; The anticipated number of visits is other than 2.; The anticipated number of	
		visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass	
		Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and	
		functional deficits: constant symptoms and/or symptoms that are intensified with activity	
		with moderate loss of range of motion, strength, or ability to perform daily tasks best	
		describes the patient's presentation best describes th; Mild or moderate functional deficits	
		due to lumbopelvic impairments without distal symptom best describes the patient's clinical	
		presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip	
		selected as the second body type/region; Physical Therapy; Speech Therapy was not	
		selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	
		diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
		Physical or Occupational therapy was selected; Physical or Occupational therapy was	
		selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
		was selected; Magellan does not manage chiropractic but does manage speech therapy for	
	97116 Therapeutic procedure, 1 or	the member's plan; Physical therapy was requested; The health carrier is NOT New	
4/1/2023 - Physical	more areas, each 15 minutes; gait	Hampshire Healthy Families; Physical therapy was requested; Physical therapy was	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval	training (includes stair climbing)	requested	1 2023 2023
		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
		Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	
		pass is Hip/Pelvic; 3/31/2023; No patient history in the past 90 days; Evaluation dates less	
		than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part;	
		Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your	
		Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	
		anticipated; The anticipated number of visits is other than 2.; The anticipated number of	
		visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body	
		Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a	
		fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense	
		symptoms with severe loss of range of motion, strength, or ability to perform daily tasks	
		best describes the patient's presentation best describes the patient's presentation; Severe	
		functional deficits due to lumbopelvic impairments with or without distal symptoms best	
		describes the patient's clinical presentation; Spine/Chest was selected as the first body	
		type/region; Lower Extremity/Hip selected as the second body type/region; Physical	
		Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
		rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
		diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
		Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does	
	97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 - Physical	• • •	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Ane lin
4/1/2023 - Physical 6/30/2023 4/1/2023 6/30/2023 Medicine Approval	more areas, each 15 minutes; gait training (includes stair climbing)	therapy was requested	Apr-Jun 1 2023 2023
	training (includes stair climbing)	tilerapy was reducested	1 2023 2023

4/1/2023 - 6/30/2023 - 4/1/2023 - 6/3	Physical 30/2023 Medicine A	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 04/03/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation:; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested.	Apr-Jun 1 2023 2023
	•	Approval training (includes stair climbing)	therapy was requested	1 2023 2023
			Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 4/4/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy wa	
		97116 Theraneutic procedure 1 or		
4/1/2023 -	Physical	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun

Body Part passes complete; Perform Body Part selection; Perform Body Part selection; Perform Body Part selection; First	
Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	
pass is Hip/Pelvic; 4/4/2023; No patient history in the past 90 days; Evaluation dates less	
than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part;	
Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your	
Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	
anticipated; The anticipated number of visits is other than 2.; The anticipated number of	
visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass	
Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and	
functional deficits: constant symptoms and/or symptoms that are intensified with activity	
with moderate loss of range of motion, strength, or ability to perform daily tasks best	
describes the patient's presentation best describes th; Mild or moderate functional deficits	
due to lumbopelvic impairments with distal symptoms best describes the patient's clinical	
presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip	
selected as the second body type/region; Physical Therapy; Speech Therapy was not	
selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	
diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
Physical or Occupational therapy was selected; Physical or Occupational therapy was	
selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
was selected; Magellan does not manage chiropractic but does manage speech therapy for	
97116 Therapeutic procedure, 1 or the member's plan; Physical therapy was requested; The health carrier is NOT New	
4/1/2023 - Physical Physical more areas, each 15 minutes; gait Hampshire Healthy Families; Physical therapy was requested; Physical therapy was	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) requested	1 2023 2023
Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	
pass is Hip/Pelvic; 04/05/2023; No patient history in the past 90 days; Evaluation dates less	
than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part;	
Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your	
Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	
anticipated; The anticipated number of visits is other than 2.; The anticipated number of	
visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass	
Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and	
functional deficits: constant symptoms and/or symptoms that are intensified with activity	
with moderate loss of range of motion, strength, or ability to perform daily tasks best	
describes the patient's presentation best describes th; Mild or moderate functional deficits	
due to lumbopelvic impairments with distal symptoms best describes the patient's clinical	
presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip	
selected as the second body type/region; Physical Therapy; Speech Therapy was not	
selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	
diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
Physical or Occupational therapy was selected; Physical or Occupational therapy was	
selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
was selected; Magellan does not manage chiropractic but does manage speech therapy for	
97116 Therapeutic procedure, 1 or the member's plan; Physical therapy was requested; The health carrier is NOT New	
4/1/2023 - Physical more areas, each 15 minutes; gait Hampshire Healthy Families; Physical therapy was requested; Physical therapy was	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) requested	2 2023 2023

		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
		Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	
		pass is Hip/Pelvic; 04/05/2023; No patient history in the past 90 days; Evaluation dates less	
		than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part;	
		Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your	
		Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	
		anticipated; The anticipated number of visits is other than 2.; The anticipated number of	
		visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass	
		Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and	
		functional deficits: constant symptoms and/or symptoms that are intensified with activity	
		with moderate loss of range of motion, strength, or ability to perform daily tasks best	
		describes the patient's presentation best describes th; Mild or moderate functional deficits	
		due to lumbopelvic impairments without distal symptom best describes the patient's clinical	
		presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip	
		selected as the second body type/region; Physical Therapy; Speech Therapy was not	
		selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	
		diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
		Physical or Occupational therapy was selected; Physical or Occupational therapy was	
		selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
		was selected; Magellan does not manage chiropractic but does manage speech therapy for	
	97116 Therapeutic procedure, 1 or	the member's plan; Physical therapy was requested; The health carrier is NOT New	
4/1/2023 - Physical	more areas, each 15 minutes; gait	Hampshire Healthy Families; Physical therapy was requested; Physical therapy was	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval	training (includes stair climbing)	requested	1 2023 2023
		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
		Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	
		pass is Hip/Pelvic; 4/6/2023; No patient history in the past 90 days; Evaluation dates less	
		than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part;	
		Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your	
		Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	
		anticipated; The anticipated number of visits is other than 2.; The anticipated number of	
		visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body	
		Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a	
		fax; The hip is beingn treated.; Moderate objective and functional deficits: constant	
		symptoms and/or symptoms that are intensified with activity with moderate loss of range of	
		motion, strength, or ability to perform daily tasks best describes the patient's presentation	
		best describes th; Severe functional deficits due to lumbopelvic impairments with or without	
		distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected	
		as the first body type/region; Lower Extremity/Hip selected as the second body type/region;	
		Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
		The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
		Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
	07116 Thoropoutic procedure 1 or	or Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 - Physical	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	A.z. Izra
4/1/2023 - Physical			
6/30/2023 4/1/2023 6/30/2023 Medicine Approval	training (includes stair climbing)	therapy was requested	Apr-Jun 1 2023 2023

					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 04/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	
					anticipated; The anticipated number of visits is other than 2.; The anticipated number of	
					visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass	
					Starting; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional	
					deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's	
					presentation;; Severe functional deficits due to lumbopelvic impairments with or without	
					distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected	
					as the first body type/region; Lower Extremity/Hip selected as the second body type/region;	
					Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
					The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
					to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
					or Occupational therapy was selected; Hysical or Occupational therapy was selected; Magellan does not manage chiropractic but does	
				97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023 4/1	1/2023 6/30/202	3 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	
					pass is Hip/Pelvic; 04/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part;	
					Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your	
					Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	
					anticipated; The anticipated number of visits is other than 2.; The anticipated number of	
					visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass	
					Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and	
					functional deficits: constant symptoms and/or symptoms that are intensified with activity	
					with moderate loss of range of motion, strength, or ability to perform daily tasks best	
					describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical	
					presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip	
					selected as the second body type/region; Physical Therapy; Speech Therapy was not	
					selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	
					diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
					selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
				0744671	was selected; Magellan does not manage chiropractic but does manage speech therapy for	
4/1/2022		Dhusiaal		97116 Therapeutic procedure, 1 or	the member's plan; Physical therapy was requested; The health carrier is NOT New	Ame I
4/1/2023 - 6/30/2023 4/1	1/2023 6/20/202	Physical 3 Medicine	Approval	more areas, each 15 minutes; gait training (includes stair climbing)	Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	Apr-Jun 1 2023 2023
0,30,2023 4/3	1,2023 0,30,202	, wiedicine	, ippi ovai	a annua (includes stall climbing)	requested	1 2023 2023

Body Part passes complete, perform Body Part selection, Perform Body Part selection, Part of responsible parts of responsible to the past 20 days, Evaluation dates less than 90 parts selected. Physical or occupational therapy was requested. The health can be a part of the past 20 days, Evaluation dates less than 90 parts in the past 20 days, Evaluation dates less than 90 parts in the past 20 days, Evaluation dates less than 90 parts in the past 20 days, Evaluation dates less than 90 parts past 20 parts 20 days, Evaluation dates less than 90 parts selected; but parts 4 parts 20 parts 20 parts 20 days, Evaluation dates less than 90 parts selected; but parts 4 parts 20 par		Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 4/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The spice pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Pregnancy related lumbopelvic pain best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	
pass is Hip/Petric. 4/13/2023. No patient history in the past 90 days; Evaluation dates less that 90 days. Evaluation dates less than 2, The anticipated number of visits is other than 2, The anticipated number of visits is other than 2, The anticipated number of visits is other than 2, The anticipated number of visits is other than 2, The anticipated of the past o		pass is Hip/Pelvic; 4/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Pregnancy related lumbopelvic pain best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
than 90 days in the past, Non-Surgical: Lumbar Spine selected as the specific body part; selected of the specific body part; selected (as the specific body part; selected). Part past somplesse, Questions about your Pelvis/Filip request; Cuestions about your Lumbar Spine request; Three or more visits anticipated; the anticipated number of visits is other than 2. The anticipated number of visits is other than 2. The schilled part for the filip selected is Second Pass Stating, Requestors in not a for. The high is being untered. Another to elected second and functional delicities constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, and part as elected is the selected as the selected as the first body type/region; lower Extremity/Filip selected as the second body type/region; Physical Therapeutic procedure, 1 or adaption of the second body type/region; Physical or Coccupational therapy was selected, Physical or Occupational therapy was selected, Physical Occupational therapy was selec		than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Pregnancy related lumbopelvic pain best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
His/Perlus selected as the specific body part; Body Part pass complete; Questions about your Pelsis/Hip request; 1, Questions about your Limited Pains Spine request; 1 Three or more visits anticipated; the anticipated number of visits is other than 2. The any type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fact. The lipit is beingn treated; Moderate objective and functional deficits: constant symptoms and are intended with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patients' scribtation best describes the Pregrancy related lumbopelvic pain best describes the patients' presentation best describes the Pregrancy related lumbopelvic pain best describes the patient's contact laid by several patients of the patient's contact laid by the patient's contact laid by the patient's contact laid by the patient's presentation is provided by the patient's presentation of the patient's contact laid the patient's presentation of the patient's presentation is provided by the patient's presentation is patient's contact the patient's presentation is provided by the patient's presentation is patient's contact the patient's presentation is provided by the patient's presentation is provided by the patient's presentation is provided by the patient's presentation is patient's presentation is presented by the patient's presentation is patient's presentation is presented by the patient's presentation is patient's presentation is patient's presentation is patient's presentation by the patient's presentation's presen		Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Pregnancy related lumbopelvic pain best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	
Pekis/Hijr request: Questions about your Lumbar Spine request; Three or more visits anticipated, The anticipated number of visits is other than 2, The anticipated number of visits is other than 2, The maticipated number of visits is other than 2, The maticipated number of visits is other than 2, The maticipated number of visits is other than 2, The repay type is Rehabilitative, Two Body Parts selected, Second Pass Starting, Requestors in ord fax: The high is being treated; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patients of since presentation best describes the present sincinal presentation. Splane/Chest was selected as the first body type/region, Dower Extremity/Hip selected as the second body type/region, Physical Therapy, Speach Therapy was not selected; The evaluation data in on in the future; The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of supprehermar, Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested. The health of the page of the presentation of the page of the patients of the page of		Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Pregnancy related lumbopelvic pain best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	
anticipated; The anticipated number of visits is other than 2; The anticipated number of visits is other than 2; The anticipated number of visits is other than 2; The anticipated number of visits is other than 2; The anticipated number of visits is other than 2; The anticipated number of visits is other than 2; The anticipated number of visits is other than 2; The anticipated number of visits is other than 2; The anticipated number of visits is other than 2; The anticipated number of visits is other than 2; The seven the patient's presentation best describes the presentation set sentences. The presentation set sentences the presentation set sentences the presentation set sentences the presentation set second body byper (gain). Physical of the patient's clinical presentation, Spine/Chest was selected as the first body typer (gain). Physical of the patient's clinical presentation, Spine/Chest was selected as the first body typer (gain). Physical of the patient's clinical presentation, Spine/Chest was selected, Spinycal of the repair of the patient's clinical presentation of the context. The rehabilitation is NOT related to adiagnosis of carrier, Physical or Occupational therapy was selected, Physical or Occupational therapy was requested. The health of the patient of the patient was selected, Physical or Occupational therapy was requested. The health of the patient therapy was requested. Physical or Occupational therapy was requested. Physical or Occupational therapy was requested. The health of the patient was the patient therapy was requested. Physical or Occupational therapy was requested. Ph		anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Pregnancy related lumbopelvic pain best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	
wists is other than 2; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Satring; Requestor is not a fax; The hij be being treated; Moderate objective and functional deficits; constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the partient's principle of the		visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Pregnancy related lumbopelvic pain best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
Starting; Requestor is not a fax: The hijs is beings treated; Moderate objective and functional deficits; constant, symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's princes please the patient's princes please the second body type/region; Physical Therapy; Speech Therapy was not selected: The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT relate		Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Pregnancy related lumbopelvic pain best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation, strength, or ability to perform daily tasks best describes the patient's prince presentation. Sping-Order was selected as the first body type/region; Lower Extremity/Hip selected as the first body type/region; Device as the second body type/region; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested. The health are as the patient of the pati		functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Pregnancy related lumbopelvic pain best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's greenation best describes the patient's pregnancy rejeted (Immobiopelic) gain best describes the patient's clinical presentation, Spine/Chest was selected as the first body type/region, Lower Extremity/Hip selected as the second body type/region, Physical Herapy was requested. Therapy was not selected, Physical so not in the future; the rehabilitation is NOT related to a diagnosis of unders. The rehabilitation is NOT related to a diagnosis of unders, The rehabilitation is NOT related to a diagnosis of unders. The rehabilitation is NOT related to a diagnosis of unders, The rehabilitation is NOT related to a diagnosis of unders. The rehabilitation is NOT related to a diagnosis of unders, The rehabilitation is NOT related to a diagnosis of unders, The rehabilitation is NOT related to a diagnosis of unders, The rehabilitation is NOT related to a diagnosis of unders, The rehabilitation is NOT related to a diagnosis of unders, The rehabilitation is NOT related to a diagnosis of unders, The rehabilitation is NOT related to a diagnosis of unders, The rehabilitation is NOT related to a diagnosis of unders, The rehabilitation is NOT related to a diagnosis of unders, The rehabilitation is NOT related to a diagnosis of unders, The rehabilitation is NOT related to a diagnosis of unders. The rehabilitation is NOT related to a diagnosis of unders, The rehabilitation is NOT related to a diagnosis of unders. The representation is not understanced the rehabilitation is NOT related to a diagnosis of unders. The rehabilitation is NOT related to a diagnosis of understanced as the first body type/region, Lower Extremity/hip selected as the second body type/region in the understanced with a diagnosis of understanced unders, and a diagnosis of u		with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Pregnancy related lumbopelvic pain best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
describes the patient's presentation best describes the pregnancy related lumbopelvic pain best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region, Lower Extremity/Hip selected as the second body type/region, Physical Therapy. Speech Interapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of career, The rehabilitation is NOT related to a diagnosis of career, The rehabilitation is NOT related to a diagnosis of career, The rehabilitation is NOT related to a diagnosis of career, The rehabilitation is NOT related to a diagnosis of career, The rehabilitation is NOT related to a diagnosis of career, The rehabilitation is NOT related to a diagnosis of career, The rehabilitation is NOT related to a diagnosis of career, The rehabilitation is NOT related to a diagnosis of career, the rehabilitation is NOT related to a diagnosis of career, the rehabilitation is NOT related to a diagnosis of career, the rehabilitation is NOT related to a diagnosis of the future pay was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected. Physical conformation that the pay was requested. Physical therapy was requested. The health for a manage speech therapy for the member's plane, Physical therapy was requested. Physical		describes the patient's presentation best describes th; Pregnancy related lumbopelvic pain best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
best describes the patient's clinical presentation, Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lomperary, Physical or Coccupational therapy was selected; Physical or Occupational therapy was requested; Physical therapy physical therapy was requested; Physical therapy physi		best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
hype/region; tower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health adjusted or Occupational therapy was requested; The health Physical physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; The health Af1/2023 Af1/2023 Medicine Aproval training (includes stair climbing) therapy was requested; Physical therapy was requested; The health Af1/2023 Af1/2023 Medicine Aproval training (includes stair climbing) therapy was requested; Physical therapy was requested; The health Apr-lun Af1/2023 Af1/2023 Medicine Aproval training (includes stair climbing) therapy was requested; Physical therapy was requested. Physical therapy was requested of Physical therapy was requested with a Physical therapy and physical therapy therapy therapy therapy therapy and physical therapy and physical therapy		type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
Therapy: Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of companies of com		Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical pherapy was selected; Physical pherapy was selected; Physical pherapy was selected; Physical pherapy was sequested; Physical pherapy was requested; Physical pherapy was selected; Physical pherapy was not selected; Physical pherapy was selected; Physical pherapy was not selected; Physical pherapy was not selected; Physical pherapy was not selected; The evaluation is NOT related to a diagnosis of Lymphedema;		rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical phrapy was sequested; Physical phrapy was sequested; Physical phrapy was sequested; Physical phrapy was requested; Physical phrapy was selected; Physical phrapy was perturbed by a phrapy selected; Physical phrapy was not selected; Physical phrapy was selected; Physical phrapy was not selected; Physical phrapy was perturbed to a diagnosis of Lymphedema.;		rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical therapy was requested; Physical therapy was requested; The health 4/1/2023 - Physical therapy was requested; The health scarner is NOT New Hampshire Healthy Families; Physical therapy was requested; The health families; Physical therapy was requested; Physical Apr-Jun 6/30/2023 4/1/2023 Medicine Approval training (includes stair climbing) therapy was requested; Physical therapy physical ph			
or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health 4/1/2023 Physical Physical more areas, each 15 minutes; gait 6/30/2023 4/1/2023 6/30/2023 Medicine Aproval training (includes stair climbing) Body Part passes complete; Perform Body Part selection; Perform Body Part selection; Pirst Pass, Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hijh/Pelvic; 4/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hijp/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hijp request; Questions about your Lumbar Spine request; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2		diagnosis of Lymphedema.; Physical of Occupational therapy was selected; Physical of	
97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health 4/1/2023 - Physical Physical Medicine Aproval Physical Mayor areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical Apr-Jun 6/30/2023 4/1/2023 Medicine Aproval training (includes stair climbing) Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass, Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvis selected as the specific body part; body Part pass complete; Questions about your Pelvis/Hip request:; Questions about your Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Three or more visits anticipated, The anticipated number of visits is other than 2; The rapticipated number of visits is other than 2; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.;		Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Familles; Physical therapy was requested; Physical		or Occupational therapy was selected; Magellan does not manage chiropractic but does	
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested 1 2023 2023 Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 4/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physicial Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	9/116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 4/14/2023; No patient history in the past; 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Poyseach Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to	4/1/2023 - Physical more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 4/14/2023, No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is not related to a diagnosis of Lymphedema.;	6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing)	therapy was requested	1 2023 2023
pass is Hip/Pelvic; 4/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is ot		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more vitists anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Severer functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy, Speech Therapy was not selected; The evaluation is NOT related to a diagnosis of Lymphedema.;		Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	
Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Pysical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.;		pass is Hip/Pelvic; 4/14/2023; No patient history in the past 90 days; Evaluation dates less	
Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.;		than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part;	
anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.;		Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your	
visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Severe storictional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.;		Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	
Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.;		anticipated; The anticipated number of visits is other than 2.; The anticipated number of	
functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.;		visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass	
with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.;		Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and	
describes the patient's presentation best describes th; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.;		functional deficits: constant symptoms and/or symptoms that are intensified with activity	
lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.;		with moderate loss of range of motion, strength, or ability to perform daily tasks best	
clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;		describes the patient's presentation best describes th; Severe functional deficits due to	
Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.;		lumbopelvic impairments with or without distal symptoms best describes the patient's	
was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;		clinical presentation; Spine/Chest was selected as the first body type/region; Lower	
to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;		Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy	
		was not selected; The evaluation date is not in the future; The rehabilitation is NOT related	
Physical as Occupational theorem, use calcuted. Physical as Occupational theorem, use		to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
Physical of Occupational therapy was selected; Physical of Occupational therapy was		Physical or Occupational therapy was selected; Physical or Occupational therapy was	
selected; Physical or Occupational therapy was selected; Physical or Occupational therapy		colorted. Dhysical as Occupational theorem, was colorted. Dhysical as Occupational theorem.	
was selected; Magellan does not manage chiropractic but does manage speech therapy for		selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
97116 Therapeutic procedure, 1 or the member's plan; Physical therapy was requested; The health carrier is NOT New	97116 Therapeutic procedure, 1 or		
4/1/2023 - Physical more areas, each 15 minutes; gait Hampshire Healthy Families; Physical therapy was requested; Physical therapy was Apr-Jun	4/1/2023 - Physical more areas, each 15 minutes; gait	was selected; Magellan does not manage chiropractic but does manage speech therapy for	
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) requested 1 2023 2023	6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing)	was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New	Apr-Jun

Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 4/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	
pass is Hip/Pelvic; 4/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body Part pass complete; Questions about your	
than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your	
Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your	
Polyis / Hip requests : Questions about your Lumbar Spine requests : Three or more visits	
reivis/riip request., Questions about your Lumbar spine request., Timee or more visits	
anticipated; The anticipated number of visits is other than 2.; The anticipated number of	
visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass	
Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and	
functional deficits: constant symptoms and/or symptoms that are intensified with activity	
with moderate loss of range of motion, strength, or ability to perform daily tasks best	
describes the patient's presentation best describes th; Severe functional deficits due to	
lumbopelvic impairments with or without distal symptoms best describes the patient's	
clinical presentation; Spine/Chest was selected as the first body type/region; Lower	
Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy	
was not selected; The evaluation date is not in the future; The rehabilitation is NOT related	
to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
Physical or Occupational therapy was selected; Physical or Occupational therapy was	
selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
was selected; Magellan does not manage chiropractic but does manage speech therapy for	
97116 Therapeutic procedure, 1 or the member's plan; Physical therapy was requested; The health carrier is NOT New	
4/1/2023 - Physical Physical more areas, each 15 minutes; gait Hampshire Healthy Families; Physical therapy was requested; Physical therapy was	Apr-Jun
	2023 2023
Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	
pass is Hip/Pelvic; 4/19/2023; No patient history in the past 90 days; Evaluation dates less	
than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part;	
Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your	
Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	
anticipated; The anticipated number of visits is other than 2.; The anticipated number of	
visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass	
Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and	
functional deficits: constant symptoms and/or symptoms that are intensified with activity	
with moderate loss of range of motion, strength, or ability to perform daily tasks best	
describes the patient's presentation best describes th; Mild or moderate functional deficits	
due to lumbopelvic impairments with distal symptoms best describes the patient's clinical	
presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip	
selected as the second body type/region; Physical Therapy; Speech Therapy was not	
selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	
diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
Physical or Occupational therapy was selected; Physical or Occupational therapy was	
selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
was selected; Magellan does not manage chiropractic but does manage speech therapy for	
97116 Therapeutic procedure, 1 or the member's plan; Physical therapy was requested; The health carrier is NOT New	
4/1/2023 - Physical more areas, each 15 minutes; gait Hampshire Healthy Families; Physical therapy was requested; Physical therapy was	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) requested 1	2023 2023

4/1/2023 - 6/30/2023 4/1/202	Physical 3 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 4/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physic	Apr-Jun 1 2023 2023
4/1/2023 -	Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 4/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2. The anticipated number of visits is other than 2. The part of the provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Cumpational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023 4/1/202	•	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023

				Dad Data and a second to Dafe and Data alouting Data and Data alouting First	
				Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
				Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	
				pass is Hip/Pelvic; 4/24/2023; No patient history in the past 90 days; Evaluation dates less	
				than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part;	
				Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your	
				Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	
				anticipated; The anticipated number of visits is other than 2.; The anticipated number of	
				visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body	
				Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a	
				fax; The hip is beingn treated.; Moderate objective and functional deficits: constant	
				symptoms and/or symptoms that are intensified with activity with moderate loss of range of	
				motion, strength, or ability to perform daily tasks best describes the patient's presentation	
				best describes th; Mild or moderate functional deficits due to lumbopelvic impairments with	
				distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected	
				as the first body type/region; Lower Extremity/Hip selected as the second body type/region;	
				Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
				The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
				to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
				Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
				or Occupational therapy was selected; Magellan does not manage chiropractic but does	
			97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
				Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
				Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	
				pass is Hip/Pelvic; 4/24/2023; No patient history in the past 90 days; Evaluation dates less	
				than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part;	
				Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your	
				Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	
				anticipated; The anticipated number of visits is other than 2.; The anticipated number of	
				visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass	
				Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and	
				functional deficits: constant symptoms and/or symptoms that are intensified with activity	
				with moderate loss of range of motion, strength, or ability to perform daily tasks best	
				describes the patient's presentation best describes th; Mild or moderate functional deficits	
				due to lumbopelvic impairments with distal symptoms best describes the patient's clinical	
				presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip	
				selected as the second body type/region; Physical Therapy; Speech Therapy was not	
				selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	
				diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
				was selected; Magellan does not manage chiropractic but does manage speech therapy for	
			97116 Therapeutic procedure, 1 or	the member's plan; Physical therapy was requested; The health carrier is NOT New	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	Hampshire Healthy Families; Physical therapy was requested; Physical therapy was	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	requested	1 2023 2023

					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	
					pass is Hip/Pelvic; 4/25/2023; No patient history in the past 90 days; Evaluation dates less	
					than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part;	
					Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your	
					Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	
					anticipated; The anticipated number of visits is other than 2.; The anticipated number of	
					visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body	
					Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a	
					fax; The hip is beingn treated.; Moderate objective and functional deficits: constant	
					symptoms and/or symptoms that are intensified with activity with moderate loss of range of	
					motion, strength, or ability to perform daily tasks best describes the patient's presentation	
					best describes th; Severe functional deficits due to lumbopelvic impairments with or without	
					distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected	
					as the first body type/region; Lower Extremity/Hip selected as the second body type/region;	
					Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
					The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
					to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
					or Occupational therapy was selected; Hysical of Occupational therapy was selected; Hysical or Occupational therap	
				97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
0/00/2020	., 2, 2020	0/00/2020 Wedieme	7.pp.o.c.	training (morades stan emissing)	and up) was requested	1 2023 2020
					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	
					pass is Hip/Pelvic; 04/26/2023; No patient history in the past 90 days; Evaluation dates less	
					than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part;	
					Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your	
					Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	
					anticipated; The anticipated number of visits is other than 2.; The anticipated number of	
					visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body	
					Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a	
					, , , , , , , , , , , , , , , , , , , ,	
					Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a	
					Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant	
					Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of	
					Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation	
					Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Severe functional deficits due to lumbopelvic impairments with or without	
					Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected	
					Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region;	
					Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
					Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
					Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
				97116 Therapeutic procedure, 1 or	Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
4/1/2023 -		Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes it; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation of its NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer.	Apr-Jun

Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 4/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part;	
pass is Hip/Pelvic; 4/26/2023; No patient history in the past 90 days; Evaluation dates less	
than 90 days in the past: Non-Surgical: Lumbar Spine selected as the specific body part:	
Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your	
Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	
anticipated; The anticipated number of visits is other than 2.; The anticipated number of	
visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass	
Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and	
functional deficits: constant symptoms and/or symptoms that are intensified with activity	
with moderate loss of range of motion, strength, or ability to perform daily tasks best	
describes the patient's presentation best describes th; Severe functional deficits due to	
lumbopelvic impairments with or without distal symptoms best describes the patient's	
clinical presentation; Spine/Chest was selected as the first body type/region; Lower	
Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy	
was not selected; The evaluation date is not in the future; The rehabilitation is NOT related	
to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
Physical or Occupational therapy was selected; Physical or Occupational therapy was	
selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
was selected; Magellan does not manage chiropractic but does manage speech therapy for	
97116 Therapeutic procedure, 1 or the member's plan; Physical therapy was requested; The health carrier is NOT New	
4/1/2023 - Physical Physical more areas, each 15 minutes; gait Hampshire Healthy Families; Physical therapy was requested; Physical therapy was	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) requested	1 2023 2023
Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	
pass is Hip/Pelvic; 4/27/2023; No patient history in the past 90 days; Evaluation dates less	
than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part;	
Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your	
Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	
anticipated; The anticipated number of visits is other than 2.; The anticipated number of	
visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Mild objective and functional	
deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to	
perform daily tasks best describes the patient's presentation best describes the patient's	
presentation:; Mild or moderate functional deficits due to lumbopelvic impairments with	
distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected	
as the first body type/region; Lower Extremity/Hip selected as the second body type/region;	
Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
or Occupational therapy was selected; Magellan does not manage chiropractic but does	
97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health	
97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health 4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested	Apr-Jun 1 2023 2023

	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First
	Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second
	pass is Hip/Pelvic; 4/27/2023; No patient history in the past 90 days; Evaluation dates less
	than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part;
	Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your
	Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits
	anticipated; The anticipated number of visits is other than 2.; The anticipated number of
	visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass
	Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and
	functional deficits: constant symptoms and/or symptoms that are intensified with activity
	with moderate loss of range of motion, strength, or ability to perform daily tasks best
	describes the patient's presentation best describes th; Mild or moderate functional deficits
	due to lumbopelvic impairments with distal symptoms best describes the patient's clinical
	presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip
	selected as the second body type/region; Physical Therapy; Speech Therapy was not
	selected; The evaluation date is not in the future; The rehabilitation is NOT related to a
	diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;
	Physical or Occupational therapy was selected; Physical or Occupational therapy was
	selected; Physical or Occupational therapy was selected; Physical or Occupational therapy
	was selected; Magellan does not manage chiropractic but does manage speech therapy for
·	tic procedure, 1 or the member's plan; Physical therapy was requested; The health carrier is NOT New
· ·	15 minutes; gait Hampshire Healthy Families; Physical therapy was requested; Physical therapy was Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (include	s stair climbing) requested 1 2023 2023
	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First
	Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second
	pass is Hip/Pelvic; 5/1/2023; No patient history in the past 90 days; Evaluation dates less
	than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part;
	Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your
	Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits
	anticipated; The anticipated number of visits is other than 2.; The anticipated number of
	visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional
	deficits: constant intense symptoms with severe loss of range of motion, strength, or ability
	to perform daily tasks best describes the patient's presentation best describes the patient's
	presentation:; Severe functional deficits due to lumbopelvic impairments with or without
	distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected
	as the first body type/region; Lower Extremity/Hip selected as the second body type/region;
	Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;
	The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related
	to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or
	Occupational therapy was selected; Physical or Occupational therapy was selected; Physical
0744CTh	or Occupational therapy was selected; Magellan does not manage chiropractic but does
·	tic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical Apr-Jun
	15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical Apr-Jun
4/1/2023 - Physical more areas, each 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (include	

Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 5/2/2023; No patient history in the past 90 days; Evaluation dates less	
Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	
than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part;	
Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your	
Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	
anticipated; The anticipated number of visits is other than 2.; The anticipated number of	
visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body	
Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a	
fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense	
symptoms with severe loss of range of motion, strength, or ability to perform daily tasks	
best describes the patient's presentation best describes the patient's presentation:; Severe	
functional deficits due to lumbopelvic impairments with or without distal symptoms best	
describes the patient's clinical presentation; Spine/Chest was selected as the first body	
type/region; Lower Extremity/Hip selected as the second body type/region; Physical	
Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
or Occupational therapy was selected. Magellan does not manage chiropractic but does	
97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested	1 2023 2023
Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	
pass is Hip/Pelvic; 05/02/2023; No patient history in the past 90 days; Evaluation dates less	
than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part;	
Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your	
Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	
anticipated; The anticipated number of visits is other than 2.; The anticipated number of	
visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass	
Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and	
functional deficits: constant symptoms and/or symptoms that are intensified with activity	
with moderate loss of range of motion, strength, or ability to perform daily tasks best	
describes the patient's presentation best describes th; Mild or moderate functional deficits	
due to lumbopelvic impairments without distal symptom best describes the patient's clinical	
presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip	
selected as the second body type/region; Physical Therapy; Speech Therapy was not	
selected as the second body type/region; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	
diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
Physical or Occupational therapy was selected; Physical or Occupational therapy was	
selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
was selected; Magellan does not manage chiropractic but does manage speech therapy for	
97116 Therapeutic procedure, 1 or the member's plan; Physical therapy was requested; The health carrier is NOT New	
4/1/2023 - Physical more areas, each 15 minutes; gait Hampshire Healthy Families; Physical therapy was requested; Physical therapy was	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) requested	1 2023 2023

		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
		Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	
		pass is Hip/Pelvic; 5/3/2023; No patient history in the past 90 days; Evaluation dates less	
		than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part;	
		Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your	
		Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	
		anticipated; The anticipated number of visits is other than 2.; The anticipated number of	
		visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body	
		Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a	
		fax; The hip is beingn treated.; Moderate objective and functional deficits: constant	
		symptoms and/or symptoms that are intensified with activity with moderate loss of range of	
		motion, strength, or ability to perform daily tasks best describes the patient's presentation	
		best describes th; Severe functional deficits due to lumbopelvic impairments with or without	
		distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected	
		as the first body type/region; Lower Extremity/Hip selected as the second body type/region;	
		Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
		The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
		to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
		Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
		or Occupational therapy was selected; Magellan does not manage chiropractic but does	
97	7116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 - Physical mo	ore areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval tra	aining (includes stair climbing)	therapy was requested	1 2023 2023
		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
		Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	
		pass is Hip/Pelvic; 05/03/2023; No patient history in the past 90 days; Evaluation dates less	
		than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part;	
		Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your	
		Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	
		anticipated; The anticipated number of visits is other than 2.; The anticipated number of	
		visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass	
		Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and	
		functional deficits: constant symptoms and/or symptoms that are intensified with activity	
		with moderate loss of range of motion, strength, or ability to perform daily tasks best	
		describes the patient's presentation best describes th; Mild or moderate functional deficits	
		due to lumbopelvic impairments with distal symptoms best describes the patient's clinical	
		presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip	
		selected as the second body type/region; Physical Therapy; Speech Therapy was not	
		selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	
		diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
		Physical or Occupational therapy was selected; Physical or Occupational therapy was	
		selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
	744C Theorem with a second second second	was selected; Magellan does not manage chiropractic but does manage speech therapy for	
	7116 Therapeutic procedure, 1 or	the member's plan; Physical therapy was requested; The health carrier is NOT New	
	ore areas, each 15 minutes; gait	Hampshire Healthy Families; Physical therapy was requested; Physical therapy was	Apr-Jun
	aining (includes stair climbing)	requested	1 2023 2023

		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
		Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	
		pass is Hip/Pelvic; 5/3/2023; No patient history in the past 90 days; Evaluation dates less	
		than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part;	
		Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your	
		Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	
		anticipated; The anticipated number of visits is other than 2.; The anticipated number of	
		visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass	
		Starting; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has	
		Pelvic Pain Syndrome; Mild to moderate impairment in the ability to perform functional	
		tasks due to short, tight or tender pelvic floor muscles, or trigger points that cause referred	
		pain best describes the patient's presentation; Mild or moderate functional deficits due to	
		lumbopelvic impairments without distal symptom best describes the patient's clinical	
		presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip	
		selected as the second body type/region; Physical Therapy; Speech Therapy was not	
		selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	
		diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
		Physical or Occupational therapy was selected; Physical or Occupational therapy was	
		selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
		was selected; Magellan does not manage chiropractic but does manage speech therapy for	
	97116 Therapeutic procedure, 1 or	the member's plan; Physical therapy was requested; The health carrier is NOT New	
4/1/2023 - Physical	more areas, each 15 minutes; gait	Hampshire Healthy Families; Physical therapy was requested; Physical therapy was	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval	training (includes stair climbing)	requested	1 2023 2023
		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
		Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	
		pass is Hip/Pelvic; 5/4/2023; No patient history in the past 90 days; Evaluation dates less	
		than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part;	
		Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your	
		Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	
		anticipated; The anticipated number of visits is other than 2.; The anticipated number of	
		visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional	
		deficits: constant intense symptoms with severe loss of range of motion, strength, or ability	
		to perform daily tasks best describes the patient's presentation best describes the patient's	
		presentation:; Severe functional deficits due to lumbopelvic impairments with or without	
		distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected	
		as the first body type/region; Lower Extremity/Hip selected as the second body type/region;	
		Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
		The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
		to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
		Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
	0711C Thereachie arreading 1 as	or Occupational therapy was selected; Magellan does not manage chiropractic but does	
	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/4/2022			
4/1/2023 - Physical 6/30/2023 4/1/2023 6/30/2023 Medicine Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	Apr-Jun 1 2023 2023

				Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 5/9/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your	
				Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of	
				visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass	
				Starting; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability	
				to perform daily tasks best describes the patient's presentation best describes the patient's	
				presentation:; Severe functional deficits due to lumbopelvic impairments with or without	
				distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region;	
				Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
				The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
				to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
				Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does	
			97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023 4/1/2023 6/30)/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
				Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 5/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part;	
				Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	
				anticipated; The anticipated number of visits is other than 2.; The anticipated number of	
				visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body	
				Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant	
				symptoms and/or symptoms that are intensified with activity with moderate loss of range of	
				motion, strength, or ability to perform daily tasks best describes the patient's presentation	
				best describes th; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest was	
				selected as the first body type/region; Lower Extremity/Hip selected as the second body	
				type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
				in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
				NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				selected; Physical or Occupational therapy was selected; Magellan does not manage	
			97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical therapy was	
The second secon					
4/1/2023 - 6/30/2023 4/1/2023 6/30	Physical 0/2023 Medicine	Approval	more areas, each 15 minutes; gait training (includes stair climbing)	requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	Apr-Jun 1 2023 2023

		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
		Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	
		pass is Hip/Pelvic; 5/11/2023; No patient history in the past 90 days; Evaluation dates less	
		than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part;	
		Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your	
		Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	
		anticipated; The anticipated number of visits is other than 2.; The anticipated number of	
		visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass	
		Starting; Requestor is not a fax; The hip is beingn treated.; Mild objective and functional	
		deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to	
		perform daily tasks best describes the patient's presentation best describes the patient's	
		presentation:; Severe functional deficits due to lumbopelvic impairments with or without	
		distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected	
		as the first body type/region; Lower Extremity/Hip selected as the second body type/region;	
		Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
		The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
		to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
		Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
		or Occupational therapy was selected; Magellan does not manage chiropractic but does	
	97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 - Physical	more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
		Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	
		pass is Hip/Pelvic; 05/15/2023; No patient history in the past 90 days; Evaluation dates less	
		than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part;	
		Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your	
		Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	
		anticipated; The anticipated number of visits is other than 2.; The anticipated number of	
		visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body	
		Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a	
		fax; The hip is beingn treated.; Moderate objective and functional deficits: constant	
		symptoms and/or symptoms that are intensified with activity with moderate loss of range of	
		motion, strength, or ability to perform daily tasks best describes the patient's presentation	
		best describes th; Mild or moderate functional deficits due to lumbopelvic impairments	
		without distal symptom best describes the patient's clinical presentation; Spine/Chest was	
		selected as the first body type/region; Lower Extremity/Hip selected as the second body	
		type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
		in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
		NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
		Physical or Occupational therapy was selected; Physical or Occupational therapy was	
		selected; Physical or Occupational therapy was selected; Magellan does not manage	
	97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical therapy was	
	·		
	more areas, each 15 minutes; gait	requested. The health carrier is NOT New Hampshire Healthy Families. Physical therapy was	Anr lun
4/1/2023 - Physical 6/30/2023 4/1/2023 6/30/2023 Medicine Approval	more areas, each 15 minutes; gait training (includes stair climbing)	requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	Apr-Jun 1 2023 2023

6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Families; Physical therapy was requested; Physical therapy was requested: 1 2023 2023 Body Part passes complete, Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for Second pass is Hip/Pelvic; 5/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days; Evaluation dates less than 90 days; In the past, Non-Surgical; Lumbar Spine request; There or more visits anticipated; The anticipated number of visits is other than 2; The anticipated number of visits is other than 2; The anticipated number of visits is other than 2; The anticipated number of visits of the than 4; The anticipated number of visits is other than 2; The anticipated number of visits of the visits of the visit of t				
Pass, Second Pass cheeks point, Booky Pant for first pass is Lumbur's point, Pass of Second Pass is HapifPerkins yet and the pass is HapifPerkins yet beness of Body Second Pass is HapifPerkins yet beness of Body Second Pass that the Pass is HapifPerkins yet beness of Body Second Pass second Pass is HapifPerkins yet beness of Body Second Pass second Pass is HapifPerkins yet beness of Body Part pass scompletic, Description of Pass yet and Pass Pass			Rady Part passes complete Parform Rady Part colection, Parform Rady Part colection, First	
pas is high-Perior. (DR (16/2023). No patient history in the past 90 days, Evaluation dates less than 90 days in the past. Non-Surgical; Lumbar Spine selected as the specific body part; High/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Pile (specific day) the part body Part pass complete; Questions about your Pelvis/Pile (specific day) the part body Part pass complete; Questions about your Pelvis/Pile (specific day) the part body Part Part Body Part Part Packy Part Part Packy				
than 90 days in the past, Non-Surgical; Lumbar Soine selected as the specific body part High/Policy State the specific body parts Policy/High request; Questions about your Lumbar Spine request; Three or more visis anticipated. The anticipated number of visits is other than 2.1 The antici				
Hij/Pévis selected as the specific body part, Body Part pass complete: Cuestions about your Pebvis/Hijs request; Cuestions about your Evaluation generates: Three on more visits anticipated: The anticipated number of visits is other than 2; The anticipated number of visits is other than 2; The anticipated number of visits is other than 2; The anticipated number of visits is other than 2; The anticipated number of visits is other than 2; The anticipated number of visits is other than 2; The anticipated number of visits is other than 2; The anticipated number of visits is other than 2; The anticipated number of visits is other than 2; The anticipated number of visits is other than 2; The anticipated number of visits is other than 2; The anticipated number of visits is other than 2; The anticipated number of visits is other than 2 though your performance of the property				
Pelvis/Hip request; (Juestions about your Lumbar Spine request; Three or more visits a deficiency of visits to ther than 2.1 The anticipated number of visits to the than 2.1 The anticipated number of visits to the than 2.1 The anticipated number of visits to the than 2.1 The anticipated number of visits to the than 2.5 the patient has Pelvis Floor by function, including book on the top 2; Second Pass Starting, Requestor is not a fac, The Pelvis/Pelvic Floor is being treated, The patient has Pelvis Floor Dysfunction, including book or bidder? Mild to moderate impriment in the ability to perform functional tasks due to constitution, incontinence or pelvic organ prolage best describes the patients and properties of the patients			· · · · · · · · · · · · · · · · · · ·	
anticipated, The anticipated number of visits is other than 2. The anticipated number of visits is other than 2. The anticipated number of visits is other than 2. The anticipated number of visits is other than 2. The anticipated number of visits is other than 2. The anticipated number of visits is other than 2. The anticipated number of visits is other than 2. The anticipated number of visits is other than 2. The anticipated number of visits is other than 2. The anticipated number of visits is other than 2. The anticipated number of visits anticipated, The anticipated number of visits anticipated, The anticipated number of visits anticipated, The anticipated number of visits is other than 2. The anticipated number of visits anticipated, The anticipated number of visits is other than 2. The anticipated number of visits is other than 2. The anticipated number of visits is other than 2. The anticipated number of visits is other than 2. The anticipated number of visits is other than 2. The anticipated number of visits is other than 2. The anticipated number of visits is other than 2. The anticipated number of visits is other than 2. The anticipated number of visits is other than 2. The anticipated number of visits is other than 2. The anticipated number of visits is other than 2. The anticipated number of visits is other than 2. The anticipated number of visits is other than 2. The anticipated number of visits is other than 2. The anticipated number of visits is other than 2. The anticipated number of visits is other than 2. The anticipated number of visits is other than 2. The anticipated number of visits is other than 2. The anticipated number of visits is other than 2. The anticipated number of visits anticipated, and such as the				
visits is other than 2. Therapy type is Rehabilitative, More than 2 Body Party; 3 is 80dy Regions we selected - provide details on the top 2. Second Pass Starting Requestor is not a fax. The Pelvis/Pelvis Floor is being treated. The patient has Pelvis Floor Opysfunction, including bodder of biolider, Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvis organ prolapse best describes the patient's personation, Wild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvis organ prolapse best describes the patient's secretical set in the stress of the stock by type/region, lower Externity/His selected as the exclusion body type/region, Physical Therapy, Speech Therapy was not selected; The evaluation therapy was selected; Physicial or Compational therapy was selected; Physical or Compational therapy was selected; Physicial or Compational therapy was selected; Physical or Compational therapy was selected; Physicial or Compational therapy was selected; Physical or Compational therapy was selected; Physicial or Compational therapy was selected; Physical or Compational therapy was requised; Physical or Compational therapy was requised; Physical or Compational therapy was requised; Physical or Compational therapy was selected; Phy				
Regions was selected provide details on the top 2; Second Pass Statring. Requestor is not a fax. The Pelsi/Pelvic Floor to be being trasted. If the patient has Pelvic Floor Org/function, including bowel or bladder, Mild to moderate impairment in the ability to perform functional stack due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation. Mild or moderate functional deficits due to lumbopelvic impairments without distals symptom hext describes the patient's clinical presentation; Spins/Chart was selected as the first body type/region; Dover Extremity/Pilip selected as the second body type/region, Physical threapy, Second Physical Person Presentation; Spins/Chart was selected as the first body type/region; Dover Extremity/Pilip selected as the second body type/region, Physical threapy, Second Physical Pelvic Present threapy was not selected; Physical or Occupational threapy was selected; Physical or Occ				
fax. The Pelvis/Pelvis Floor is being treated. The patient has Pelvis Floor Optionation, including booked or bladder, will do moderate impairment in the ability to perform functional tasks due to constitution, incomtience or pelvis or gran prolapse best describes the patient's gressenation, Whild or moderate functional deficits due to inumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spinc/How was selected as the first body type/geoin, Lewer Extremity/fips selected as the second body type/geoingon; pelvisical Treaspy Speech Therapy was not selected; The evaluation date is not in the future. The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of the member's properties of the part of the member's properties of the part of the part of the cancer is NOT New Ampshire Healthy April on Cooperational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested. 41/2023 6/30/2023 Medicine Approval training (includes stair climbing) framework therapy was requested. The member of visits of the member of the part o				
including bowel or bladder; Mild to moderate impairment in the ability to perform functional lasks due to constipation, incominence or pelvic organ prolapse best describes the patient's presentation, Mild or moderate functional deficits due to lumbopelvic impairments without distal symptome best describes the patient's presentation; Spins/Chest was selected as the first body type/region, Lower Extremity/Hip selected as the second body type/region; December 1 and the future; The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of lymphedema; Physical or Occupational therapy was selected; A1/1/2023 - Physical more area, each 15 minutes; gait physical phys				
functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation, Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spinc/Chest was selected as the firsts body per/eggine. Diverse Textemily/Hijs selected as the second body type/reggine. Diverse Textemily/Hijs selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected. Physical or Occupational therapy was selected; Second Pass Starting Requested in one of the specific body part; Hijp Pedvis Physical Phy				
the patient's presentation, Mild or moderate functional deficits due to lumbopelvic impartments without distal symptom best describes the patient's clinical presentation; Spinic/Chest was selected as the first body type/egion; Lower Extremilly/Hip selected as the second body type/egion. Physical Interpoly, Speech Therapy, Search Therapy, Was not selected. The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer, the rehabilitation is NOT				
impairments without distal symptom best describes the patients? clinical presentation; Spine/Chest was selected as the first body type/region; Diver Sutremtly/filly selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Cucupational therapy was selected; Physical or Occupational therapy was requested; Physical Occupational delicits of the Physical Occupational therapy was requested; Physical Occupational therapy was requested; Physical Occupational delicits of the Physical Occupational therapy was requested; Physical Occupational therapy was selected; Physical Occupational delicits of the Physical Occupational therapy was selected;				
Spine/Chest was selected as the first body type/region; Lower Extremity/Hijs selected as the second body type/region, Physical Therapy was nestlected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cance; The rehabilitation is NOT related to a diagnosis of Concer; The rehabilitation is NOT related to a diagnosis of Concer; The rehabilitation is NOT related to a diagnosis of Lymphedema, Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; Physical therapy to remain the part of the p				
second body type/region; Physical Therapy. Speech Therapy was not selected; The evaluation date is not in the future. The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical therapy was requested. 4/1/2023				
evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical Of School of Sc			· · · · · · · · · · · · · · · · · · ·	
cancer; The rehabilitation is NOT related to a diagnosis of Lymphedema, Physical or Occupational therapy was selected; Physical pharapy was requested; The health carrier is NOT New Hamphishire Healthty Apr-Jun 1974 (Inches Selected) and the part of the health carrier is NOT New Hamphishire Healthty Apr-Jun 1974 (Inches Selected) and the part passes complete; Perform Body Part selection; Perf			· · · · · · · · · · · · · · · · · · ·	
Occupational therapy was selected; Physical or Occupational therapy was requested; Physical practic but does manage speech therapy for the member's plan; Physical therapy was requested. Physical character is NOT New Hampshire Healthy Apr-Jun (follows) and plan; Physical therapy was requested. Physical therapy was requested to a Magnetic physical practic perform Body Part selection; Perform Body Par			and the control of th	
or Occupational therapy was selected; 4/1/2023 - Physical Physical Physical therapy was selected; 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Families; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Apr-Jun Families; Physical therapy was requested; Physical therapy was requested 1 2023 2023 2023 2023 2023 2023 2023 20				
4/1/2023 - Physical member's procedure, 1 or more areas, each 15 minutes; gait plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Apr-Jun 6/30/2023 Medicine Approval training (includes stair climbing) Families; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested of plan; Physical therapy was requested; Physical companies; Physical or Occupational therapy. Body Part selection; Pist Pass, Second Pass, Seco				
4/1/2023 - Physical more areas, each 15 minutes; gait plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Families; Physical therapy was requested; Physical therapy was requested 12 2023 2023 2023 2023 2024 2024 2023 2024 2024				
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Families; Physical therapy was requested; Physical therapy was requested 1 2023 2023 Body Part passes complete, Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for Second pass is Hip/Pelvic; 5/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days; Evaluation dates less than 90 days; Evaluation dates less than 90 days; Independent of Pelvis/Hip request; Questions about your Pelvis/Hip request;; Questions about your Lumbar Spine request; Three or more visits anticipated; The anticipated number of visits is other than 2; The anticipated number of visits is oth				
Body Part passes complete; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 5/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; Questions about your Lumbar Spine request; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated; Moderate Objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer, and the second body type/region; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New	,	· · · · · · · · · · · · · · · · · · ·		Apr-Jun
Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 5/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; Questions about your Lumbar Spine request; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The rapy type is Rehabilitative; Two Body Parts selected, Second Pass Starting; Requestor is not a fax; The hip is beingn treated; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of carner, The rehabilitation is NOT related to a diagnosis of carner, The rehabilitation is NOT related to a diagnosis of tymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy w	6/30/2023 4/1/2023 6/30/2023 Medicine Approval	training (includes stair climbing)		1 2023 2023
pass is Hip/Pelvic; 5/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is ot				
than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Bidy Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Questions about your Lumbar Spine request: Three or more visits anticipated: The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The rapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is being treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a coccupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupa				
Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Questions about your Lumbar Spine request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected; Spine/Chest was selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy or the member's plan; Physical therapy was requested; The health carrier is NOT New				
Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated second Pass Starting; Requestor is not a fax; The hip is beingn treated; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes this patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; Physical or Occupational therapy was selected; Phy				
anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cocupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy of the member's plan; Physical therapy was requested; The health carrier is NOT New				
visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New				
Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational the			· · · · · · · · · · · · · · · · · · ·	
functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupat			, , , , , , , , , , , , , , , , , , , ,	
with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation of NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New				
describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational			, , , , , , , , , , , , , , , , , , , ,	
due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical				
presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupa			describes the patient's presentation best describes th; Mild or moderate functional deficits	
selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;			due to lumbopelvic impairments with distal symptoms best describes the patient's clinical	
selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy wa			· · · · · · · · · · · · · · · · · · ·	
diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy of the manage spectors of the member's plan; Physical therapy was requested; The health carrier is NOT New			selected as the second body type/region; Physical Therapy; Speech Therapy was not	
Physical or Occupational therapy was selected; Physical or Occupational			selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	
selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New			diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
was selected; Magellan does not manage chiropractic but does manage speech therapy for 97116 Therapeutic procedure, 1 or the member's plan; Physical therapy was requested; The health carrier is NOT New			Physical or Occupational therapy was selected; Physical or Occupational therapy was	
97116 Therapeutic procedure, 1 or the member's plan; Physical therapy was requested; The health carrier is NOT New			selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
			was selected; Magellan does not manage chiropractic but does manage speech therapy for	
4/1/2023 - Physical more areas, each 15 minutes; gait Hampshire Healthy Families; Physical therapy was requested; Physical therapy was Apr-Jun		97116 Therapeutic procedure, 1 or	the member's plan; Physical therapy was requested; The health carrier is NOT New	
	4/1/2023 - Physical	more areas, each 15 minutes; gait	Hampshire Healthy Families; Physical therapy was requested; Physical therapy was	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) requested 2 2023 2023	6/30/2023 4/1/2023 6/30/2023 Medicine Approval	training (includes stair climbing)	requested	2 2023 2023

					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 5/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional	
					deficits: constant intense symptoms with severe loss of range of motion, strength, or ability	
					to perform daily tasks best describes the patient's presentation best describes the patient's	
					presentation:; Severe functional deficits due to lumbopelvic impairments with or without	
					distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region;	
					Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
					The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
					to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
				97116 Therapeutic procedure, 1 or	or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 05/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Questions about your Lumbar Spine request:; Thee or more visits anticipated; The anticipated number of visits is other than 2.; The anti	
					Starting; Requestor is not a fax; The hip is beingn treated.; Mild objective and functional	
					deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to	
					perform daily tasks best describes the patient's presentation best describes the patient's	
					presentation:; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected	
					as the first body type/region; Lower Extremity/Hip selected as the second body type/region;	
					Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
					The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
					to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
				07446 Theorem white annual and 4	or Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 -		Dhysical		97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	Ang line
6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	more areas, each 15 minutes; gait training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	Apr-Jun 1 2023 2023
0/30/2023	., 1, 2023	5, 50, 2025 WEGICITE	, ippi ovai	a annua (merades stair cilinbring)	arcrapy was requested	1 2023 2023

			Dad Dad access and the Dad and Dad Dad adultion Dad Dad Dad Dad Control Dad	
			Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
			Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	
			pass is Hip/Pelvic; 5/23/2023; No patient history in the past 90 days; Evaluation dates less	
			than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part;	
			Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your	
			Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	
			anticipated; The anticipated number of visits is other than 2.; The anticipated number of	
			visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body	
			Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a	
			fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction,	
			including bowel or bladder; Severe impairment in the ability to perform functional tasks due	
			to constipation, incontinence or pelvic organ prolapse best describes the patient's	
			presentation; Mild or moderate functional deficits due to lumbopelvic impairments with	
			distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected	
			as the first body type/region; Lower Extremity/Hip selected as the second body type/region;	
			Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
			The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
			to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
			Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
			or Occupational therapy was selected; Magellan does not manage chiropractic but does	
		97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -	Physical	more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
	/2023 Medicine Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
0/30/2023 4/1/2023 0/30	/2023 Wedicille Approval	training (includes stail climbing)	therapy was requested	1 2023 2023
			Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
			Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	
			pass is Hip/Pelvic; 5/23/2023; No patient history in the past 90 days; Evaluation dates less	
			than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part;	
			Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your	
			Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	
			anticipated; The anticipated number of visits is other than 2.; The anticipated number of	
			visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass	
			Starting; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional	
			deficits: constant intense symptoms with severe loss of range of motion, strength, or ability	
			to perform daily tasks best describes the patient's presentation best describes the patient's	
			presentation:; Severe functional deficits due to lumbopelvic impairments with or without	
			distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected	
			as the first body type/region; Lower Extremity/Hip selected as the second body type/region;	
			Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
			The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
			to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
			Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
			or Occupational therapy was selected; Magellan does not manage chiropractic but does	
		97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -	Physical	more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023 4/1/2023 6/30	/2023 Medicine Approval	training (includes stair climbing)	therapy was requested	1 2023 2023

					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	
					pass is Hip/Pelvic; 05/24/2023; No patient history in the past 90 days; Evaluation dates less	
					than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part;	
					Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your	
					Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	
					anticipated; The anticipated number of visits is other than 2.; The anticipated number of	
					visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass	
					Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and	
					functional deficits: constant symptoms and/or symptoms that are intensified with activity	
					with moderate loss of range of motion, strength, or ability to perform daily tasks best	
					describes the patient's presentation best describes th; Severe functional deficits due to	
					lumbopelvic impairments with or without distal symptoms best describes the patient's	
					clinical presentation; Spine/Chest was selected as the first body type/region; Lower	
					Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy	
					was not selected; The evaluation date is not in the future; The rehabilitation is NOT related	
					to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
					selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
					was selected; Magellan does not manage chiropractic but does manage speech therapy for	
				97116 Therapeutic procedure, 1 or	the member's plan; Physical therapy was requested; The health carrier is NOT New	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Hampshire Healthy Families; Physical therapy was requested; Physical therapy was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	requested	1 2023 2023
					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	
					pass is Hip/Pelvic; 5/24/2023; No patient history in the past 90 days; Evaluation dates less	
					than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part;	
					Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your	
					Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	
					anticipated; The anticipated number of visits is other than 2.; The anticipated number of	
					visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass	
					Starting; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has	
					Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the	
					ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse	
					best describes the patient's presentation; Pregnancy related lumbopelvic pain best describes	
					the patient's clinical presentation; Spine/Chest was selected as the first body type/region;	
					Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech	
					Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT	
					related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
					Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Magellan does not manage chiropractic but does	
				97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
				37110 merapeutic procedure, 101	manage speech therapy for the member s plan, rhysical therapy was requested; The health	
4/1/2022		Dhysical		mara areas, each 1E minutes; gait	carrier is NOT New Hampshire Healthy Families, Physical therapy was requested. Physical	Ang lum
4/1/2023 - 6/30/2023	4/1/2022	Physical 6/30/2023 Medicine	Approval	more areas, each 15 minutes; gait training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	Apr-Jun 1 2023 2023

		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
		Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	
		pass is Hip/Pelvic; 5/25/2023; No patient history in the past 90 days; Evaluation dates less	
		than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part;	
		Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your	
		Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	
		anticipated; The anticipated number of visits is other than 2.; The anticipated number of	
		visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass	
		Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and	
		functional deficits: constant symptoms and/or symptoms that are intensified with activity	
		with moderate loss of range of motion, strength, or ability to perform daily tasks best	
		describes the patient's presentation best describes th; Mild or moderate functional deficits	
		due to lumbopelvic impairments with distal symptoms best describes the patient's clinical	
		presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip	
		selected as the second body type/region; Physical Therapy; Speech Therapy was not	
		selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	
		diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
		Physical or Occupational therapy was selected; Physical or Occupational therapy was	
		selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
		was selected; Magellan does not manage chiropractic but does manage speech therapy for	
	97116 Therapeutic procedure, 1 or	the member's plan; Physical therapy was requested; The health carrier is NOT New	
, · · · · · · · · · · · · · · · · · · ·	more areas, each 15 minutes; gait	Hampshire Healthy Families; Physical therapy was requested; Physical therapy was	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval	training (includes stair climbing)	requested	1 2023 2023
		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
		Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	
		pass is Hip/Pelvic; 5/25/2023; No patient history in the past 90 days; Evaluation dates less	
		than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part;	
		Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your	
		Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	
		anticipated; The anticipated number of visits is other than 2.; The anticipated number of	
		visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional	
		deficits: constant intense symptoms with severe loss of range of motion, strength, or ability	
		to perform daily tasks best describes the patient's presentation best describes the patient's	
		presentation:; Severe functional deficits due to lumbopelvic impairments with or without	
		distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected	
		as the first body type/region; Lower Extremity/Hip selected as the second body type/region;	
		Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
		The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
		to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
		Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
	07116 Thoronoutic proceedure 1 or	or Occupational therapy was selected; Magellan does not manage chiropractic but does	
,	97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/4/2022			
,	more areas, each 15 minutes; gait training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	Apr-Jun 1 2023 2023

	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First
	Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second
	pass is Hip/Pelvic; 5/26/2023; No patient history in the past 90 days; Evaluation dates less
	than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part;
	Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your
	Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits
	anticipated; The anticipated number of visits is other than 2.; The anticipated number of
	visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass
	Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and
	functional deficits: constant symptoms and/or symptoms that are intensified with activity
	with moderate loss of range of motion, strength, or ability to perform daily tasks best
	describes the patient's presentation best describes th; Severe functional deficits due to
	lumbopelvic impairments with or without distal symptoms best describes the patient's
	clinical presentation; Spine/Chest was selected as the first body type/region; Lower
	Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy
	was not selected; The evaluation date is not in the future; The rehabilitation is NOT related
	to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;
	Physical or Occupational therapy was selected; Physical or Occupational therapy was
	selected; Physical or Occupational therapy was selected; Physical or Occupational therapy
	was selected; Magellan does not manage chiropractic but does manage speech therapy for
97116 Therapeutic	procedure, 1 or the member's plan; Physical therapy was requested; The health carrier is NOT New
4/1/2023 - Physical more areas, each 15	
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes st	air climbing) requested 1 2023 2023
	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First
	Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second
	pass is Hip/Pelvic; 5/26/2023; No patient history in the past 90 days; Evaluation dates less
	than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part;
	Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your
	Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits
	anticipated; The anticipated number of visits is other than 2.; The anticipated number of
	visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional
	deficits: constant intense symptoms with severe loss of range of motion, strength, or ability
	to perform daily tasks best describes the patient's presentation best describes the patient's
	presentation:; Severe functional deficits due to lumbopelvic impairments with or without
	distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected
	as the first body type/region; Lower Extremity/Hip selected as the second body type/region;
	Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of speech. The rehabilitation is NOT related.
	The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related
	to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or
	Occupational therapy was selected; Physical or Occupational therapy was selected; Physical
0744CTh	or Occupational therapy was selected; Magellan does not manage chiropractic but does
97116 Therapeutic	
4/1/2023 - Physical more areas, each 15 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes st	

Dady David massas assessants to David and Davi	
Body Part passes complete; Perform Body Part selection; Perform Body Part selection; Perform Body Part selection;	
Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for s	econd
pass is Hip/Pelvic; 5/30/2023; No patient history in the past 90 days; Evaluation dates	less
than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body par	;
Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about	it your
Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visit	s
anticipated; The anticipated number of visits is other than 2.; The anticipated number	of
visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second	Pass
Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and	
functional deficits: constant symptoms and/or symptoms that are intensified with acti	vity
with moderate loss of range of motion, strength, or ability to perform daily tasks best	
describes the patient's presentation best describes th; Mild or moderate functional de	ficits
due to lumbopelvic impairments with distal symptoms best describes the patient's clir	nical
presentation; Spine/Chest was selected as the first body type/region; Lower Extremity	/Hip
selected as the second body type/region; Physical Therapy; Speech Therapy was not	
selected; The evaluation date is not in the future; The rehabilitation is NOT related to	1
diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
Physical or Occupational therapy was selected; Physical or Occupational therapy was	
selected; Physical or Occupational therapy was selected; Physical or Occupational ther	ару
was selected; Magellan does not manage chiropractic but does manage speech therap	y for
97116 Therapeutic procedure, 1 or the member's plan; Physical therapy was requested; The health carrier is NOT New	
4/1/2023 - Physical Physical more areas, each 15 minutes; gait Hampshire Healthy Families; Physical therapy was requested; Physical therapy was	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) requested	1 2023 2023
Body Part passes complete; Perform Body Part selection; Perform Body Part selection; Perform Body Part selection;	
Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for s	
pass is Hip/Pelvic; 5/31/2023; No patient history in the past 90 days; Evaluation dates	
than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body par	
Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions abou	·
Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visit	
anticipated; The anticipated number of visits is other than 2.; The anticipated number	
visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second	Pass
Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and	
functional deficits: constant symptoms and/or symptoms that are intensified with acti	vity
with moderate loss of range of motion, strength, or ability to perform daily tasks best	
describes the patient's presentation best describes th; Mild or moderate functional de	
due to lumbopelvic impairments with distal symptoms best describes the patient's cli	
presentation; Spine/Chest was selected as the first body type/region; Lower Extremity	/Hip
selected as the second body type/region; Physical Therapy; Speech Therapy was not	
selected; The evaluation date is not in the future; The rehabilitation is NOT related to	1
diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
Physical or Occupational therapy was selected; Physical or Occupational therapy was	
selected; Physical or Occupational therapy was selected; Physical or Occupational ther	
was selected; Magellan does not manage chiropractic but does manage speech therap	y for
97116 Therapeutic procedure, 1 or the member's plan; Physical therapy was requested; The health carrier is NOT New	
4/1/2023 - Physical more areas, each 15 minutes; gait Hampshire Healthy Families; Physical therapy was requested; Physical therapy was	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) requested	2 2023 2023

		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
		Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	
		pass is Hip/Pelvic; 05/31/2023; No patient history in the past 90 days; Evaluation dates less	
		than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part;	
		Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your	
		Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	
		anticipated; The anticipated number of visits is other than 2.; The anticipated number of	
		visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass	
		Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and	
		functional deficits: constant symptoms and/or symptoms that are intensified with activity	
		with moderate loss of range of motion, strength, or ability to perform daily tasks best	
		describes the patient's presentation best describes th; Mild or moderate functional deficits	
		due to lumbopelvic impairments without distal symptom best describes the patient's clinical	
		presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip	
		selected as the second body type/region; Physical Therapy; Speech Therapy was not	
		selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	
		diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
		Physical or Occupational therapy was selected; Physical or Occupational therapy was	
		selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
		was selected; Magellan does not manage chiropractic but does manage speech therapy for	
	97116 Therapeutic procedure, 1 or	the member's plan; Physical therapy was requested; The health carrier is NOT New	
4/1/2023 - Physical	more areas, each 15 minutes; gait	Hampshire Healthy Families; Physical therapy was requested; Physical therapy was	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval	training (includes stair climbing)	requested	1 2023 2023
	J. J.	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
		Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	
		pass is Hip/Pelvic; 5/31/2023; No patient history in the past 90 days; Evaluation dates less	
		than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part;	
		Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your	
		Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	
		anticipated; The anticipated number of visits is other than 2.; The anticipated number of	
		visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass	
		Starting; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has	
		Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the	
		ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse	
		best describes the patient's presentation; Mild or moderate functional deficits due to	
		lumbopelvic impairments without distal symptom best describes the patient's clinical	
		presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip	
		selected as the second body type/region; Physical Therapy; Speech Therapy was not	
		selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	
		diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
		Physical or Occupational therapy was selected; Physical or Occupational therapy was	
		selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
		was selected; Magellan does not manage chiropractic but does manage speech therapy for	
	97116 Therapeutic procedure, 1 or	the member's plan; Physical therapy was requested; The health carrier is NOT New	
4/1/2023 - Physical	more areas, each 15 minutes; gait	Hampshire Healthy Families; Physical therapy was requested; Physical therapy was	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval	training (includes stair climbing)	requested	1 2023 2023
0/30/2023 4/1/2023 0/30/2023 Wedicine Approval	crammig (microues stan cillibring)	requesteu	1 2023 2023

		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
		Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	
		pass is Hip/Pelvic; 6/5/2023; No patient history in the past 90 days; Evaluation dates less	
		than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part;	
		Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your	
		Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	
		anticipated; The anticipated number of visits is other than 2.; The anticipated number of	
		visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass	
		Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and	
		functional deficits: constant symptoms and/or symptoms that are intensified with activity	
		with moderate loss of range of motion, strength, or ability to perform daily tasks best	
		describes the patient's presentation best describes th; Mild or moderate functional deficits	
		due to lumbopelvic impairments with distal symptoms best describes the patient's clinical	
		presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip	
		selected as the second body type/region; Physical Therapy; Speech Therapy was not	
		selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	
		diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
		Physical or Occupational therapy was selected; Physical or Occupational therapy was	
		selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
		was selected; Magellan does not manage chiropractic but does manage speech therapy for	
	97116 Therapeutic procedure, 1 or	the member's plan; Physical therapy was requested; The health carrier is NOT New	
4/1/2023 - Physical	more areas, each 15 minutes; gait	Hampshire Healthy Families; Physical therapy was requested; Physical therapy was	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval	training (includes stair climbing)	requested	1 2023 2023
		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
		Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	
		pass is Hip/Pelvic; 6/6/2023; No patient history in the past 90 days; Evaluation dates less	
		than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part;	
		Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your	
		Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	
		anticipated; The anticipated number of visits is other than 2.; The anticipated number of	
		visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass	
		Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and	
		functional deficits: constant symptoms and/or symptoms that are intensified with activity	
		with moderate loss of range of motion, strength, or ability to perform daily tasks best	
		describes the patient's presentation best describes th; Mild or moderate functional deficits	
		due to lumbopelvic impairments with distal symptoms best describes the patient's clinical	
		presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip	
		selected as the second body type/region; Physical Therapy; Speech Therapy was not	
		selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	
		diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
		Physical or Occupational therapy was selected; Physical or Occupational therapy was	
		selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
		was selected; Magellan does not manage chiropractic but does manage speech therapy for	
	97116 Therapeutic procedure, 1 or	the member's plan; Physical therapy was requested; The health carrier is NOT New	
4/1/2023 - Physical	more areas, each 15 minutes; gait training (includes stair climbing)	Hampshire Healthy Families; Physical therapy was requested; Physical therapy was	Apr-Jun 1 2023 2023
6/30/2023 4/1/2023 6/30/2023 Medicine Approval		requested	

Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 6/6/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part;	
pass is Hip/Pelvic; 6/6/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part;	
than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part;	
Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your	
Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	
anticipated; The anticipated number of visits is other than 2.; The anticipated number of	
visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass	
Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and	
functional deficits: constant symptoms and/or symptoms that are intensified with activity	
with moderate loss of range of motion, strength, or ability to perform daily tasks best	
describes the patient's presentation best describes th; Severe functional deficits due to	
lumbopelvic impairments with or without distal symptoms best describes the patient's	
clinical presentation; Spine/Chest was selected as the first body type/region; Lower	
Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy	
was not selected; The evaluation date is not in the future; The rehabilitation is NOT related	
to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
Physical or Occupational therapy was selected; Physical or Occupational therapy was	
selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
was selected; Magellan does not manage chiropractic but does manage speech therapy for	
97116 Therapeutic procedure, 1 or the member's plan; Physical therapy was requested; The health carrier is NOT New	
4/1/2023 - Physical Physical more areas, each 15 minutes; gait Hampshire Healthy Families; Physical therapy was requested; Physical therapy was	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) requested	1 2023 2023
Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	
pass is Hip/Pelvic; 6/7/2023; No patient history in the past 90 days; Evaluation dates less	
than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part;	
Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your	
Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	
anticipated; The anticipated number of visits is other than 2.; The anticipated number of	
visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass	
Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and	
functional deficits: constant symptoms and/or symptoms that are intensified with activity	
with moderate loss of range of motion, strength, or ability to perform daily tasks best	
describes the patient's presentation best describes th; Mild or moderate functional deficits	
due to lumbopelvic impairments with distal symptoms best describes the patient's clinical	
presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip	
selected as the second body type/region; Physical Therapy; Speech Therapy was not	
selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	
diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
Physical or Occupational therapy was selected; Physical or Occupational therapy was	
selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
was selected; Magellan does not manage chiropractic but does manage speech therapy for	
97116 Therapeutic procedure, 1 or the member's plan; Physical therapy was requested; The health carrier is NOT New	
4/1/2023 - Physical Physical more areas, each 15 minutes; gait Hampshire Healthy Families; Physical therapy was requested; Physical therapy was	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) requested	1 2023 2023

		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
		Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	
		pass is Hip/Pelvic; 06/07/2023; No patient history in the past 90 days; Evaluation dates less	
		than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part;	
		Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your	
		Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	
		anticipated; The anticipated number of visits is other than 2.; The anticipated number of	
		visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass	
		Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and	
		functional deficits: constant symptoms and/or symptoms that are intensified with activity	
		with moderate loss of range of motion, strength, or ability to perform daily tasks best	
		describes the patient's presentation best describes th; Mild or moderate functional deficits	
		due to lumbopelvic impairments without distal symptom best describes the patient's clinical	
		presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip	
		selected as the second body type/region; Physical Therapy; Speech Therapy was not	
		selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	
		diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
		Physical or Occupational therapy was selected; Physical or Occupational therapy was	
		selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
		was selected; Magellan does not manage chiropractic but does manage speech therapy for	
	97116 Therapeutic procedure, 1 or	the member's plan; Physical therapy was requested; The health carrier is NOT New	
4/1/2023 - Physical	more areas, each 15 minutes; gait	Hampshire Healthy Families; Physical therapy was requested; Physical therapy was	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval	training (includes stair climbing)	requested	1 2023 2023
		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
		Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	
		pass is Hip/Pelvic; 6/7/2023; No patient history in the past 90 days; Evaluation dates less	
		than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part;	
		Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your	
		Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	
		anticipated; The anticipated number of visits is other than 2.; The anticipated number of	
		visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass	
		Starting; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional	
		deficits: constant intense symptoms with severe loss of range of motion, strength, or ability	
		to perform daily tasks best describes the patient's presentation best describes the patient's	
		presentation:; Severe functional deficits due to lumbopelvic impairments with or without	
		distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected	
		as the first body type/region; Lower Extremity/Hip selected as the second body type/region;	
		Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
		The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
		to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
		Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
		or Occupational therapy was selected; Magellan does not manage chiropractic but does	
	97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 - Physical		carrier is NCLL New Hamnshire Healthy Families. Physical therapy was regulested, physical	Δnr-lun
4/1/2023 - Physical 6/30/2023 4/1/2023 6/30/2023 Medicine Approval	more areas, each 15 minutes; gait training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	Apr-Jun 1 2023 2023

Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 06/13/203; No patient history in the past 90 days; Evaluation dates less	
pass is Hip/Pelvic; 06/13/2023; No patient history in the past 90 days; Evaluation dates less	
than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part;	
Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your	
Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	
anticipated; The anticipated number of visits is other than 2.; The anticipated number of	
visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass	
Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and	
functional deficits: constant symptoms and/or symptoms that are intensified with activity	
with moderate loss of range of motion, strength, or ability to perform daily tasks best	
describes the patient's presentation best describes th; Mild or moderate functional deficits	
due to lumbopelvic impairments with distal symptoms best describes the patient's clinical	
presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip	
selected as the second body type/region; Physical Therapy; Speech Therapy was not	
selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	
diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
Physical or Occupational therapy was selected; Physical or Occupational therapy was	
selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
was selected; Magellan does not manage chiropractic but does manage speech therapy for	
97116 Therapeutic procedure, 1 or the member's plan; Physical therapy was requested; The health carrier is NOT New	
4/1/2023 - Physical more areas, each 15 minutes; gait Hampshire Healthy Families; Physical therapy was requested; Physical therapy was	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) requested	1 2023 2023
Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	
pass is Hip/Pelvic; 06/13/2023; No patient history in the past 90 days; Evaluation dates less	
than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part;	
Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your	
Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	
anticipated; The anticipated number of visits is other than 2.; The anticipated number of	
visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional	
deficits: constant intense symptoms with severe loss of range of motion, strength, or ability	
to perform daily tasks best describes the patient's presentation best describes the patient's	
presentation:; Severe functional deficits due to lumbopelvic impairments with or without	
distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected	
as the first body type/region; Lower Extremity/Hip selected as the second body type/region;	
Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
or Occupational therapy was selected; Magellan does not manage chiropractic but does	
97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested. 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested	Apr-Jun 1 2023 2023

Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; 6/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgicial; Lumbar Spine selected as the specific body part;	d
pass is Hip/Pelvic; 6/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part;	d
than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part;	
Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about you	ır
Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	
anticipated; The anticipated number of visits is other than 2.; The anticipated number of	
visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass	
Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and	
functional deficits: constant symptoms and/or symptoms that are intensified with activity	
with moderate loss of range of motion, strength, or ability to perform daily tasks best	
describes the patient's presentation best describes th; Severe functional deficits due to	
lumbopelvic impairments with or without distal symptoms best describes the patient's	
clinical presentation; Spine/Chest was selected as the first body type/region; Lower	
Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy	
was not selected; The evaluation date is not in the future; The rehabilitation is NOT related	
to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
Physical or Occupational therapy was selected; Physical or Occupational therapy was	
selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
was selected; Magellan does not manage chiropractic but does manage speech therapy for	
97116 Therapeutic procedure, 1 or the member's plan; Physical therapy was requested; The health carrier is NOT New	A 1
4/1/2023 - Physical more areas, each 15 minutes; gait Hampshire Healthy Families; Physical therapy was requested; Physical therapy was	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) requested	1 2023 2023
Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	d
pass is Hip/Pelvic; 6/21/2023; No patient history in the past 90 days; Evaluation dates less	
than 90 days in the past; Surgical; 5/3/2023; Post-Op; Lumbar Spine selected as the specific	
body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions	
about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or	
more visits anticipated; The anticipated number of visits is other than 2.; The anticipated	
number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected;	
Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Severe objective and	t
functional deficits: constant intense symptoms with severe loss of range of motion, strength	
or ability to perform daily tasks best describes the patient's presentation best describes the	
patient's presentation;; Severe functional deficits due to lumbopelvic impairments with or	
without distal symptoms best describes the patient's clinical presentation; Spine/Chest was	
selected as the first body type/region; Lower Extremity/Hip selected as the second body	
type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical;	
The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; or Occupational therapy was selected;	
Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but	Apr-Jun

		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
		Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	
		pass is Hip/Pelvic; 06/22/2023; No patient history in the past 90 days; Evaluation dates less	
		than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part;	
		Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your	
		Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	
		anticipated; The anticipated number of visits is other than 2.; The anticipated number of	
		visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass	
		Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and	
		functional deficits: constant symptoms and/or symptoms that are intensified with activity	
		with moderate loss of range of motion, strength, or ability to perform daily tasks best	
		describes the patient's presentation best describes th; Mild or moderate functional deficits	
		due to lumbopelvic impairments with distal symptoms best describes the patient's clinical	
		presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip	
		selected as the second body type/region; Physical Therapy; Speech Therapy was not	
		selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	
		diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
		Physical or Occupational therapy was selected; Physical or Occupational therapy was	
		selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
		was selected; Magellan does not manage chiropractic but does manage speech therapy for	
	97116 Therapeutic procedure, 1 or	the member's plan; Physical therapy was requested; The health carrier is NOT New	
4/1/2023 - Physical	more areas, each 15 minutes; gait	Hampshire Healthy Families; Physical therapy was requested; Physical therapy was	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval	training (includes stair climbing)	requested	1 2023 2023
		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
		Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	
		pass is Hip/Pelvic; 6/27/2023; No patient history in the past 90 days; Evaluation dates less	
		than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part;	
		Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your	
		Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits	
		anticipated; The anticipated number of visits is other than 2.; The anticipated number of	
		visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body	
		Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a	
		fax; The hip is beingn treated.; Moderate objective and functional deficits: constant	
		symptoms and/or symptoms that are intensified with activity with moderate loss of range of	
		motion, strength, or ability to perform daily tasks best describes the patient's presentation	
		best describes th; Severe functional deficits due to lumbopelvic impairments with or without	
		distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected	
		as the first body type/region; Lower Extremity/Hip selected as the second body type/region;	
		Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
		The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
		Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
	07116 Thorapoutic procedure 1 or	or Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/4/2022 Physical	97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
4/1/2023 - Physical	more areas, each 15 minutes; gait	carrier is incur inem Hampspire Healthy Families, Physical therapy was regulested. Physical	Δnr-liin
6/30/2023 4/1/2023 6/30/2023 Medicine Approval	training (includes stair climbing)	therapy was requested	1 2023 2023

	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First
	Pass: Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second
	pass is Hip/Pelvic; 6/27/2023; No patient history in the past 90 days; Evaluation dates less
	than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part;
	Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your
	Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; Three or more visits
	anticipated; The anticipated number of visits is other than 2.; The anticipated number of
	visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body
	Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a
	fax: The hip is beingn treated.; Severe objective and functional deficits: constant intense
	symptoms with severe loss of range of motion, strength, or ability to perform daily tasks
	best describes the patient's presentation best describes the patient's presentation:: Severe
	functional deficits due to lumbopelvic impairments with or without distal symptoms best
	describes the patient's clinical presentation; Spine/Chest was selected as the first body
	type/region; Lower Extremity/Hip selected as the second body type/region; Physical
	Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The
	rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a
	diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or
	Occupational therapy was selected; Physical or Occupational therapy was selected; Physical
	or Occupational therapy was selected; Magellan does not manage chiropractic but does
97116 Therapeutic procedu	
4/1/2023 - Physical more areas, each 15 minute	
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair clim)	
	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First
	Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second
	pass is Hip/Pelvic; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the
	specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;
	Questions about your Lumbar Spine request: ; The anticipated number of visits is other than
	2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body
	Regions was selected - provide details on the top 2; Second Pass Starting; The hip is beingn
	treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms
	that are intensified with activity with moderate loss of range of motion, strength, or ability
	to perform daily tasks best describes the patient's presentation best describes th; Mild or
	moderate functional deficits due to lumbopelvic impairments with distal symptoms best
	describes the patient's clinical presentation; Spine/Chest was selected as the first body
	type/region; Lower Extremity/Hip selected as the second body type/region; Three or more
	visits anticipated; The previous auth did not address any body parts; Three or more visits
	anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical
	or Occupational therapy was selected; Physical or Occupational therapy was selected; The
97116 Therapeutic procedu	re, 1 or member's plan does not require the collection of start and end dates; Previous auth data
4/1/2023 - Physical more areas, each 15 minute	
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climl	ping) therapy was requested 1 2023 2023

		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
		Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	
		pass is Hip/Pelvic; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the	
		specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
		Questions about your Lumbar Spine request: ; The anticipated number of visits is other than	
		2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass	
		Starting; The hip is beingn treated.; Mild objective and functional deficits: sporadic	
		symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks	
		best describes the patient's presentation best describes the patient's presentation:; Mild or	
		moderate functional deficits due to lumbopelvic impairments without distal symptom best	
		describes the patient's clinical presentation; Spine/Chest was selected as the first body	
		type/region; Lower Extremity/Hip selected as the second body type/region; Three or more	
		visits anticipated; The previous auth did not address any body parts; Three or more visits	
		anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical	
		or Occupational therapy was selected; Physical or Occupational therapy was selected; The	
971	116 Therapeutic procedure, 1 or	member's plan does not require the collection of start and end dates; Previous auth data	
4/1/2023 - Physical mo	ore areas, each 15 minutes; gait	retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval trai	ining (includes stair climbing)	therapy was requested	3 2023 2023
		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
		Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	
		pass is Hip/Pelvic; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the	
		specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
		Questions about your Lumbar Spine request: ; The anticipated number of visits is other than	
		2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass	
		Starting; The hip is beingn treated.; Moderate objective and functional deficits: constant	
		symptoms and/or symptoms that are intensified with activity with moderate loss of range of	
		motion, strength, or ability to perform daily tasks best describes the patient's presentation	
		best describes th; Mild or moderate functional deficits due to lumbopelvic impairments with	
		distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected	
		as the first body type/region; Lower Extremity/Hip selected as the second body type/region;	
		Three or more visits anticipated; The previous auth did not address any body parts; Three or	
		more visits anticipated; This is not a gold-card auth; Questions about the subsequent	
		request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy	
971	116 Therapeutic procedure, 1 or	was selected; The member's plan does not require the collection of start and end dates;	
4/1/2023 - Physical mo	ore areas, each 15 minutes; gait	Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval trai	ining (includes stair climbing)	requested; Physical therapy was requested	2 2023 2023

					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	
					pass is Knee; 4/4/2023; No patient history in the past 90 days; Evaluation dates less than 90	
					days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Knee	
					selected as the specific body part; Body Part pass complete; Questions about your Knee	
					request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated;	
					The anticipated number of visits is other than 2.; Non-Surgical; The anticipated number of	
					visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass	
					Starting; Requestor is not a fax; Moderate objective and functional deficits: constant	
					symptoms and/or symptoms that are intensified with activity with moderate loss of range of	
					motion, strength, or ability to perform daily tasks best describes the patient's clinical	
					presentation; Mild or moderate functional deficits due to lumbopelvic impairments without	
					distal symptom best describes the patient's clinical presentation; Spine/Chest was selected	
					as the first body type/region; Lower Extremity/Hip selected as the second body type/region;	
					Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
					The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
					to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
					or Occupational therapy was selected; Magellan does not manage chiropractic but does	
				97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
					Redy Part passas complete: Perform Redy Part colection: Perform Redy Part colection: First	
					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; 04/05/2023; No patient history in the past 90 days; Evaluation dates less than	
					90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Knee	
					selected as the specific body part; Body Part pass complete; Questions about your Knee	
					request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated;	
					The anticipated number of visits is other than 2.; Non-Surgical; The anticipated number of	
					visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass	
					Starting; Requestor is not a fax; Moderate objective and functional deficits: constant	
					symptoms and/or symptoms that are intensified with activity with moderate loss of range of	
					motion, strength, or ability to perform daily tasks best describes the patient's clinical	
					presentation; Mild or moderate functional deficits due to lumbopelvic impairments without	
					distal symptom best describes the patient's clinical presentation; Spine/Chest was selected	
					as the first body type/region; Lower Extremity/Hip selected as the second body type/region;	
					Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
					The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
					to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
					or Occupational therapy was selected; Magellan does not manage chiropractic but does	
				97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
		B1 1 1		more areas, each 15 minutes; gait	couries is NOT New Heavenhire Healthy Families, Dhysical theyear was requested. Dhysical	A 1
4/1/2023 -		Physical		more areas, each 13 minutes, gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun

Body Part passes complete; Perform Body Part selection	•
Pass; Second Pass check point; Body Part for first pass is	
pass is Knee; 04/25/2023; No patient history in the past	90 days; Evaluation dates less than
90 days in the past; Non-Surgical; Lumbar Spine selecte	l as the specific body part; Knee
selected as the specific body part; Body Part pass comp	ete; Questions about your Knee
request: ; Questions about your Lumbar Spine request:	Three or more visits anticipated;
The anticipated number of visits is other than 2.; Non-S	ırgical; The anticipated number of
visits is other than 2.; Therapy type is Rehabilitative; Mo	re than 2 Body Parts; 3+ Body
Regions was selected - provide details on the top 2; Sec	and Pass Starting; Requestor is not a
fax; Moderate objective and functional deficits: constar	t symptoms and/or symptoms that
are intensified with activity with moderate loss of range	of motion, strength, or ability to
perform daily tasks best describes the patient's clinical	resentation; Severe functional
deficits due to lumbopelvic impairments with or withou	t distal symptoms best describes the
patient's clinical presentation; Spine/Chest was selected	as the first body type/region; Lower
Extremity/Hip selected as the second body type/region;	Physical Therapy; Speech Therapy
was not selected; The evaluation date is not in the futur	
to a diagnosis of cancer.; The rehabilitation is NOT relat	ed to a diagnosis of Lymphedema.;
Physical or Occupational therapy was selected; Physical	or Occupational therapy was
selected; Physical or Occupational therapy was selected	
was selected; Magellan does not manage chiropractic b	it does manage speech therapy for
97116 Therapeutic procedure, 1 or the member's plan; Physical therapy was requested; Th	health carrier is NOT New
4/1/2023 - Physical more areas, each 15 minutes; gait Hampshire Healthy Families; Physical therapy was requ	ested; Physical therapy was Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) requested	1 2023 2023
Dody Dody Dody Dody Dody Dody Dody Dody	. Doubours Dody Doub coloction. First
Body Part passes complete; Perform Body Part selection	
Pass; Second Pass check point; Body Part for first pass is	
pass is Knee; 04/28/2023; No patient history in the past 90 days in the past; Non-Surgical; Lumbar Spine selecte	, ·
	, , , , ,
selected as the specific body part; Body Part pass comp	•
request: ; Questions about your Lumbar Spine request:	• •
The anticipated number of visits is other than 2.; Non-S	
visits is other than 2.; Therapy type is Rehabilitative; Tw	,
Starting; Requestor is not a fax; Moderate objective and	
symptoms and/or symptoms that are intensified with a	,
motion, strength, or ability to perform daily tasks best of presentation; Mild or moderate functional deficits due	·
distal symptoms best describes the patient's clinical pre	·
as the first body type/region; Lower Extremity/Hip selec	
Physical Therapy; Speech Therapy was not selected; The	
The rehabilitation is NOT related to a diagnosis of cance	
to a diagnosis of Lymphedema.; Physical or Occupations	•
Occupational therapy was selected; Physical or Occupations Occupational therapy was selected; Physical or Occupations	
or Occupational therapy was selected; Magellan does n	÷ ,
97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physica	
4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical	therapy was requested; Physical Apr-Jun 1 2023 2023
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested	

Body Part passes complete; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; 5/8/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected, The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;							
by a special composition of the state of the	4/1/2023 -		Physical		• • •	Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; 5/3/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request:; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; The health	Apr.lun
training (includes stair climbing) therapy was requested Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; 5/8/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your knee request:; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	4/1/2023 -		Physical		• • •		Apr-Jun
Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; 5/8/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; Questions about your Lumbar Spine request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Dever Extremity/Hip selected as the second body type/region; Dever Extremity/Hip selected as the second body type/region; Dever Extremity/Hip selected is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.;		4/1/2023	•	Approval	· · · · · · · · · · · · · · · · · · ·		1 2023 2023
selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New					• • •	Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; 5/8/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request:; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was sele	
4/1/2023 - Physical more areas, each 15 minutes; gait Hampshire Healthy Families; Physical therapy was requested; Physical therapy was	1 1	. /. /	•				Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) requested 1 2023	6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	requested	1 2023 2023

				Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass; is Know, 5/19/2022; No particular history in the past 90 days; Evaluation dates less than 90	
				- · · · · · · · · · · · · · · · · · · ·	
				· · · · · · · · · · · · · · · · · · ·	
				to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
				Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
				or Occupational therapy was selected; Magellan does not manage chiropractic but does	
			97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
	Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
				, , , , , , , , , , , , , , , , , , , ,	
				• • • • • • • • • • • • • • • • • • • •	
				· · · · · · · · · · · · · · · · · · ·	
			97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
			37110 merapeutic procedure, 1 or	manage speech therapy for the member 3 plan, i hysical therapy was requested, the health	
	Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
	4/1/2023	•	·	Physical more areas, each 15 minutes; gait	Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; \$5/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Rody Part pass complete; Questions about your Knee request:; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer

					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	
					pass is Lumbar Spine; 5/8/2023; No patient history in the past 90 days; Evaluation dates less	
					than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part;	
					Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about	
					your Lumbar Spine request: ; Questions about your Lumbar Spine request: ; Three or more	
					visits anticipated; The anticipated number of visits is other than 2.; The anticipated number	
					of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body	
					Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a	
					fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal	
					symptoms best describes the patient's clinical presentation; Mild or moderate functional	
					deficits due to lumbopelvic impairments with distal symptoms best describes the patient's	
					clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest	
					selected as the second body type/region; Physical Therapy; Speech Therapy was not	
					selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	
					diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
					selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
					was selected; Magellan does not manage chiropractic but does manage speech therapy for	
				97116 Therapeutic procedure, 1 or	the member's plan; Physical therapy was requested; The health carrier is NOT New	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Hampshire Healthy Families; Physical therapy was requested; Physical therapy was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	requested	1 2023 2023
					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	
					pass is not in options listed; 4/3/2023; No patient history in the past 90 days; Evaluation	
					dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body	
					part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions	
					about your Head/Neck request:; Three or more visits anticipated; The anticipated number of	
					visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is	
					other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or	
					moderate functional deficits due to cervical impairments without distal symptoms best	
					describes the patient's clinical presentation; Mild or moderate functional deficits due to	
					lumbopelvic impairments without distal symptom best describes the patient's clinical	
					presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as	
					the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy;	
					Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
					is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
					Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Magellan does not manage chiropractic but does	
				97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
., , 2 2 3	, -,	.,,	L L		· · · · · · · · · · · · · · · · · · ·	

Body Part passes complete; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 4/3/2023; No patient history in the past sys, Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy;	
pass is not in options listed; 4/3/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy;	
dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy;	
part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy;	
about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy;	
visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy;	
other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy;	
moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy;	
describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy;	
lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck; Physical Therapy;	
presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy;	
the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy;	
Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
therapy was selected; Physical or Occupational therapy was selected; Physical or	
Occupational therapy was selected; Magellan does not manage chiropractic but does	
97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical Applications of the physical states of th	pr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested 1 2023 20)23
Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	
pass is not in options listed; 4/3/2023; No patient history in the past 90 days; Evaluation	
dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body	
part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more	
visits anticipated; The anticipated number of visits is other than 2.; Therapy type is	
Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on	
the top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to	
lumbopelvic impairments with or without distal symptoms best describes the patient's	
clinical presentation; The requesting provider is other than Physical Therapy or Occupational	
Therapy; The patient was NOT previously independent with mobility and now requires	
human assistance and/or an assistive device to walk and/or transfer; At least one of the	
following apply; Increase in frequency of falls, Decline in transfers, bed mobility or	
transitional movements and/or Decline in independence with mobility (walking or	
wheelchair mobility); The anticipated number of visits is other than 2.; Spine/Chest was	
selected as the first body type/region; Gait, Balance and Falls was selected as the second	
body type/region; Body Part for second pass is Gait/Balance; Physical Therapy; Speech	
Therapy was not selected; The evaluation date is not in the future; Physical Therapy was	
requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
Physical or Occupational therapy was selected; Physical or Occupational therapy was	
selected; Physical or Occupational therapy was selected; Magellan does not manage	
97116 Therapeutic procedure, 1 or chiropractic but does manage speech therapy for the member's plan; Physical therapy was	
4/1/2023 - Physical more areas, each 15 minutes; gait requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was Approximately 10 more areas, each 15 minutes; gait requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	pr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) requested 1 2023 20	123

6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Families; Physical therapy was requested; Physical therapy was requested: Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 4/1/2023. No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine request; Questions about your Lumbar Spine request; Questions about your Lumbar Spine request; Questions about your Head/Neck request; Three or more visits anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Thought selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; Physical or Apr-Jun Many Spine Physical or Physical therapy was requested; Physical or Apr-Jun Physical therapy was requested; Physical Apr-Jun Physical Physical Physical Spine Physical						
pass in on in options issied, \$4,70/2023. No pasient history in the past 90 days. Polalation date less than 90 days in the past 90 days. Polalation date less than 90 days in the past 90 days. Page past 90 days. Page 10 days less desired as the people of parts. 80 days in the past 90 days. Page past 90 days. Page 10 days less than 90 days in the past 90 days. Page 10 days less desired provided denisors of visits in other 10 days in the past 90 days. Page 10 days less desired provided denisors of visits in other 10 days. Page 31 days less desired provided denisors on the 102 page 10 days. Page 10 days less desired provided denisors on the 102 page 10 days. Page 10 days less desired provided denisors on the 102 page 10 days. Page 10 days less desired provided denisors on the 102 page 10 days. Page 10 days less desired provided denisors on the 102 page 10 days. Page 10 days less desired page 10 days. Page 10 days less desired page 10 days less					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
date less than 90 days in the past, Non-Surgical, Lumbar Spine selected as the specific body part; 80 dy Papt as somplete, Questions about your untimar Spine request; 1 Questions about your the past with the past of the pa					Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	
part, Body Part pass complete, Questions about your Lumbar Spine request; Questions and the part of t					pass is not in options listed; 4/10/2023; No patient history in the past 90 days; Evaluation	
about your Head Meck request; Three or more visits anticipated, The anticipated number of visits is other than 2. J. More than 2. More than 2. Body Parts; 38 Body Regions was selected provide defails on the top 2; Second Pass Starting, Requestors in on a face, will do romderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation, Spinor/Chest was selected as the first body type/region, Regional deficits due to thomselve the patient's clinical presentation, Spinor/Chest was selected as the first body type/region, Regional deficits due to thomselve the patient's clinical presentation, Spinor/Chest was selected as the first body type/region, Redional deficits due to thomselve the patient's clinical presentation, Spinor/Chest was selected as the first body type/region, Redional deficits due to thomselve the patient's clinical presentation, Spinor/Chest was selected as the first body type/region, Redional deficits due to thomselve the patient's clinical presentation, Spinor/Chest was selected as the first body type/region, Redional deficits due to thomselve the patient's clinical presentation, Spinor/Chest was selected as the second body type/region, Redional deficits due to thomselve the patient's clinical presentation, Spinor/Chest was selected as the second body type/region, Regional deficits due to the first the companient of t					dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body	
visits is other than 2.7, Therapy type is Rehabilitative; The anticipated number of visits is other than 2.7, Therapy type is Rehabilitative; The anticipated number of visits is other than 2.7, More than 2.8 down Perus 3 a Book perus as selected – provide details on the 10px; Second Perus Secretive; Foreign of the Company of the Compa					part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions	
other than 2, More than 12 Body Patts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting, Requestor is not a fax, Mild or moderate functional deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation, Seiver functional deficits due to tubmospheric impairments with or without distal symptoms best describes the patient's clinical presentation, Seiver functional deficits due to tubmospheric impairments with or without distal symptoms best describes the patient's clinical presentation, Seiver functional deficits due to tubmospheric impairments with or without distal symptoms best describes the patient's clinical presentation, Seiver functional deficits due to tubmospheric impairments with or without distal symptoms best describes the patient's clinical presentation, Seiver functional deficits due to tubmospheric impairments with the functional deficits due to tubmospheric impairments with the functional deficits due to describe the patient's clinical presentation, Seiver functional deficits due to describe the patient's clinical presentation of cocupational therapy was selected, Physical or Occupational therapy was selected, Physical phys					about your Head/Neck request:; Three or more visits anticipated; The anticipated number of	
to 2; Second Pass Starting; Requestor is not a fax, Mild or moderate functional deflicts due to convolutional deflicts due to to the patient's clinical presentation. Severe functional deflicts due to lumbopehic impairments with or without distal symptoms best describes the patient's clinical presentation. Severe functional deflicts due to lumbopehic impairments with or without distal symptoms best describes the patient's clinical presentation. Severe functional deflicts due to lumbopehic impairments with or without distal symptoms best describes the patient's clinical presentation. Speech schedule as the first body type/region; head/Neck Selected as the second body type/region; Body Part for for second pass is Head/Neck. Physical and calagnosis of cancer for the second body type/region; Body Part for seven disposals of cancer for the second pass is headle, Physical or Occupational therapy was selected; Physical Occupational therapy was selected;					visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is	
to cervical impariments with distal symptoms best describes the patient's clinical presentation. Severe functional deficits due to lumbopoletic impairments with or without distal symptoms best describes the patient's clinical presentation. Spring-(Chest was selected as the first body type (region; head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of carries. The rehabilitation is NOT related to a diagnosis of the control of					other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the	
presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patients's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patients's clinical presentation; Spine presentation; Spine presentation; Spine pays sent or selected; The evaluation date is not in the future; her enablitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of concertain the pays as selected; Physical or Occupational therapy was selected; Physical therapy was requested; by the pays of the member's plan; physical therapy was requested; by the pays of the member's plan; physical therapy was requested; by the pays of the pays of the member's plan; physical therapy was requested; physical physic					top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due	
distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/egion; Heady Meck selected as the second body type/egion, Heady Meck selected as the second body type/egion, Heady Meck selected as the second body type/egion, Body Part for second pass is Head/Neck; Physical Threnoy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested. 4/1/2023 - Physical 6/30/2023 Medicine Approval Training (Includes stair climbing) ### Approval #					to cervical impariments with distal symptoms best describes the patient's clinical	
distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/egion; Heady Meck selected as the second body type/egion, Heady Meck selected as the second body type/egion, Heady Meck selected as the second body type/egion, Body Part for second pass is Head/Neck; Physical Threnoy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested. 4/1/2023 - Physical 6/30/2023 Medicine Approval Training (Includes stair climbing) ### Approval #					presentation; Severe functional deficits due to lumbopelvic impairments with or without	
for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of concuptional therapy was selected; Physical or Occupational therapy was selected; Physical therapy was requested. The health carrier is NOT new Hampshire Healthy The Healthy Apr-Jun Magellan does not manage chiropractic but does manage speech therapy for the members plan; Physical therapy was requested. Physical physical therapy was requested. Physical physical therapy was requested. Physical physica						
evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical from Company of the member's Magellan does not manage chiropractic but does manage speech therapy for the member's Physical therapy was requested. The health carrier is NOT New Hampshire Healthy Apr-Jun Families; Physical therapy was requested. Physical for the past 90 days in the past 90 days. Part past 90 days in the past 90 days. Part past 90 days in the past 90 days. Part past 90 days in the past 90 days. Part past 90 days in the past 90 days. Part past 90 days in the past 90 days. Part past 90 days in the past 90 days. Part past 90 days in the past 90 days in the past 90 days. Part past 90 days 90 da					as the first body type/region; Head/Neck selected as the second body type/region; Body Part	
cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema, Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; the health carrier is NOT New Hampships Healthy Apr-Jun Agellan does not manage chiropractic but does manage speech the health carrier is NOT New Hampships Healthy Apr-Jun Agellan does not manage chiropractic but does manage speech therapy was requested; the health carrier is NOT New Hampships Healthy Apr-Jun Agellan does not manage chiropractic but does manage speech therapy was requested. The physical does not manage chiropractic but does manage speech therapy was requested. The physical or Occupational therapy was requested. The health carrier is NOT New Hampshire Healthy as a Carrier is NOT New Hampshire Healthy as selected? Physical or Occupational Apr-Jun Manage physical or Occupational therapy was requested. The health carrier is NOT New Hampshire Healthy Healthy Res. Physical or Occupational Apr-Jun Manage physical or Occupational therapy was requested. The health carrier is NOT New Hampshire Healthy Healthy Res. Physical or Occupational Apr-Jun Occupationa					for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The	
Occupational therapy was selected; Physical or Occupational therapy was selected; Physical brang was requested; Physical therapy was requested; Physical brang was requested; Physical Physical or Occupational therapy was selected; Physical Physical Or Occupational therapy was requested; Physical Physical Or Occupational therapy was selected; Physical Or Occupational therapy was requested; Physical Physical Or Occupational therapy was selected; Physical						
or Occupational therapy was selected; Physical or Occupational therapy was selected; 4/1/2023 - 4/1/2023 Physical 6/30/2023 Ph					cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
97116 Therapeutic procedure, 1 or Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Apr-Jun Follows and therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested 1 2023 2023 2023 2023 2023 2023 4/1/2023 6/30/2023 Medicine Approval triaining (includes stair climbing) Families; Physical therapy was requested; Physical or some requested; Physica					Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
4/1/2023 - Physical more areas, each 15 minutes; gait plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Apr-Jun 6/30/2023 Medicine Approval training (includes stair climbing) Famililies; Physical therapy was requested;					or Occupational therapy was selected; Physical or Occupational therapy was selected;	
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Families; Physical therapy was requested; Physical therapy was requested: Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 4/1/2023. No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine request; Questions about your Lumbar Spine request; Questions about your Lumbar Spine request; Questions about your Head/Neck request; Three or more visits anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Thought selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; Physical or Apr-Jun Many Spine Physical or Physical therapy was requested; Physical or Apr-Jun Physical therapy was requested; Physical Apr-Jun Physical Physical Physical Spine Physical				97116 Therapeutic procedure, 1 or	Magellan does not manage chiropractic but does manage speech therapy for the member's	
Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 4/12/2023 - No patient history in the past; 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or of Occupational therapy was selected; Physical therapy was requested; Physical or Occupational therapy was selected; Physical therapy was requested; Physical Decorptions Occupational therapy was	4/1/2023 -	Physical		more areas, each 15 minutes; gait	plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun
Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 4/11/2023 - No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Questions about your Hand 2; There apast; Non-Surgical; Lumbar Spine request:; Questions about your Hand 2; Pare apast; Non-Surgical; Lumbar Spine request:; Questions about your Lumbar Spine request:; Questions about your Hand 2; Pare apast; Online or one visits anticipated number of visits is other than 2.; There or more visits anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck; Selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Coccupational therapy was selected; Physical or Occupational therapy was se	6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Families; Physical therapy was requested; Physical therapy was requested	1 2023 2023
pass is not in options listed; 4/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Questions about your Head/Neck request:; Three or more visits anticipated, The anticipated number of visits is other than 2.; Thorapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Coccupational therapy was selected; Physical or Occupational therapy was selected; Physical therapy was requested; The health 4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical Apr-Jun					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cauphinal therapy was selected; Physical or Occupational therapy was selected; Physical					Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	
part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request; Three or more visits anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selec					pass is not in options listed; 4/11/2023; No patient history in the past 90 days; Evaluation	
about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; Physical or Occupational therapy was requested					dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body	
visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of another physical or Occupational therapy was selected; Phys					part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions	
other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck selected as th					about your Head/Neck request:; Three or more visits anticipated; The anticipated number of	
functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does 97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health 4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical					visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is	
describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; Physical therapy was requested; Physical therapy was requested; Physical or Occupational therapy was requested; Physical or Occupational therapy was requested; Physical therapy was reques					other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe	
lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does 97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health 4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical Apr-Jun					functional deficits due to cervical impairments with or without distal symptoms best	
presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does 97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health 4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical Apr-Jun					describes the patient's clinical presentation; Mild or moderate functional deficits due to	
the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does 97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health 4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical Apr-Jun					lumbopelvic impairments with distal symptoms best describes the patient's clinical	
Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does 97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health 4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical Apr-Jun					presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as	
is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does 97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health 4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical Apr-Jun					the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy;	
Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does 97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health 4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical Apr-Jun					Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does 97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health 4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical Apr-Jun					is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
Occupational therapy was selected; Magellan does not manage chiropractic but does 97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health 4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical Apr-Jun					Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health 4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical Apr-Jun					therapy was selected; Physical or Occupational therapy was selected; Physical or	
4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical Apr-Jun					Occupational therapy was selected; Magellan does not manage chiropractic but does	
				97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
6/20/2022 4/1/2022 6/20/2022 Modicine Approval training lincludes stair climbing) therapy was requested	4/1/2023 -	Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
0/30/2023 4/1/2023 0/30/2023 Medicine Approval daining (includes stail climbing) therapy was requested	6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023

Body Part passes complete; Perform Body Part selection; Perform Body Part for record pass is not in repotent index or pass and stops; Fortial and pass is not in repotent index or pass and stops; Fortial and pass is not in repotent index or pass and stops; Fortial and pass is not in repotent index or pass and stops; Fortial and pass is not in repotent index or pass and stops; Fortial and pass complete; Questions about your Lower Leg reports port Body Part pass complete; Questions about your Lower Leg reports pass is controlled in the performance of visits is other than 2. There or more visits an incipated number of visits is other than 2. There or more visits annually pass and the performance of visits is other than 2. There or more visits annually with a charge yet in Rehabilitative; Two Body Parts assisted, Second Pass Starting, Requestor is not a faz, Moderate objective and functional deficits; constant symptoms and/or superior pass sections. The pass starting Requestor is not a faz, Moderate objective and functional deficits; constant symptoms and pass is completed. The pass of the performance						
6/30/2023 Medicine Approval training (includes stair climbing) Families; Physical therapy was requested; Physical therapy was requested. 1 2023 2023 Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 4/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine request; Questions about your Lumbar Spine request; Questions about your Lumbar Spine request; Questions about your Head/Neck request; Three or more visits anticipated number of visits is other than 2.; Threapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is headly Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of Cocupational therapy was selected; Physical or Occupational therapy was requested; Physical or Apr-Jun				·	Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 4/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's	
Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 4/12/2023 + Opatient historry in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; Questions about your Head/Neck requests; Three or more visits anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Those Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health 4/1/2023 - Physical Physical Physical therapy was requested; Physical therapy was requested; Physical or Apr-Jun	4/1/2023 -	Physical		more areas, each 15 minutes; gait	plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun
Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 4/12/2023. No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request;; Three or more visits anticipated number of visits is obter than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Head/Neck selected a	6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)		1 2023 2023
4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical Apr-Jun				97116 Therapeutic procedure, 1 or	Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 4/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Dut on the manage chiropractic but does	
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested 1 2023 2023	4/1/2023 -	Physical			- · · · · · · · · · · · · · · · · · · ·	Apr-Jun
	6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023

		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 4/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about	
		your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of	
		visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body	
		Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a	
		fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that	
		are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Mild or moderate functional	
		deficits due to lumbopelvic impairments with distal symptoms best describes the patient's	
		clinical presentation; Spine/Chest was selected as the first body type/region; Lower	
		Extremity/Hip selected as the second body type/region; Body Part for second pass is Lower	
		Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the	
		future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
		Physical or Occupational therapy was selected; Physical or Occupational therapy was	
		selected; Physical or Occupational therapy was selected; Magellan does not manage	
	97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical therapy was	
4/1/2023 - Physical	more areas, each 15 minutes; gait	requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval	training (includes stair climbing)	requested; Physical therapy was requested Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	1 2023 2023
		Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	
		pass is not in options listed; 4/14/2023; No patient history in the past 90 days; Evaluation	
		dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body	
		part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions	
		about your Head/Neck request:; Three or more visits anticipated; The anticipated number of	
		visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is	
		other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best	
		describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic	
		impairments with or without distal symptoms best describes the patient's clinical	
		presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as	
		the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy;	
		Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
		is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
		therapy was selected; Physical or Occupational therapy was selected; Physical or	
		Occupational therapy was selected; Magellan does not manage chiropractic but does	
	97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 - Physical 6/30/2023 4/1/2023 6/30/2023 Medicine Approval	more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval	training (includes stair climbing)	therapy was requested	1 2023 2023

evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical therapy was sequested; The health carrier is NOT rew Hampshire Healthy April Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT rew Hampshire Healthy April Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested. The path carrier is NOT rew Hampshire Healthy April Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested. The path carrier is NOT rew Hampshire Healthy April Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested. The path carrier is NOT revelocity on the Healthy April Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested. The path path selection, Perform Body Part selection, Perform Body Parts selected, April Magellan does not manage chiropractic but in options listed; 4/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days; Evaluation dates less than 90 days; Invalidation of the past 90 days; Evaluation dates less than 90 days; Invalidation of the past 90 days; Evaluation dates less than 90 days; Invalidation of the past 90 days; Evaluation dates less than 9						Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 4/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part	
cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical therapy was selected; Physical or Occupational therapy was selected; Physical therapy was sequested; The health carrier is NOT New Hampshire Healthy 4/1/2023 - Physical Medicine Approval training (includes stair climbing) Families; Physical therapy was requested; Physical therapy was req							
Occupational therapy was selected; Physical or Occupational therapy was selected; Physical therapy was sequested; Physical therapy for the member's Magellan does not manage drivorparcite but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy Physical therapy Physical therapy was requested; Physical therapy Physical therapy was requested; Physical therapy Physical therapy Physical therapy was requested; Physical therapy						,	
or Occupational therapy was selected; Physical or Occupational therapy was selected; 4/1/2023						· · · · · · · · · · · · · · · · · · ·	
4/1/2023 - Physical more areas, each 15 minutes; gait plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Families; Physical therapy was requested; Physical therapy was requested 1 2023 20 Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 4/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deflicits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); The anticipated number of visits is other than 2.;							
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Families; Physical therapy was requested; Physical therapy was requested 1 2023 20 80dy Part passes complete; Perform Body Part selection; Perform Body Part for second pass send in options listed; 4/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; At least one of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); The anticipated number of visits is other than 2.;					97116 Therapeutic procedure, 1 or	Magellan does not manage chiropractic but does manage speech therapy for the member's	
Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 4/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; At least one of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); The anticipated number of visits is other than 2.;			•		· · · · · · · · · · · · · · · · · · ·		Apr-Jun
Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 4/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; There or more visits anticipated; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy; or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; At least one of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); The anticipated number of visits is other than 2.;	6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)		1 2023 2023
pass is not in options listed; 4/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; At least one of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); The anticipated number of visits is other than 2.;							
dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; At least one of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); The anticipated number of visits is other than 2.;							
part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; At least one of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); The anticipated number of visits is other than 2.;							
visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; At least one of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); The anticipated number of visits is other than 2.;							
Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistive and/or an assistive device to walk and/or transfer; At least one of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); The anticipated number of visits is other than 2.;							
describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; At least one of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); The anticipated number of visits is other than 2.;							
Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; At least one of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); The anticipated number of visits is other than 2.;							
mobility and now requires human assistance and/or an assistive device to walk and/or transfer; At least one of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); The anticipated number of visits is other than 2.;						describes the patient's clinical presentation; The requesting provider is other than Physical	
transfer; At least one of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); The anticipated number of visits is other than 2.;						Therapy or Occupational Therapy; The patient was NOT previously independent with	
transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); The anticipated number of visits is other than 2.;						mobility and now requires human assistance and/or an assistive device to walk and/or	
mobility (walking or wheelchair mobility); The anticipated number of visits is other than 2.;						transfer; At least one of the following apply; Increase in frequency of falls, Decline in	
, . · · · · · · · · · · · · · · · · · ·						transfers, bed mobility or transitional movements and/or Decline in independence with	
Spine/Chest was selected as the first body type/region: Gait Balance and Falls was selected						7. •	
, , , , , , , , , , , , , , , , , , ,						, , , , , , , , , , , , , , , , , , ,	
as the second body type/region; Body Part for second pass is Gait/Balance; Physical Therapy;							
Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy							
was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation						· · · · · · · · · · · · · · · · · · ·	
is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy							
was selected; Physical or Occupational therapy was selected; Magellan does not manage							
97116 Therapeutic procedure, 1 or chiropractic but does manage speech therapy for the member's plan; Physical therapy was					97116 Therapeutic procedure, 1 or		
	4/4/2022		Physical		·		Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) requested 1 2023 20	4/1/2023 -						

		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
		Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	
		pass is not in options listed; 4/26/2023; No patient history in the past 90 days; Evaluation	
		dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body	
		part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions	
		about your Head/Neck request:; Three or more visits anticipated; The anticipated number of	
		visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is	
		other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe	
		functional deficits due to cervical impairments with or without distal symptoms best	
		describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic	
		impairments with or without distal symptoms best describes the patient's clinical	
		presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as	
		the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy;	
		Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
		is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
		Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
		therapy was selected; Physical or Occupational therapy was selected; Physical or	
		Occupational therapy was selected; Magellan does not manage chiropractic but does	
	97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 - Physical	more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
apart of the second of the sec	3,	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
		Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	
		pass is not in options listed; 04/26/2023; No patient history in the past 90 days; Evaluation	
		dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body	
		part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about	
		your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated	
		number of visits is other than 2.; Three or more visits anticipated; The anticipated number of	
		visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass	
		Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense	
		symptoms with severe loss of range of motion, strength, or ability to perform daily tasks	
		best describes the patient presentation; Severe functional deficits due to lumbopelvic	
		impairments with or without distal symptoms best describes the patient's clinical	
		presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip	
		selected as the second body type/region; Body Part for second pass is Lower Leg; Physical	
		Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
		rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
		diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
		Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
		or Occupational therapy was selected; Magellan does not manage chiropractic but does	
	97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 - Physical	more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval	training (includes stair climbing)	therapy was requested	1 2023 2023

			Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
			Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	
			pass is not in options listed; 04/28/2023; No patient history in the past 90 days; Evaluation	
			dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body	
			part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions	
			about your Head/Neck request:; Three or more visits anticipated; The anticipated number of	
			visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is	
			other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or	
			moderate functional deficits due to cervical impairments without distal symptoms best	
			describes the patient's clinical presentation; Mild or moderate functional deficits due to	
			lumbopelvic impairments without distal symptom best describes the patient's clinical	
			presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as	
			the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy;	
			Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
			is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
			Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
			therapy was selected; Physical or Occupational therapy was selected; Physical or	
			Occupational therapy was selected; Magellan does not manage chiropractic but does	
		97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -	Physical	more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
	•		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
			Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	
			pass is not in options listed; 5/2/2023; No patient history in the past 90 days; Evaluation	
			dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body	
			part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about	
			your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated	
			number of visits is other than 2.; Three or more visits anticipated; The anticipated number of	
			visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass	
			Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms	
			with minimal loss of range of motion, strength, or ability to perform daily tasks best	
			describes the patient presentation; Mild or moderate functional deficits due to lumbopelvic	
			impairments without distal symptom best describes the patient's clinical presentation;	
			Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the	
			second body type/region; Body Part for second pass is Lower Leg; Physical Therapy; Speech	
			Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT	
			related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
			Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
			therapy was selected; Physical or Occupational therapy was selected; Physical or	
			Occupational therapy was selected; Magellan does not manage chiropractic but does	
		97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -	Physical	more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
.,,, ., .,	.,,			

				Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
				Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	
				pass is not in options listed; 5/3/2023; No patient history in the past 90 days; Evaluation	
				dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body	
				part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about	
				your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated	
				number of visits is other than 2.; Three or more visits anticipated; The anticipated number of	
				visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass	
				Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense	
				symptoms with severe loss of range of motion, strength, or ability to perform daily tasks	
				best describes the patient presentation; Severe functional deficits due to lumbopelvic	
				impairments with or without distal symptoms best describes the patient's clinical	
				presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip	
				selected as the second body type/region; Body Part for second pass is Lower Leg; Physical	
				Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
				rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
				diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
				Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
				or Occupational therapy was selected; Magellan does not manage chiropractic but does	
			97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
0,00,2020 1,2,2020	o, so, zozs mediane	7.pp. 01a.	training (merades stair similaring)	alcopy has requested	1 2020 2020
				Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
				Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	
				pass is not in options listed; 5/4/2023; No patient history in the past 90 days; Evaluation	
				dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body	
				part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions	
				about your Head/Neck request:; Three or more visits anticipated; The anticipated number of	
				visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is	
				other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the	
				top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical	
				impairments with or without distal symptoms best describes the patient's clinical	
				presentation; Severe functional deficits due to lumbopelvic impairments with or without	
				distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected	
				as the first body type/region; Head/Neck selected as the second body type/region; Body Part	
				for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The	
				evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
				cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
				Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
				or Occupational therapy was selected; Physical or Occupational therapy was selected;	
			97116 Therapeutic procedure, 1 or	Magellan does not manage chiropractic but does manage speech therapy for the member's	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun
4/ 1/ ZUZO -	riiySlCal		more areas, each 10 minutes, gall	pian, rnysical therapy was requested, the health carrier is NOT New Hampshire Healthy	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Families; Physical therapy was requested; Physical therapy was requested	1 2023 2023

					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	
					pass is not in options listed; 5/18/2023; No patient history in the past 90 days; Evaluation	
					dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body	
					part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about	
					your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated	
					number of visits is other than 2.; Three or more visits anticipated; The anticipated number of	
					visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass	
					Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense	
					symptoms with severe loss of range of motion, strength, or ability to perform daily tasks	
					best describes the patient presentation; Severe functional deficits due to lumbopelvic	
					impairments with or without distal symptoms best describes the patient's clinical	
					presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip	
					selected as the second body type/region; Body Part for second pass is Lower Leg; Physical	
					Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
					rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
					diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
				0744671	or Occupational therapy was selected; Magellan does not manage chiropractic but does	
. /. /				97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -	. /. /2022	Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	
					pass is not in options listed; 5/22/2023; No patient history in the past 90 days; Evaluation	
					dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body	
					part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about	
					your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated	
					number of visits is other than 2.; Three or more visits anticipated; The anticipated number of	
					visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body	
					Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a	
					fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that	
					are intensified with activity with moderate loss of range of motion, strength, or ability to	
					perform daily tasks best describes the patient presentation; Mild or moderate functional	
					deficits due to lumbopelvic impairments with distal symptoms best describes the patient's	
					clinical presentation; Spine/Chest was selected as the first body type/region; Lower	
					clinical presentation, Spine/Chest was selected as the hist body type/region, Lower	
					Extremity/Hip selected as the second body type/region; Body Part for second pass is Lower	
					· · · · · · · · · · · · · · · · · · ·	
					Extremity/Hip selected as the second body type/region; Body Part for second pass is Lower	
					Extremity/Hip selected as the second body type/region; Body Part for second pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the	
					Extremity/Hip selected as the second body type/region; Body Part for second pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT	
					Extremity/Hip selected as the second body type/region; Body Part for second pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
				97116 Therapeutic procedure, 1 or	Extremity/Hip selected as the second body type/region; Body Part for second pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	
4/1/2023 -		Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Extremity/Hip selected as the second body type/region; Body Part for second pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage	Apr-Jun

4/1/2023 -		Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 5/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Apr-Jun
4/1/2023 -		Physical		· · · · · · · · · · · · · · · · · · ·		Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	requested; Physical therapy was requested	1 2023 2023
					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 5/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical therapy was	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Apr-Jun

Body Part passes complete; Perform Body Part selection; Perf Pass; Second Pass check point; Body Part for first pass is Lumb pass is not in options listed; 5/24/203; No patient history in dates less than 90 days in the past; Non-Surgical; Lumbar Spin part; Body Part pass complete; Questions about your Lumbar about your Head/Neck request:; Three or more visits anticipat visits is other than 2.; Therapy type is Rehabilitative; The antic	oar Spine; Body Part for second the past 90 days; Evaluation ne selected as the specific body
pass is not in options listed; 5/24/2023; No patient history in dates less than 90 days in the past; Non-Surgical; Lumbar Spin part; Body Part pass complete; Questions about your Lumbar about your Head/Neck request:; Three or more visits anticipat	the past 90 days; Evaluation ne selected as the specific body
dates less than 90 days in the past; Non-Surgical; Lumbar Spin part; Body Part pass complete; Questions about your Lumbar about your Head/Neck request:; Three or more visits anticipat	ne selected as the specific body
part; Body Part pass complete; Questions about your Lumbar about your Head/Neck request:; Three or more visits anticipat	· · · · · · · · · · · · · · · · · · ·
about your Head/Neck request:; Three or more visits anticipate	Caina againata a Occastiana
	spine request: ; Questions
visits is other than 2.; Therapy type is Rehabilitative; The antic	ted; The anticipated number of
	cipated number of visits is
other than 2.; Two Body Parts selected; Second Pass Starting;	Requestor is not a fax; Mild or
moderate functional deficits due to cervical impariments with	distal symptoms best
describes the patient's clinical presentation; Mild or moderate	e functional deficits due to
lumbopelvic impairments with distal symptoms best describe	s the patient's clinical
presentation; Spine/Chest was selected as the first body type,	/region; Head/Neck selected as
the second body type/region; Body Part for second pass is He	ad/Neck; Physical Therapy;
Speech Therapy was not selected; The evaluation date is not i	n the future; The rehabilitation
is NOT related to a diagnosis of cancer.; The rehabilitation is N	NOT related to a diagnosis of
Lymphedema.; Physical or Occupational therapy was selected	; Physical or Occupational
therapy was selected; Physical or Occupational therapy was se	elected; Physical or
Occupational therapy was selected; Magellan does not manage	ge chiropractic but does
97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical thera	apy was requested; The health
4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical there	apy was requested; Physical Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested	1 2023 2023
Body Part passes complete; Perform Body Part selection; Perf	orm Body Part selection; First
Pass; Second Pass check point; Body Part for first pass is Lumb	par Spine; Body Part for second
pass is not in options listed; 05/24/2023; No patient history in	n the past 90 days; Evaluation
dates less than 90 days in the past; Non-Surgical; Lumbar Spin	ne selected as the specific body
part; Lower Leg selected as the specific body part; Body Part p	pass complete; Questions about
your Lower Leg request: ; Questions about your Lumbar Spine	e request: ; The anticipated
number of visits is other than 2.; Three or more visits anticipa	ted; The anticipated number of
visits is other than 2.; Therapy type is Rehabilitative; Two Bod	y Parts selected; Second Pass
Starting; Requestor is not a fax; Severe objective and function	al deficits: constant intense
symptoms with severe loss of range of motion, strength, or al	bility to perform daily tasks
best describes the patient presentation; Severe functional def	ficits due to lumbopelvic
impairments with or without distal symptoms best describes to	the patient's clinical
presentation; Spine/Chest was selected as the first body type,	/region; Lower Extremity/Hip
selected as the second body type/region; Body Part for secon	d pass is Lower Leg; Physical
Therapy; Speech Therapy was not selected; The evaluation da	ite is not in the future; The
rehabilitation is NOT related to a diagnosis of cancer.; The reh	nabilitation is NOT related to a
diagnosis of Lymphedema.; Physical or Occupational therapy	was selected; Physical or
Occupational therapy was selected; Physical or Occupational t	therapy was selected; Physical
or Occupational therapy was selected; Magellan does not ma	nage chiropractic but does
97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical thera	apy was requested; The health
4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical there	apy was requested; Physical Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested	1 2023 2023

4/1/2023 - 6/30/2023 -	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 5/30/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cocupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Emilies: Physical therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 06/06/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Lower Leg; Physical Therapy, Speech Therapy was not selected; The	1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	Apr-Jun 1 2023 2023

		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
		Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	
		pass is not in options listed; 6/6/2023; No patient history in the past 90 days; Evaluation	
		dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body	
		part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about	
		your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated	
		number of visits is other than 2.; Three or more visits anticipated; The anticipated number of	
		visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass	
		Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense	
		symptoms with severe loss of range of motion, strength, or ability to perform daily tasks	
		best describes the patient presentation; Severe functional deficits due to lumbopelvic	
		impairments with or without distal symptoms best describes the patient's clinical	
		presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip	
		selected as the second body type/region; Body Part for second pass is Lower Leg; Physical	
		Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
		rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
		diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
		Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
		or Occupational therapy was selected; Magellan does not manage chiropractic but does	
	97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 - Physical	more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
		Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	
		pass is not in options listed; 06/09/2023; No patient history in the past 90 days; Evaluation	
		dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body	
		part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions	
		about your Head/Neck request:; Three or more visits anticipated; The anticipated number of	
		visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is	
		other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or	
		moderate functional deficits due to cervical impairments without distal symptoms best	
		describes the patient's clinical presentation; Mild or moderate functional deficits due to	
		lumbopelvic impairments without distal symptom best describes the patient's clinical	
		presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as	
		the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy;	
		Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
		is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
		Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
		therapy was selected; Physical or Occupational therapy was selected; Physical or	
		Occupational therapy was selected; Magellan does not manage chiropractic but does	
	97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 - Physical	more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
0/30/2023 4/1/2023 0/30/2023 Medicine Approval	training (includes stall climbing)	therupy was requested	1 2023 2023

		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
		Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	
		pass is not in options listed; 6/12/2023; No patient history in the past 90 days; Evaluation	
		dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body	
		part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about	
		your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated	
		number of visits is other than 2.; Three or more visits anticipated; The anticipated number of	
		visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass	
		Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense	
		symptoms with severe loss of range of motion, strength, or ability to perform daily tasks	
		best describes the patient presentation; Severe functional deficits due to lumbopelvic	
		impairments with or without distal symptoms best describes the patient's clinical	
		presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip	
		selected as the second body type/region; Body Part for second pass is Lower Leg; Physical	
		Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
		rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
		diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
		Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
		or Occupational therapy was selected; Magellan does not manage chiropractic but does	
	97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 - Physical	more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
0,50,2025 1,2,2025 0,50,2025 incurence 7,551016	training (morates stail climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	1 2023 2023
		Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	
		pass is not in options listed; 6/14/2023; No patient history in the past 90 days; Evaluation	
		dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body	
		part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions	
		about your Head/Neck reguest:; Three or more visits anticipated; The anticipated number of	
		visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is	
		other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or	
		moderate functional deficits due to cervical impariments with distal symptoms best	
		describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic	
		impairments with or without distal symptoms best describes the patient's clinical	
		presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as	
		the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy;	
		Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
		is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
		Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
		therapy was selected; Physical or Occupational therapy was selected; Physical or	
	07446.71	Occupational therapy was selected; Magellan does not manage chiropractic but does	
-1	97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 - Physical	more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval	training (includes stair climbing)	therapy was requested	1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 6/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical therapy was requested therapy was requested therapy was requested.	Apr-Jun 1 2023 2023
0,30,2023	7,2,2023	G S G S G S G S G S G S G S G S G S G S	,,,,,,		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; 06/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	1 2025 2025
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	Apr-Jun 2 2023 2023

		Padu Part passas complete Parform Padu Part colection Parform Padu Part calculation First	
		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	
		pass is not in options listed; 6/19/2023; No patient history in the past 90 days; Evaluation	
		dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body	
		part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about	
		your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated	
		number of visits is other than 2.; Three or more visits anticipated; The anticipated number of	
		visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass	
		Starting; Requestor is not a fax; Moderate objective and functional deficits: constant	
		symptoms and/or symptoms that are intensified with activity with moderate loss of range of	
		motion, strength, or ability to perform daily tasks best describes the patient presentation;	
		Mild or moderate functional deficits due to lumbopelvic impairments without distal	
		symptom best describes the patient's clinical presentation; Spine/Chest was selected as the	
		first body type/region; Lower Extremity/Hip selected as the second body type/region; Body	
		Part for second pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The	
		evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
		cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
		Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
		or Occupational therapy was selected; Physical or Occupational therapy was selected;	
	97116 Therapeutic procedure, 1 or	Magellan does not manage chiropractic but does manage speech therapy for the member's	
4/1/2023 - Physical	more areas, each 15 minutes; gait	plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval	training (includes stair climbing)	Families; Physical therapy was requested; Physical therapy was requested	1 2023 2023
		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
		Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	
		pass is not in options listed; 6/20/2023; No patient history in the past 90 days; Evaluation	
		dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body	
		part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions	
		about your Head/Neck request:; Three or more visits anticipated; The anticipated number of	
		visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is	
		other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the	
		top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due	
		to cervical impairments without distal symptoms best describes the patient's clinical	
		presentation; Mild or moderate functional deficits due to lumbopelvic impairments with	
		distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected	
		as the first body type/region; Head/Neck selected as the second body type/region; Body Part	
		for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The	
		evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
		cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
		Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
		or Occupational therapy was selected; Physical or Occupational therapy was selected;	
	97116 Therapeutic procedure, 1 or	Magellan does not manage chiropractic but does manage speech therapy for the member's	
4/1/2023 - Physical	more areas, each 15 minutes; gait	plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun
	· · ·		
6/30/2023 4/1/2023 6/30/2023 Medicine Approval	training (includes stair climbing)	Families; Physical therapy was requested; Physical therapy was requested	1 2023 2023

					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	
					pass is not in options listed; 6/22/2023; No patient history in the past 90 days; Evaluation	
					dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body	
					part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions	
					about your Head/Neck request:; Three or more visits anticipated; The anticipated number of	
					visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is	
					other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or	
					moderate functional deficits due to cervical impariments with distal symptoms best	
					describes the patient's clinical presentation; Mild or moderate functional deficits due to	
					lumbopelvic impairments with distal symptoms best describes the patient's clinical	
					presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as	
					the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy;	
					Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
					is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
					Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Magellan does not manage chiropractic but does	
				97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023 4	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	
					pass is not in options listed; 6/27/2023; No patient history in the past 90 days; Evaluation	
					dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body	
					part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about	
					your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated	
					number of visits is other than 2.; Three or more visits anticipated; The anticipated number of	
					visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass	
					Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense	
					symptoms with severe loss of range of motion, strength, or ability to perform daily tasks	
					best describes the patient presentation; Severe functional deficits due to lumbopelvic	
					impairments with or without distal symptoms best describes the patient's clinical	
					presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip	
					selected as the second body type/region; Body Part for second pass is Lower Leg; Physical	
					Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
					rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
					diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
					or Occupational therapy was selected; Magellan does not manage chiropractic but does	
				97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023 4	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023

Body Part selection; Perform Body Part selection; Perform Body Part selection; Pirst Pass-Second Pass Check point; Body Part for first pass is Lumbar Spine; expected on the specific doxy part pass of poly Part for second pass in the interpretation should be provided as the specific doxy part pass of poly Part for second pass in the interpretation should be provided as the specific doxy part pass poly Part for Second Pass in Check point; Body Part for Second Pass in Check point; Body Part pass of Check point; Body Part pass of Check part pass of Check pass of Pass selected. Second Pass Starting; Mild or moderate functional deficits due to unable bed deficits due to the pass of the patient's chical presentation; Mild or moderate functional deficits due to unable bed deficits due to unable bed deficits with such specific pass of the patient's chical presentation; Spind pass selected as the second bady typy-region; selected as th					
Pass; Second Pass check point; Body Part for first pass is Lumbar Sprine; Body Part for second pass is not professional pass in the particular pass complete; Questions about your Lumbar Sprine request; Questions about your Head/Neck request; Publication about your Lumbar Sprine request; Questions about your Head/Neck request standard and additional defects devists is other than 2; Two Body Parts selected; Second Pass Starting, Mild or moderate functional defects devists is other than 2; Two Body Parts selected; Second Pass Starting, Mild or moderate functional defects due to lumbopelvic impairments with addition of the provision of the pass of the pa				Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
pass is not in options. listed; Lumbar Spines selected as the specific body part; Body Part pass complete, Questions about your transfa/Pack request; (Questions about the string transfar). All of more areas, each 15 minutes; gait of Cucupational therapy was selected; as the second body type/Pack request; (Questions about the subsequent request; Physical or Occupational therapy was selected; as the second body type/Pack request; (Questions about the subsequent request; Physical or Occupational therapy was selected; and the pack request of the pa					
complete, Questions about your Lumbar Spine request; Questions about your Lumbar Spine request; Questions about your Head/Neck request; The anticipated mamber of visits is other than 2. The anticipated mamber of visits is other than 2. The anticipated mamber of visits is other than 2. The motificated functional deflots due to unbopolivic impairments without distal symptoms best describes the patients's clinical presentations, Mild or moderate functional deflicts due to lumbopolivic impairments without distal symptoms best describes the patients's clinical presentations, Spinor/Chest was selected as the first body type/region; Head/Neck, There on more withst anticipated; The previous auth did not address any body parts; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; The previous auth did not address any body parts and the previous auth did not address any body parts; Three or more visits anticipated; The previous auth did not address any body parts and the previous auth did not address any body parts and the previous author and pass and the previous author					
request; The anticipated number of visits is other than 2; The Both Parts selected; coord Pass Sarting, Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation, Spiner, Both Part Selected, Second Pass Sarting, Mild or moderate functional deficits due to multipose the impairments with distal symptoms best describes the patient's clinical presentation, Spiner, Chest was selected as the first body type/region; leadly five selected as the second body type/region; leadly five selection; le					
is other than 2,1 'We Body Parts selected; Second Pass Starting, Mild or moderate functional deficits due to concila impairments without clistal symptoms best describes the patient's clinical presentation; Spine (Phets was selected as the first body type/region; Head/Meck selected as the second body type/region; Body Parts selected as the first body type/region; Head/Meck selected as the second body type/region; Body Parts Second pass is head/Heck. Time or more withis anticipated. This is not a gold card auth; Objection about the subsequent request; Physical or Occupational therapy was selected; Physical therapy was requested as the selection; Physical therapy was requested as the selection; Physical therapy was requested as the selection; Physical therapy was requested as the specific body part, Souther Spans; Body Part for second pass selected; Physical therapy was requested as the specific body part, Souther Spans; Body Part for second pass selected; Physical therapy was selected; Physical or Occupational therapy					
deflicts due to cervical impairments without distal symptoms best describes the patient's clinical presentations, 'Glinical presentations, 'Spines, Chest was selected as the first body type/region; Head/Meck selected as the second body type/region; Body Part for second pass is Head/Meck. Three or more visits anticipated, The previous auth old not address any body parts, Three or more visits anticipated, This previous auth old not address any body parts, Three or more visits anticipated, This previous auth old not address any body parts, Three or more visits anticipated, This previous auth old not address any body parts, Three or more visits anticipated, This is not a gold-card auth; Questions about the subsequent request; "Physical or Cocupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data criterioe, type of habitistation = Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Aproval training (Includes stair climbing) Rehabititative; Physical therapy was requested; Physical threapy was requested. The previous author and the previous author and training (Includes stair climbing) Rehabititative; Physical threapy was requested; Physical threapy was requested. The past 50 days; Evaluation dates less than 90 days in the past; Non-Signical threapy was requested to a second pass is shoulder, 47/72023; No patient history in the past 50 days; Evaluation dates less than 90 days in the past; Non-Signical threapy was selected as the specific body part; shoulder request; "Three or more visits anticipated," The anticipated number of visits is other than 2; Three or more visits anticipated, The anticipated number of visits is other than 2; Three or more visits anticipated, The anticipated number of visits is other than 2; Three or more visits anticipated, The anticipated number of visits is other than 2; Three or more visits anticipated, The anticipated number of visits is other than 2; Three or more visits anticipated, The anticipated number of visits is other				, , , , , , , , , , , , , , , , , , , ,	
clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Dest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Spine; Body Part for second date; Previous auth did not address any selected; Physical or Occupational therapy was selected; Physical or Spine; Body Part for first pass is Lumbar Spine; Body Part for second dates; Previous auth data retrieved, type of habilitation; Physical therapy was requested; Physical Ordinary of the member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation; Physical therapy was requested; Physical therapy was requested; Physical or Physical ordinary of the subsequent request; Physical or Occupational therapy was requested; Physical or Physical					
with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the second body type/region; Body Part for second pass is Head/Nexk; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request; Physical or Occupational therapy was selected; ### 1/2023				• • • • • • • • • • • • • • • • • • • •	
selected as the first body type/region; lead/Neck selected as the second body type/region; Body Part for second pass is Head/Neck. There or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical Occupational therapy was selected; Physical Portugational Physical Portugational Physical Ph					
Body Part for second pass is Head/Neck; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested: 4/1/2023					
did not address any body parts; Three or more visits is not a gold-card auth; Questions about the subsequent request; ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the (A)1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Body Part passes complete; Perform Body Part selection; Perform Bo				, , , , , , , , , , , , , , , , , , ,	
Questions about the subsequent request; Physical or Occupational therapy was selected; 4/1/2023 - Physical Physical or Occupational therapy was selected; Physical therapy was requested 1 2023 2023 Body Part passes complete; Perform Body Part selection; Pe					
97116 Therapeutic procedure, 1 or Physical or Occupational therapy was selected. The member's plan does not require the nor areas, each 15 minutes; gait collection of start and end dates; Previous auth data retrieved, type of habilitation = Apr-Jun (Af/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Rehabilitative; Physical therapy was requested Physical therapy was requested 1 2 2023 2023 Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Shoulder; 4/7/2023. No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; Cuestions about your Flore of More visits anticipated; The anticipated number of visits is other than 2. Therapy type is Rehabilitative; Non-Surgical; Lumbar Spine request; Cuestions about your Lumbar Spine request; The anticipated number of visits is other than 2. Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2. Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2. Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2. Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2. Therapy type is Rehabilitative; Non-Surgical; Therapy type is chiefled to a diagnosis of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Upper Extremity selected				, ,, ,	
4/1/2023 - Physical more areas, each 15 minutes; gait collection of start and end dates; Previous auth data retrieved, type of habilitation = Apr-Jun 6/30/2023 4/1/2023 Medicine Approval training (includes stair climbing) Rehabilitative; Physical therapy was requested. 1 2023 2023 2023 2023 2023 2023 2023 20			97116 Therapeutic procedure, 1 or		
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Shoulder, 4/7/2023, No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Shoulder selected as the selected and pass should your Shoulder request: ; Three or more visits anticipated, Three or more visits anticipated	4/1/2023 -	Physical	the state of the s		Anr-lun
Body Part passes complete; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Shoulder; 47/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Shoulder request; ; Three or more visits anticipated; The anticipated number of visits is other than 2; Therapy type is Rehabilitative; Non- Surgical; The anticipated number of visits is other than 2; Therapy type is Rehabilitative; Non- Surgical; The anticipated number of visits is other than 2; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is not the future; The rehabilitation is Pay was selected; The evaluation date is not in the future; The rehabilitation is Pay was selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is not means as selected; The evaluation described the pay was selected; Physical or Occupational therapy was selected; The formal pa		•	, , ,	· · · · · · · · · · · · · · · · · · ·	•
Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Shoulder; 4/7/2023; No patient history in the past; Jumbar Spine specific body part; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; Questions about your Shoulder request; Threa or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or abilisty to perform daily tasks best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of Coupational therapy was selected; Physical or Occupational therapy was sel	0,00,000	2,00,2020	, p. 1		
pass is Shoulder; 4/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Shoulder selected as the specific body apart; Shoulder selected as the specific body apart; Shoulder selected as the specific body apart; Back Part; Ba				Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; There yt ype is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of local therapy was selected; Physical or Occupational therapy was selected; Physical therapy w				Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	
selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Theran 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Apr-Jun				pass is Shoulder; 4/7/2023; No patient history in the past 90 days; Evaluation dates less than	
Spine request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Non- Surgical; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Non- Surgical; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Apr-Jun				90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Shoulder	
The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Non- Surgical; The anticipated number of visits is other than 2. Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; 97116 Therapeutic procedure, 1 or Magellan does not manage chiropractic but does manage speech therapy for the member's Physical more areas, each 15 minutes; gait plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Apr-Jun				selected as the specific body part; Body Part pass complete; Questions about your Lumbar	
Surgical; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; 97116 Therapeutic procedure, 1 or Magellan does not manage chiropractic but does manage speech therapy for the member's Physical more areas, each 15 minutes; gait plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Apr-Jun				Spine request: ; Questions about your Shoulder request: ; Three or more visits anticipated;	
Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of tymphedema.; Physical or Occupational therapy was selected; Physical or Occu				The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Non-	
fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational thera				Surgical; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body	
symptoms best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupation				Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a	
deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; 97116 Therapeutic procedure, 1 or Magellan does not manage chiropractic but does manage speech therapy for the member's 4/1/2023 - Physical more areas, each 15 minutes; gait plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Apr-Jun				fax; Severe functional deficits due to lumbopelvic impairments with or without distal	
strength, or ability to perform daily tasks best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; 97116 Therapeutic procedure, 1 or Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Apr-Jun				symptoms best describes the patient's clinical presentation; Severe objective and functional	
Spine/Chest was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupation				deficits with instability: constant or intense symptoms with severe loss of range of motion,	
second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; 97116 Therapeutic procedure, 1 or Magellan does not manage chiropractic but does manage speech therapy for the member's 4/1/2023 - Physical more areas, each 15 minutes; gait plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Apr-Jun				strength, or ability to perform daily tasks best describes the patient's clinical presentation ;	
evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; 97116 Therapeutic procedure, 1 or Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Apr-Jun				Spine/Chest was selected as the first body type/region; Upper Extremity selected as the	
cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; 97116 Therapeutic procedure, 1 or Magellan does not manage chiropractic but does manage speech therapy for the member's 4/1/2023 - Physical more areas, each 15 minutes; gait plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Apr-Jun				second body type/region; Physical Therapy; Speech Therapy was not selected; The	
Occupational therapy was selected; Physical or Occupational therapy was selected; 97116 Therapeutic procedure, 1 or Magellan does not manage chiropractic but does manage speech therapy for the member's 4/1/2023 - Physical more areas, each 15 minutes; gait plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Apr-Jun				evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
or Occupational therapy was selected; Physical or Occupational therapy was selected; 97116 Therapeutic procedure, 1 or Magellan does not manage chiropractic but does manage speech therapy for the member's 4/1/2023 - Physical more areas, each 15 minutes; gait plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Apr-Jun				cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
97116 Therapeutic procedure, 1 or Magellan does not manage chiropractic but does manage speech therapy for the member's 4/1/2023 - Physical more areas, each 15 minutes; gait plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Apr-Jun				Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
4/1/2023 - Physical more areas, each 15 minutes; gait plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Apr-Jun				or Occupational therapy was selected; Physical or Occupational therapy was selected;	
			97116 Therapeutic procedure, 1 or	Magellan does not manage chiropractic but does manage speech therapy for the member's	
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Families; Physical therapy was requested; Physical therapy was requested 1 2023 2023	4/1/2023 -	Physical	more areas, each 15 minutes; gait	plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun
	6/30/2023 4/1/2023	6/30/2023 Medicine Ap	pproval training (includes stair climbing)	Families; Physical therapy was requested; Physical therapy was requested	1 2023 2023

					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	
					pass is Shoulder; 04/12/2023; No patient history in the past 90 days; Evaluation dates less	
					than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part;	
					Shoulder selected as the specific body part; Body Part pass complete; Questions about your	
					Lumbar Spine request: ; Questions about your Shoulder request: ; Three or more visits	
					anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative;	
					Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected;	
					Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic	
					impairments with or without distal symptoms best describes the patient's clinical	
					presentation; Severe objective and functional deficits with instability: constant or intense	
					symptoms with severe loss of range of motion, strength, or ability to perform daily tasks	
					best describes the patient's clinical presentation; Spine/Chest was selected as the first body	
					type/region; Upper Extremity selected as the second body type/region; Physical Therapy;	
					Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
					is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
					Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Magellan does not manage chiropractic but does	
				97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Shoulder; 04/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Questions about your Shoulder request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
				97116 Therapeutic procedure, 1 or	or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
1 ' '	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023

		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
		Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	
		pass is Shoulder; 4/24/2023; No patient history in the past 90 days; Evaluation dates less	
		than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part;	
		Shoulder selected as the specific body part; Body Part pass complete; Questions about your	
		Lumbar Spine request: ; Questions about your Shoulder request: ; Three or more visits	
		anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative;	
		Non-Surgical; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+	
		Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is	
		not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal	
		symptoms best describes the patient's clinical presentation; Mild or moderate objective and	
		functional deficits without instability: sporadic symptoms with minimal to moderate loss of	
		range of motion, strength, or ability to perform daily tasks best describes the patient's	
		clinical presentation; Spine/Chest was selected as the first body type/region; Upper	
		Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was	
		not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	
		diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
		Physical or Occupational therapy was selected; Physical or Occupational therapy was	
		selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
		was selected; Magellan does not manage chiropractic but does manage speech therapy for	
971	116 Therapeutic procedure, 1 or	the member's plan; Physical therapy was requested; The health carrier is NOT New	
4/1/2023 - Physical mo	ore areas, each 15 minutes; gait	Hampshire Healthy Families; Physical therapy was requested; Physical therapy was	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval trail	ining (includes stair climbing)	requested	1 2023 2023
		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
		Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	
		pass is Shoulder; 06/14/2023; No patient history in the past 90 days; Evaluation dates less	
		than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part;	
		Shoulder selected as the specific body part; Body Part pass complete; Questions about your	
		Lumbar Spine request: ; Questions about your Shoulder request: ; Three or more visits	
		anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative;	
		Non-Surgical; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+	
		Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is	
		not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal	
		symptoms best describes the patient's clinical presentation; Severe objective and functional	
		deficits without instability: constant symptoms and/or symptoms that are intensified with	
		activity with moderate loss of range of motion, strength, or ability to perform daily tasks	
		best describes the patient's clinical pre; Spine/Chest was selected as the first body	
		type/region; Upper Extremity selected as the second body type/region; Physical Therapy;	
		Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
		is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
		Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
		therapy was selected; Physical or Occupational therapy was selected; Physical or	
		Occupational therapy was selected; Magellan does not manage chiropractic but does	
971	116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
I there are			
4/1/2023 - Physical mo	ore areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun

		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
		Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	
		pass is Shoulder; 6/28/2023; No patient history in the past 90 days; Evaluation dates less	
		than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part;	
		Shoulder selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Shoulder request: ; Three or more visits	
		anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+	
		Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is	
		not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal	
		symptoms best describes the patient's clinical presentation; Severe objective and functional	
		deficits with instability: constant or intense symptoms with severe loss of range of motion,	
		strength, or ability to perform daily tasks best describes the patient's clinical presentation;	
		Spine/Chest was selected as the first body type/region; Upper Extremity selected as the	
		second body type/region; Physical Therapy; Speech Therapy was not selected; The	
		evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
		cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
		Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
		or Occupational therapy was selected; Physical or Occupational therapy was selected;	
	97116 Therapeutic procedure, 1 or	Magellan does not manage chiropractic but does manage speech therapy for the member's	
4/1/2023 - Physical	more areas, each 15 minutes; gait	plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval	training (includes stair climbing)	Families; Physical therapy was requested; Physical therapy was requested	1 2023 2023
0/30/2023 4/1/2023 0/30/2023 Wedletile /\pproval	training (metades stair elimbing)	runnies, rnysical arctupy was requested, rnysical arctupy was requested	1 2023 2023
		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
		Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	
		pass is Thoracic Spine/Chest; 4/6/2023; No patient history in the past 90 days; Evaluation	
		dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body	
		part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete;	
		Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest	
		request.; Three or more visits anticipated; The anticipated number of visits is other than 2.;	
		The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body	
		Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to	
		lumbopelvic impairments with or without distal symptoms best describes the patient's	
		clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or	
		without distal symptoms best describes the patient's clinical presentation; Spine/Chest was	
		selected as the first body type/region; Spine/Chest selected as the second body type/region;	
		Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
		The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
		to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
		Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
		or Occupational therapy was selected; Magellan does not manage chiropractic but does	
	97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 - Physical	more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval	training (includes stair climbing)	therapy was requested	1 2023 2023

					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Thoracic Spine/Chest; 4/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2. Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
					Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Magellan does not manage chiropractic but does	
				97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -	4/4/2022	Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Thoracic Spine/Chest; 4/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2	
					Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
					Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
					Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
				97116 Therapeutic procedure, 1 or	Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
4/1/2023 - 6/30/2023		Physical 6/30/2023 Medicine		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does	Apr-Jun 1 2023 2023

			Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
			Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	
			pass is Thoracic Spine/Chest; 5/22/2023; No patient history in the past 90 days; Evaluation	
			dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body	
			part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete;	
			Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest	
			request.; Three or more visits anticipated; The anticipated number of visits is other than 2.;	
			The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2	
			Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass	
			Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic	
			impairments without distal symptom best describes the patient's clinical presentation; Mild	
			or moderate functional deficits due to thoracic/lumbar impairments without distal	
			symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the	
			first body type/region; Spine/Chest selected as the second body type/region; Physical	
			Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
			rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
			diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
			Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
			or Occupational therapy was selected; Magellan does not manage chiropractic but does	
		97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -	Physical	more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023 4/1/2023 6/30/	/2023 Medicine Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
			Dade Dade access accessible Dade and Dade Dade aleating Dade and Dade Dade aleating First	
			Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
			Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	
			pass is Thoracic Spine/Chest; 05/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body	
			part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete;	
			Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest	
			request.; Three or more visits anticipated; The anticipated number of visits is other than 2.;	
			The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body	
			Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional	
			deficits due to lumbopelvic impairments without distal symptom best describes the patient's	
			denotes due to idinibopervie impairments without distar symptom best describes the patient's	
			clinical presentation: Mild or moderate functional deficits due to thoracic/lumbar	
			clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar	
			impairments without distal symptoms best describes the patient's clinical presentation;	
			impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second	
			impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is	
			impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The	
			impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is	
			impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	
		97116 Therapeutic procedure, 1 or	impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
4/1/2023 -	Physical	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	Apr-Jun
	Physical /2023 Medicine Approval		impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan;	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine App	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait proval training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Thoracic Spine/Chest; 5/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not Selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested. Body Part passes complete; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	Apr-Jun 1 2023 2023
			pass is Thoracic Spine/Chest; 6/1/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete;	
			Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest	
			request.; Three or more visits anticipated; The anticipated number of visits is other than 2.;	
			The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2	
			Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass	
			Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments	
			with or without distal symptoms best describes the patient's clinical presentation; Severe	
			functional deficits due to thoracic/lumbar impairments with or without distal symptoms best	
			describes the patient's clinical presentation; Spine/Chest was selected as the first body	
			type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech	
			Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT	
			related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
			Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	
			Occupational therapy was selected; Magellan does not manage chiropractic but does	
		97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -	Physical	more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023 4/1/2023	•	proval training (includes stair climbing)	therapy was requested	1 2023 2023
-, -, -, -, -, -, -, 2020	.,,		· · · · · · · · · · · · · · · · · · ·	

		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
		Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
		second pass is Elbow; 4/24/2023; No patient history in the past 90 days; Evaluation dates	
		less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body	
		Part pass complete; Questions about your Elbow request: ; Questions about your Head/Neck	
		request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated	
		number of visits is other than 2.; The anticipated number of visits is other than 2.; More than	
		2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass	
		Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense	
		symptoms with severe loss of range of motion, strength, or ability to perform daily tasks	
		best describes the patient's presentation; Severe functional deficits due to cervical	
		impairments with or without distal symptoms best describes the patient's clinical	
		presentation; Head/Neck was selected as the first body type/region; Upper Extremity	
		selected as the second body type/region; Body Part for first pass is Head/Neck; Physical	
		Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
		rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
		diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
		Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
		or Occupational therapy was selected; Magellan does not manage chiropractic but does	
	97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 - Physical	more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
		Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
		second pass is Elbow; 5/22/2023; No patient history in the past 90 days; Evaluation dates	
		less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body	
		Part pass complete; Questions about your Elbow request: ; Questions about your Head/Neck	
		request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated	
		number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body	
		Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional	
		deficits: constant intense symptoms with severe loss of range of motion, strength, or ability	
		to perform daily tasks best describes the patient's presentation; Severe functional deficits	
		due to cervical impairments with or without distal symptoms best describes the patient's	
		clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity	
		selected as the second body type/region; Body Part for first pass is Head/Neck; Physical	
		Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
		rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
		diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
		Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
		or Occupational therapy was selected; Magellan does not manage chiropractic but does	
	97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
. /. /	·		A 1
4/1/2023 - Physical	more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families: Physical therapy was requested: Physical	Apr-iun
4/1/2023 - Physical 6/30/2023 4/1/2023 6/30/2023 Medicine Approval	more areas, each 15 minutes; gait training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	Apr-Jun 1 2023 2023

Body Part passes complete; Perform Body Part selection; Perform Body Part select Pass; Second Pass check point; Body Part for first pass is not in options listed; Body	'
second pass is Elbow; 5/31/2023; No patient history in the past 90 days; Evaluation	
less than 90 days in the past; Non-Surgical; Elbow selected as the specific body par	' '
Part pass complete; Questions about your Elbow request: ; Questions about your I	
request:; Three or more visits anticipated; Therapy type is Rehabilitative; The antic	
number of visits is other than 2.; The anticipated number of visits is other than 2.;	
Parts selected; Second Pass Starting; Requestor is not a fax; Mild objective and fun	
deficits: sporadic symptoms with minimal loss of range of motion, strength, or abi	'
perform daily tasks best describes the patient's presentation; Mild or moderate fu	
deficits due to cervical impairments without distal symptoms best describes the pa	
clinical presentation; Head/Neck was selected as the first body type/region; Upper selected as the second body type/region; Body Part for first pass is Head/Neck; Ph	'
Therapy; Speech Therapy was not selected; The evaluation date is not in the future	·
rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT rel	*
diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physica	
Occupational therapy was selected; Physical or Occupational therapy was selected	
or Occupational therapy was selected; Magellan does not manage chiropractic but	
97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; Ti	
4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; P	
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested	1 2023 2023
Body Part passes complete; Perform Body Part selection; Perform Body Part select Pass; Second Pass check point; Body Part for first pass is not in options listed; Body second pass is Elbow; 06/01/2023; No patient history in the past 90 days; Evaluati less than 90 days in the past; Non-Surgical; Elbow selected as the specific body par Part pass complete; Questions about your Elbow request: ; Questions about your request:; Three or more visits anticipated; Therapy type is Rehabilitative; The antic number of visits is other than 2.; The anticipated number of visits is other than 2.; 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Starting; Requestor is not a fax; Moderate objective and functional deficits: consta symptoms and/or symptoms that are intensified with activity with moderate loss of motion, strength, or ability to perform daily tasks best describes the patient's pres Mild or moderate functional deficits due to cervical impairments without distal sy best describes the patient's clinical presentation; Head/Neck was selected as the type/region; Upper Extremity selected as the second body type/region; Body Part pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evalua is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupation therapy was selected; Physical or Occupational therapy was selected 97116 Therapeutic procedure, 1 or	y Part for on dates rt; Body lead/Neck cipated More than Pass nt of range of entation; mptoms irst body for first ation date onal ; Magellan
4/1/2023 - Physical more areas, each 15 minutes; gait Physical therapy was requested; The health carrier is NOT New Hampshire Healthy	' '
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Physical therapy was requested; Physical therapy was requested	1 2023 2023

				Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
				Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
				second pass is Hand; 04/24/2023; No patient history in the past 90 days; Evaluation dates	
				less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body	
				Part pass complete; Questions about your Hand request: ; Questions about your Head/Neck	
				request:; Three or more visits anticipated; The anticipated number of visits is other than 2.;	
				Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; More than 2	
				Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass	
				Starting; Requestor is not a fax; Moderate objective and functional deficits: constant	
				symptoms and/or symptoms that are intensified with activity with moderate loss of range of	
				motion, strength, or ability to perform daily task best describes the patient's presentation;	
				Mild or moderate functional deficits due to cervical impariments with distal symptoms best	
				describes the patient's clinical presentation; Head/Neck was selected as the first body	
				type/region; Upper Extremity selected as the second body type/region; Body Part for first	
				pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date	
				is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The	
				rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
				therapy was selected; Physical or Occupational therapy was selected; Physical or	
				Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
			97116 Therapeutic procedure, 1 or	does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested; Physical therapy was requested	1 2023 2023
				Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
				Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
				second pass is Hand; 4/25/2023; No patient history in the past 90 days; Evaluation dates less	
				than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part	
				pass complete; Questions about your Hand request: ; Questions about your Head/Neck	
				request:; Three or more visits anticipated; The anticipated number of visits is other than 2.;	
				Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body	
				Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and	
				functional deficits: constant symptoms and/or symptoms that are intensified with activity	
				with moderate loss of range of motion, strength, or ability to perform daily task best	
				describes the patient's presentation; Mild or moderate functional deficits due to cervical	
				impariments with distal symptoms best describes the patient's clinical presentation;	
				Head/Neck was selected as the first body type/region; Upper Extremity selected as the	
				second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech	
				Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT	
				related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
				Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
				therapy was selected; Physical or Occupational therapy was selected; Physical or	
				Occupational therapy was selected; Magellan does not manage chiropractic but does	
			97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
.,, , _ ,	.,,			· · · · · · · · · · · · · · · · · · ·	

Body Part passes complete, Perform Body Part solection, Perform Body Part solection, Perform Body Part for second pass is Hand, 5/16/2013, No patient history in the past 90 days, Evaluation date less than 90 days in Known Service Households. The past 90 days, Evaluation date less than 90 days in Known Service Households. The past 90 days, Evaluation date less than 90 days in Known Service Households. The past 90 days, Evaluation date less than 90 days in the past 90 days, Evaluation date less than 90 days in the past 90 days, Evaluation date less than 90 days in the past 90 days. Evaluation date less than 90 days in the past 90 days, Evaluation date less than 90 days in the past 90 days, Evaluation date less than 90 days in the past 90 days, Evaluation date less than 90 days in the past 90 days of the past 90 days of the past 90 days 10 days	Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hand; 5/16/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Head/Neck	
second pass is Hand; 5/16/2023. No patient history in the past 90 days; Evaluation dates less than 90 days in solicitud in the past 10 days; Evaluation dates less than 90 days in solicitud sector as the region of visits is other than 2; Therapy was requested; The evaluation of visits in solicitud; and solicitud in the past 90 days; and functional deficits constant symptoms that are interested with activity with moderal less of range of modition, stepric in final fast Modern didentics which will be seen that the past 90 days with moderal less of the past 90 describes 10 des	second pass is Hand; 5/16/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Head/Neck	
than 940 days in the past, Pron. Surgical; hand selected as the specific body part, Body Part pass complete; Questions about your Head/Neck request. There or more value and included number of visits is other than 2; Therapy type is Rehabilitative; The anticipated number of visits is other than 2; Therapy type is Rehabilitative; The anticipated number of visits is other than 2; Thorapy type is Rehabilitative; The anticipated number of visits is other than 2; Thorapy type is Rehabilitative; The anticipated number of visits is other than 2; Thorapy type is Rehabilitative; The anticipated number of visits is other than 2; Thorapy type is Rehabilitative; The anticipated number of visits is other than 2; Two body Part selected, Second Pass Starting, Requestor is not a fax; Noderate objective and functional decisions and the convoiding of more of the convoiding of more of the convoiding of more or visits of the part of visits of the convoiding part of the convoiding part of the convoiding part of the convoiding part of the part of the part of the convoiding part of the part of	than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Head/Neck	
pass complete; Questions about your Head/Neck recovery. The anticipated number of visits is other than 2; Two Body Parts Selected, The anticipated number of visits is other than 2; Two Body Parts Selected, The anticipated number of visits is other than 2; Two Body Parts Selected, The anticipated number of visits is other than 2; Two Body Parts Selected of Pass Starting, Requestors in not a faw, Moderate Opicitive and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate storaged or stranged in control and selected start are intensified with activity with moderate storaged or stranged or stranged or stranged in control and selected start are intensified with activity with moderate storaged or stranged or stranged or stranged or stranged or stranged in control and selected start are intensified with activity with moderate storaged or stranged or	pass complete; Questions about your Hand request: ; Questions about your Head/Neck	
request; Three or more withst anticipated, in the anticipated anumber of visits is other than 2; Therapy type Rehabilistore, the anticipated mumber of visits is other than 2; Therapy type Rehabilistore, the anticipated mumber of visits is other than 2; Two Body Parts selected; Second Pass Starting, Requestor is not a fax; Moderate objective and functional deficition, somation, strongs in that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation, Mild or moderate incheroland deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Headon's properties of the patient's presentation, with control and properties of the second body type/region. Body Part for first pass is head/Nect; Physical Therapy, Speech Therapy was not selected. The visit of Congustional Phenapy was not selected. The relabilisation is NOT related to a diagnosis of cancer, The rehabilisation is NOT related to a diagnosis of Lympheteria. Physical or Occupational through was separated. Physical or Occupational Phenapy was requested to a diagnosis of the patient of the patien		
Therapy type is Rehabilitative; The anticipated number of visits is other than 2,1 was loady Parts selections. Requestor in not a fax, Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate functional deficits with a clinic process. The control of functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate functional deficits due to cervical impacts of the part of the	request:; Three or more visits anticipated; The anticipated number of visits is other than 2.;	
Parts selected, Second Pass Starting, Requestor is not a fax, Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patients of the patients o		
functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform aduly task best describes the patient's presentation, fillid or moderate functional deficits due to revircal impariments with distal symptoms best describes the patient's falling presentation; Head/Neck was selected as the first body type/region; Upper Estermity selected as the scond body type/region. The part of members are bead-Neck Physical Therapy. Speech Therapy was not selected; The evaluation date is not in the future. The rehabilitation is NOT related to adjagnosis of concern; the rehabilitation is NOT related to adjagnosis of Lymphadema. Physical or Occupational therapy was selected, Physical or Occupational therapy was selected. Physical or Occupational therapy was selected, Physical or Occupational therapy was selected. Physical or Occupational therapy was selected, Physical or Occupational therapy was selected. Physical or Occupational therapy was selected. Physical or Occupational therapy was selected, Physical or Occupational therapy was selected. Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy families, Physical therapy was requested; The health carrier is NOT New Hampshire Healthy families, Physical therapy was requested; The health carrier is NOT New Hampshire Healthy families, Physical therapy was requested, Physical or Occupational therapy was requested, Physical or Occupational therapy was requested, Physical	Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body	
with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's greenstation, Mild or moderate functional deficits due to cevical impariments with distal symptoms best describes the patient's greenstation, Hild or moderate functional deficits due to cevical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the second body type/region, 1969 Per tarmfly selected as the second body type/region, 1969 Per tarmfly selected as the second body type/region, 1969 Per tarmfly selected as the second body type/region, 1969 Per tarmfly selected as the second body type/region, 1969 Per tarmfly selected as the second body type/region, 1969 Per tarmfly selected as the second body type/region, 1969 Per tarmfly selected as the second body type/region, 1969 Per tarmfly selected as the second body type/region, 1969 Per tarmfly selected as the second body type/region, 1969 Per tarmfly selected as the second body type/region, 1969 Per tarmfly selected as the second body type/region, 1969 Per tarmfly selected as the second body type/region, 1960 Per tarmfly selected as the second body type/region, 1960 Per tarmfly selected, 1979 Per tarmfly selected as the selection, 1970 Per tarmfly selection selection, 1970 Per tarmfly selection selection, 1970 Per tarmfly selected as the selection, 1970 Per tarmfly selected as the selection, 1970	Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and	
describes the patient's presentation, Mild or moderate functional deficits due to cervical imparisment with distal symptoms best describes the patient's Calicial presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Doper Extremity selected as the second body type/region as it lead/Neck/Pytysical for Cacupational therapy was selected; Physical or Cacupational therapy was selected; Physical or Occupational therapy was requested; Physical or Occupational therapy was requested; Physical or Occupational therapy was requested; Physical or Physical or Physical therapy was requested; Physical or	functional deficits: constant symptoms and/or symptoms that are intensified with activity	
impariments with distal symptoms best describes the patient's clinical presentation; Head/Mck was selected as the first body type/region; Dody Pertremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a	with moderate loss of range of motion, strength, or ability to perform daily task best	
Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region, Body Part for first pass is Head/Neck, Physical therapy was selected. The revaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of concert. The rehabilitation is NOT related to a diagnosis of co	describes the patient's presentation; Mild or moderate functional deficits due to cervical	
second body type/region. Body Part for first pass is Head/Neck; Physical Therapy, Seech Therapy was not selected: The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected. Physical or Occupational therapy was requested. The ability families; Physical therapy was requested; The health carrier is NOT New Hampshire healthy Families; Physical therapy was requested; Physical or second pass is Hand, 50/18/0233. No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request; Cuestions about your Head/Neck request; Three or more visits anticipated, The anticipated number of visits is other than 2; Threapy type is Rehabilitative; The adolibilitative; The adolibilitative than a day of the past of	impariments with distal symptoms best describes the patient's clinical presentation;	
second body type/region. Body Part for first pass is Head/Nieck, Physical Therapy, Speech Therapy was not selected: The evaluation date is not in the future. The rehabilitation is NOT related to a diagnosis of lymphedema; Physical or Occupational therapy was selected. Physical or Occupational therapy was requested. The health carrier is NOT New Hampshire Healthy Families. Physical therapy was requested. Physical or Occupational therapy was selected. Physical or Occupational therapy was requested. Physical or Occupational therapy was selected. Physical or Occupational	Head/Neck was selected as the first body type/region; Upper Extremity selected as the	
Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of an accertance of the provide deals on the page of		
related to a diagnosis of Canner; The rehabilitation is NOT related to a diagnosis of Lymphedema, Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; Physical or Occupational therapy was selected; Professional on Occupation		
Lymphedema; Physical or Occupational therapy was selected; Magelian does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hamphibrie Healthy Families; Physical therapy was requested; Physical Apr-Jun (Ajova) 4/1/2023 (Ajova) Medicine Apr-Jun (Ajova) 4/1/2023 (Ajo		
therapy was selected; Physical or Occupational therapy was requested of the member of plan, Physical therapy was requested; Physical or more areas, each 15 minutes, gait training (includes stair climbing) ### Approval and Physical Approval training (includes stair climbing) ### Body Part passes complete; Perform Body Part selection; Perform Body Part selection; Pirist Pass; Second Pass check point, Body Part for first pass is not in options listed; Body Part for second pass, is Hand; 05;148/2023; No patient history in the past 50 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request; Questions about your Head/Neck request; Three or more visits anticipated; The anticipated number of visits is other than 2; Therapy type is Rehabilitative; The anticipated number of visits is other than 2; More than 2 Body Parts; 3 Body Regions was selected; Provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's presentation; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's presentation; Body Part for first pass is the dead/Neck; Physical or Occupational therapy was selected; Described to the devaluation date is not in the future; The rehabilitation is NOT related to a diagnosi		
Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical herapy was requested; Physical therapy was requested; Physical or Occupational therapy was requested; Physical or Occupational therapy was selected; Phy		
97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health 4/1/2023 - Physical Medicine Aproval training (includes stair climbing) 80dy Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hand; 05/18/2023. No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Perform Body Part selection; First Pass; Second Pass check point; Body Part pass in not in options listed; Body Part for second pass is Hand; 05/18/2023. No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request; Questions about your Head/Neck request; Three or nore visits anticipated number of visits is other than 2; Therapy type is Rehabilitative; The anticipated number of visits is other than 2; More than 2 Body Part; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagn		
4/1/2023 Physical More areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical 1 2023 2023 Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Check point; Body Part for first pass is not in options listed; Body Part for second pass is Hand; 05/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request; Questions about your Hand request; Questions about your Hand request; Outside the past 90 days; Somethan 2; Therapy type is Rehabilitative; The anticipated number of visits is other than 2; Therapy type is Rehabilitative; The anticipated number of visits is other than 2; Therapy type is Rehabilitative; The anticipated number of visits is other than 2; Therapy type is Rehabilitative; The anticipated number of visits is other than 2; Therapy type is Rehabilitative; The anticipated number of visits is other than 2; Therapy type is Rehabilitative; The anticipated number of visits is other than 2; Therapy type is Rehabilitative; and the past of the pa		
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is shand; 05/18/2023; No parlient history in the past; 00 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request; Questions about your Hand nequest; Questions about your Hand Neck request; Three or more visits anticipated; The anticipated number of visits is other than 2; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's licitical presentation; Head/Neck; was selected as the first body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of lymphedema; Physical or Occupational therapy was selected; Physical or Occup		Anr-lun
Body Part passes complete; Perform Body Part selection; Perform Body Part selection, First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hand; 05/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request;; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; More than 2 Body Parts, 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation in Horapy was selected; Physical or Occupational therapy was selected; Physical or Occ		
Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hand; 05/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Head/Neck request;; Three or more visits anticipated, The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2. Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; I head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of concert; The rehabilitation is NOT related to a diagnosis of concert; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a di	9,50,2025 9,50,2050 mediane 1,pp. 10. Calining (madecostal ambing)	1 2023 2023
second pass is Hand; 05/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2; Therapy type is Rehabilitative; The anticipated number of visits is other than 2; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is Horapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan;	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request:; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The valuation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan;	Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request:; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2. Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan;	second pass is Hand; 05/18/2023; No patient history in the past 90 days; Evaluation dates	
request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2. More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Magellan 97116 Therapeutic procedure, 1 or	less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body	
request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2. More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Magellan 97116 Therapeutic procedure, 1 or		
Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan;		
Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Coccupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan;		
Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selecte		
symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;		
motion, strength, or ability to perform daily task best describes the patient's presentation; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy w		
Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The office of the pass of the		
describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of Cymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy		
type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan 97116 Therapeutic procedure, 1 or does not manage chiropractic but does manage speech therapy for the member's plan;		
pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan;		
is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan 97116 Therapeutic procedure, 1 or does not manage chiropractic but does manage speech therapy for the member's plan;		
rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan;		
therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan 97116 Therapeutic procedure, 1 or does not manage chiropractic but does manage speech therapy for the member's plan;		
Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan 97116 Therapeutic procedure, 1 or does not manage chiropractic but does manage speech therapy for the member's plan;		
97116 Therapeutic procedure, 1 or does not manage chiropractic but does manage speech therapy for the member's plan;		
	4/1/2023 - Physical more areas, each 15 minutes; gait Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Physical therapy was requested; Physical therapy was requested 1 2023 2023	6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Physical therapy was requested; Physical therapy was requested	1 2023 2023

Body Part passes complete; Perform Body Part selection; Perform Body Pass; Second Pass check point; Body Part for first pass is not in options	Part selection; First
Pass; Second Pass check point; Body Part for first pass is not in options	
	isted; Body Part for
second pass is Hand; 6/12/2023; No patient history in the past 90 days;	Evaluation dates less
than 90 days in the past; Surgical; 05/05/2023; Post-Op; Lower Leg sele	cted as the specific
body part; Hand selected as the specific body part; Body Part pass com	olete; Questions
about your Lower Leg request: ; Questions about your Hand request: ; 1	he anticipated
number of visits is other than 2.; Three or more visits anticipated; The a	•
visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts se	
Starting; Requestor is not a fax; Severe objective and functional deficits	
symptoms with severe loss of range of motion, strength, or ability to pe	•
best describes the patient's presentation; Severe objective and function	
intense symptoms with severe loss of range of motion, strength, or abil	, ,
tasks best describes the patient presentation; Lower Extremity/Hip was	
body type/region; Upper Extremity selected as the second body type/re	
first pass is Lower Leg; Physical Therapy; Speech Therapy was not select	
Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
Physical or Occupational therapy was selected; Physical or Occupational	
selected; Physical or Occupational therapy was selected; Physical or Occupational sele	• •
was selected; Physical or Occupational therapy was selected; Magellan	
97116 Therapeutic procedure, 1 or chiropractic but does manage speech therapy for the member's plan; Pl	5
4/1/2023 - Physical more areas, each 15 minutes; gait requested; The health carrier is NOT New Hampshire Healthy Families;	, , ,
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) requested; Physical therapy was requested	1 2023 2023
Body Part passes complete; Perform Body Part selection; Perform Body	
Pass; Second Pass check point; Body Part for first pass is not in options	
second pass is Hip/Pelvic; 4/3/2023; No patient history in the past 90 d.	•
less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the sc	• •
Body Part pass complete; Questions about your Pelvis/Hip request: ; Qu	* * * *
Head/Neck request:; Three or more visits anticipated; The anticipated r	•
other than 2.; Therapy type is Rehabilitative; The anticipated number of	
2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fa	x; Severe functional
deficits due to cervical impairments with or without distal symptoms be	est describes the
patient's clinical presentation; The hip is beingn treated.; Severe object	ve and functional
deficits: constant intense symptoms with severe loss of range of motion	ı, strength, or ability
to perform daily tasks best describes the patient's presentation best de	scribes the patient's
presentation:; Head/Neck was selected as the first body type/region; Lo	wer Extremity/Hip
selected as the second body type/region; Body Part for first pass is Hea	d/Neck; Physical
Therapy; Speech Therapy was not selected; The evaluation date is not in	
rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation	
diagnosis of Lymphedema.; Physical or Occupational therapy was select	
Occupational therapy was selected; Physical or Occupational therapy w	the state of the s
or Occupational therapy was selected; Magellan does not manage chiro	
97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was re	· · · ·
4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was re	
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested	1 2023 2023

Stoly Party states complete. Perform Budy part selection. First Party Science Plana Celebration Party of Party Science Plana Celebration Party of Party Science Plana Celebration Party Party Science Plana Celebration Party					
second pass is High/Perkix, 4/13/2023. No pattern history in the past 190 days, 5 valuation diates less than only in the past, 190-Argings (high/Perkis sected as the specific body part; 800 part;					
dates less than 90 days in the past, Non-Surgial, High/Polis selected as the specific body part, Body Part pondier, Questions about your Pelvi-Ally request; Jouestons about your Head/Peck request; Three or more visits anticipated, The anticipated number of visits is other than 2. Two Body Parts selected, Second Pass Starting, Requestor is not a lax, Severe functional deflicts constant in the past of					
part, Body Part pass completer, Questions about your Polish/Hip request: 1 Questions about your Polish/Hip request: 2 Questions about your Plass/Hip request: 3 Question about your Plass/Hip request: 3 Question about your Plass/Hip request: 3 Question about your Plass/Hip request: 3 Que					
your Nead/Next requests. Three or more visits anticipated, The anticipated number of visits is other than 2.1 Three propers have been family as the property propers head builthours. The anticipated number of visits is other than 2.1 Three propers have been formed and the patients of th					
is other than 2. Therapy type is Rehabilitative. The anticipated number of visits is other than 2. The anticipated number of visits is other than 2. The anticipated number of visits is other than 4. The anticipated number of visits is other than					
2. Two Body Parts selected. Second Pass Starting, Requestor is not a fac. Severe functional deficits out convicual impairments with or without distal symptoms best describes the patient's clinical presentation. The hip is being treated, Moderate objective and functional deficits concervise impairments with or without distal symptoms had real intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's persentation best describes by Head/Mexic was selected as the first body type/region; Lower Externity/Hip selected as the second body type/region, Body Part for first pass's Head/Neck; Physical Therapy, Speech Speech, Sp					
deficts due to cervical impairments with or without distal symptoms best describes the patient's finicial presentation. The high beligher treated, Moderate doctored, Moderate doctored, and of the patient's finicial presentation. The high beligher treated, Moderate doctored, with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation best describes the Head/Neck was selected as the first body type/region, lower Externity/lips selected as the second body type/region, Body Part for first pass is Head/Neck; Physical Therapy, Speech Therapy was not selected; The evaluation of dats is not in the future. The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diag					
patient's clinical presentations, The hip is beings treated, Moderate objective and functional deficits constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation in the future of the proposition of the patient best described by the patient of the patient best described by patient best described by the patient best described by the patient best described by the patient of the patient best described by patients and the patient by the patient by days. Evaluation and tells also best described by patients and the patients of the pat				· · · · · · · · · · · · · · · · · · ·	
deflicits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best discribes the patient's presentation best describes the patient's presentation best describes the patient's presentation best describes the patient's presentation and the state second body type/region, Body Part for first pass is Head/Neck, Physical Therapy. Speech Therapy was not selected, the evaluation date is not in the future. The rehabilitation is NOT related to a diagnosis of curaptional therapy was requested, Physical or Occupational therapy was requested, Physical brange pase therapy for the member's plan; Physical therapy was requested, Physical or Occupational therapy was requeste				·	
moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patients' presentation best describes the Head/Neck was selected as the first body hype/region; Lower Extremitly/Hip selected as the second body hype/region; Body Part for first pass is Head/Neck. Physical Therapy-Expected the revolution date is not in the future. The rehabilitation is NOT related to a diagnosis of cancer. The					
the patient's presentation best describes th; Head/Neck was selected as the first body hype/region; Lower Extremityl/hip selected as the second body type/region; Lower Extremityl/hips selected as the specific bod of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was				, , , , , , , , , , , , , , , , , , , ,	
hype/region, Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Head/Neck; Physical and Procupational frame that the second body type/region; Body Part for first pass is Head/Neck; Physical and reapy; Speach Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The pass selected, the pass selected as the second pass selected. The pass cancer as the pass of the pass o					
first pass is Head/Neck; Physical Therapy, was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of supprised or Occupational therapy was selected; Physical or Occupational therapy was requested; Physical or Occupational therapy was selected; Physical or Occupat				·	
date is not in the future. The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation of Cocupational therapy was selected; Physical or Occupational therapy was selected; The nember's Physical or Occupational therapy was selected; Ph					
rehabilitation is NOT related to a diagnosis of tymphedema; Physical or Occupational therapy was selected; Physical therapy was requested: 6/30/2023					
therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage speech therapy for the member's plan; which is a specific procedure, 1 or more areas, each 15 minutes; galt physical therapy was requested; The health carrier is NOT New Hampshire Healthy Familles; Apr-Jun does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Familles; Apr-Jun does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical or Occupational therapy was requested and the properties of the physical or Occupational therapy was requested; Physical or Occupational therapy was requested; The entire past of the properties of the physical or Occupational therapy was requested; The second past is the properties of the physical or Occupational therapy was requested. Physical or Occupational therapy was requested; The second past is plant the past yet and the properties of the physical or Occupational therapy was requested; The past past past past past past past past					
Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; more areas, each 15 minutes; gait more areas, each 15 minutes; gait Physical therapy was requested; The health carrier is NOT New Hampshire Healthty Families; Apr-Jun 6/30/2023 Medicine Aproval training (includes stair climbing) Physical therapy was requested; The health carrier is NOT New Hampshire Healthty Families; Apr-Jun 6/30/2023 Medicine Aproval training (includes stair climbing) Physical therapy was requested; The health carrier is NOT New Hampshire Healthty Families; Apr-Jun 6/30/2023 Medicine Aproval training (includes stair climbing) Physical therapy was requested; The health carrier is NOT New Hampshire Healthty Families; Apr-Jun 6/30/2023 Medicine Apr-Jun 6/30/20				9 , , , , , ,	
4/1/2023 - Physical more areas, each 15 minutes, galt more areas, each 15 minutes, galt physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Physical therapy was requested; Physical therapy w					
4/1/2023 Physical more areas, each 15 minutes; gait Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Physical therapy was requested. Physical Phase requested. Physical			97116 Therapeutic procedure 1 or		
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Physical therapy was requested. Physical therapy was requested. 1 2023 2023 Body Part passes complete; Perform Body Part selection; Perform Body Part selection; Perform Body Part selection; Perform Body Part for First pass is not in options listed; Body Part for First pass is not in options listed; Body Part for First pass is not in options listed; Body Part for Second pass is Hip/Pelvic; 5/5/2023, No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical, Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; Questions about your Head/Neck request; Three or more visits anticipated number of visits is other than 2; More than 2 Body Parts; 3+ Body Regions was selected: provide details on the top 2; Second Pass Starting. Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; The hip is beingn treated. Severe objective and functional deficits due to cervical impairments with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation; Head/Neck was selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of a Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical therapy was requested; Physical or Occupational therapy was requested; Physical therapy was requested; Physical therapy was requested; Physical therapy was	4/1/2023 -	Physical			Δnr-lun
Body Part passes complete; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hijn/Pelvic; 5/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past Non-Surgical; Hijn/Pelvic; 5/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past Non-Surgical; Hijn/Pelvic selected as the specific body part; Body Part pass complete; Questions about your Head/Neck request:; There or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3ª Body Regions was selected – provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; The hip is beingn treated, Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Head/Neck was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or	1 ' '	· ·			·
second pass is Hip/Pelvic; 5/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; The hip is beingn treated.; Severe objective and functional deficits constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Head/Neck was selected as the first body type/region, Lower ExtremityHips selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health and the past of the member's plan; Physical therapy was requested; The health and past selected; The health Families; Physical therapy was requested; The health Apr-Jun	0/30/2023 4/1/2023	0/30/2023 Wedienie /Appro	ovar training (increases stair climbing)		1 2023 2023
less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; ; Questions about your selected; Pervision of motions and the your pelvis/Hip request; ; Questions about your selected as the second past your pelvis details on the pay to pervision about your selected; Pelvis details on the pay your selected; Physical or of occupational therapy was selected; Phy					
Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Head/Neck request:; There or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; The hip is beingn treated; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation; Head/Neck was selected as the first body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Coccupational therapy was selected; Physical or Occupational therapy was requested; The health Advizora Physical or Physical Operations of the member's plan; Physical therapy was requested; Physical Apr-Jun				second pass is Hip/Pelvic; 5/5/2023; No patient history in the past 90 days; Evaluation dates	
Head/Neck request:; Three or more visits anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation; Head/Neck was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cuneracy. The rehabilitation is NOT related to a diagnosis of Cuneracy. The rehabilitation is NOT concupational therapy was selected; Physical or Occupational therapy was requested; The health 41/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical Apr-Jun				less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part;	
other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Head/Neck was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health 4/1/2023 - Physical more areas, each 15 minutes; gait Carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical Apr-Jun				Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your	
2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation:; Head/Neck was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occup				Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is	
Second Pass Starting, Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation:; Head/Neck was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Phy				other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than	
impairments with or without distal symptoms best describes the patient's clinical presentation; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation:; Head/Neck was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does 97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health 4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical				2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2;	
presentation; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation:; Head/Neck was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a				Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical	
intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation:; Head/Neck was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical therapy was selected; Physical therapy was requested; Physical therapy was requested; Physical therapy was selected; Physi				impairments with or without distal symptoms best describes the patient's clinical	
tasks best describes the patient's presentation best describes the patient's presentation:; Head/Neck was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cupmphedema.; Physical or Occupational therapy was selected; Physical therapy was requested; Physical therapy was requested; The health 4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical Apr-Jun				presentation; The hip is beingn treated.; Severe objective and functional deficits: constant	
Head/Neck was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical therapy was selected; Physical therapy was requested; Physical therapy was requested; The health of the physical occupation of the physical therapy was requested; Physical therapy was requested; Physical occupation of the physical occupation occupation of the physical occupation oc				intense symptoms with severe loss of range of motion, strength, or ability to perform daily	
second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does 97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health 4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical Apr-Jun				tasks best describes the patient's presentation best describes the patient's presentation:;	
Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does 97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health 4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical Apr-Jun				Head/Neck was selected as the first body type/region; Lower Extremity/Hip selected as the	
related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does 97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health 4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical Apr-Jun				second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech	
Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does 97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health 4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical Apr-Jun				Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT	
therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health 4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical Apr-Jun				related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
Occupational therapy was selected; Magellan does not manage chiropractic but does 97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health 4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical Apr-Jun					
97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health 4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical Apr-Jun					
4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical Apr-Jun				, , , , , , , , , , , , , , , , , , , ,	
			· · · · · · · · · · · · · · · · · · ·		
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested 1 2023 2023		•	, , , ,		•
	6/30/2023 4/1/2023	6/30/2023 Medicine Appro	oval training (includes stair climbing)	therapy was requested	1 2023 2023

				Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
				Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
				second pass is Hip/Pelvic; 5/9/2023; No patient history in the past 90 days; Evaluation dates	
				less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part;	
				Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your	
				Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is	
				other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than	
				2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2;	
				Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to	
				cervical impariments with distal symptoms best describes the patient's clinical presentation;	
				The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms	
				and/or symptoms that are intensified with activity with moderate loss of range of motion,	
				strength, or ability to perform daily tasks best describes the patient's presentation best	
				describes th; Head/Neck was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Head/Neck; Physical	
				Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
				rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
				diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
				Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
				or Occupational therapy was selected; Magellan does not manage chiropractic but does	
			97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
				Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hip/Pelvic; 05/09/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; The hip is beingn treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation; Head/Neck was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
				rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
			0744 C.Th	or Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/4/2022	Dh		97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	A *
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	more areas, each 15 minutes; gait training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	Apr-Jun 1 2023 2023
	U/ JU/ ZUZJ WIEUILIIE	Approvar	training (includes stail climbing)	therapy was requested	1 2023 2023

4/1/2023 -		Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hip/Pelvic; 06/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation:; Head/Neck was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of tymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023 4/	1/1/2022	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	Apr-Jun 1 2023 2023
0/30/2023 4/	+/ 1/ 2023	u/30/2023 IVIEUICINE	Approval	training (includes stait climbing)	therapy was requested	1 2023 2023
					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Hip/Pelvic; 6/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation:; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	
				97116 Therapeutic procedure, 1 or	Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun

					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
					second pass is Hip/Pelvic; 6/15/2023; No patient history in the past 90 days; Evaluation	
					dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body	
					part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more	
					visits anticipated; The anticipated number of visits is other than 2.; Therapy type is	
					Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip	
					is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or	
					symptoms that are intensified with activity with moderate loss of range of motion, strength,	
					or ability to perform daily tasks best describes the patient's presentation best describes th;	
					The requesting provider is other than Physical Therapy or Occupational Therapy; The patient	
					was previously independent with mobility and now requires human assistance and/or an	
					assistive device to walk and/or transfer; The anticipated number of visits is other than 2.;	
					Gait, Balance and Falls was selected as the first body type/region; Lower Extremity/Hip	
					selected as the second body type/region; Body Part for first pass is Gait/Balance; Physical	
					Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical	
					Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The	
					rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
				97116 Therapeutic procedure, 1 or	does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested	1 2023 2023
.,,		.,,		5,	,	
					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
					second pass is Hip/Pelvic; 6/28/2023; No patient history in the past 90 days; Evaluation	
					dates less than 90 days in the past; Surgical; 5/30/2023; Post-Op; Hip/Pelvis selected as the	
					specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
					There are many visits autisinated. The autisinated group has of visits in athout here 2. There are	
					Three or more visits anticipated; the anticipated number of visits is other than 2.; Therapy	
					Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative: More than 2 Body Parts: 3+ Body Regions was selected - provide	
					type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide	
					type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.;	
					type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are	
					type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to	
					type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Fracture was	
					type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Fracture was selected as the first body type/region; Lower Extremity/Hip selected as the second body	
					type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Fracture was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Fracture; Physical Therapy; Speech Therapy was not	
					type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Fracture was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Fracture; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation	
					type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Fracture was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Fracture; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
					type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Fracture was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Fracture; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be asked some questions about your fracture request.; Post	
					type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Fracture was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Fracture; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be asked some questions about your fracture request.; Post surgical upper or lower limb (extremities) best describes the patient's presentation.; Physical	
					type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Fracture was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Fracture; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be asked some questions about your fracture request.; Post surgical upper or lower limb (extremities) best describes the patient's presentation.; Physical or Occupational therapy was selected;	
					type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Fracture was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Fracture; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be asked some questions about your fracture request.; Post surgical upper or lower limb (extremities) best describes the patient's presentation.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	
					type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Fracture was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Fracture; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be asked some questions about your fracture request.; Post surgical upper or lower limb (extremities) best describes the patient's presentation.; Physical or Occupational therapy was selected; Physical on Occupational therapy was selected; Physical on Occupational therapy was selected; Magellan does not manage	
				97116 Therapeutic procedure, 1 or	type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Fracture was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Fracture; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema; You will now be asked some questions about your fracture request.; Post surgical upper or lower limb (extremities) best describes the patient's presentation.; Physical or Occupational therapy was selected; Physical therapy was selected; Physical therapy was	
4/1/2023 - 6/30/2023		Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Fracture was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Fracture; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be asked some questions about your fracture request.; Post surgical upper or lower limb (extremities) best describes the patient's presentation.; Physical or Occupational therapy was selected; Physical on Occupational therapy was selected; Physical on Occupational therapy was selected; Magellan does not manage	Apr-Jun 1 2023 2023

	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First
	Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for
	second pass is Knee; 5/11/2023; No patient history in the past 90 days; Evaluation dates less
	than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part
	pass complete; Questions about your Knee request: ; Questions about your Head/Neck
	request:; Three or more visits anticipated; The anticipated number of visits is other than 2.;
	Non-Surgical; Therapy type is Rehabilitative; The anticipated number of visits is other than
	2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2;
	Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to
	cervical impairments without distal symptoms best describes the patient's clinical
	presentation; Mild objective and functional deficits: sporadic symptoms with minimal loss of
	range of motion, strength, or ability to perform daily tasks best describes the patient's
	clinical presentation; Head/Neck was selected as the first body type/region; Lower
	Extremity/Hip selected as the second body type/region; Body Part for first pass is
	Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not
	in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is
	NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was
	selected; Physical or Occupational therapy was selected; Magellan does not manage
07	116 Therapeutic procedure, 1 or chiropractic but does manage speech therapy for the member's plan; Physical therapy was
	pre areas, each 15 minutes; gait requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was Apr-Jur
The state of the s	ining (includes stair climbing) requested; Physical therapy was requested 1 2023 2023
0/30/2023 4/1/2023 0/30/2023 Wedicine Approval	illing (illinuaes stair clinibing) Tequesteu, Friysical ulerapy was requesteu 1 2023 2023
	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First
	Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for
	second pass is Knee; 6/11/2023; No patient history in the past 90 days; Evaluation dates less
	than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Knee
	selected as the specific body part; Body Part pass complete; Questions about your Lower Leg
	request: ; Questions about your Knee request: ; The anticipated number of visits is other
	than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.;
	Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting;
	Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms
	with severe loss of range of motion, strength, or ability to perform daily tasks best describes
	the patient's clinical presentation; Severe objective and functional deficits: constant intense
	symptoms with severe loss of range of motion, strength, or ability to perform daily tasks
	best describes the patient presentation; Lower Extremity/Hip was selected as the first body
	type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for
	first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation
	date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The
	rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational
	therapy was selected; Physical or Occupational therapy was selected; Physical or
	Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan
97	116 Therapeutic procedure, 1 or does not manage chiropractic but does manage speech therapy for the member's plan;
	ore areas, each 15 minutes; gait Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Apr-Jur
4/1/2023 - Physical m	ore areas, each 15 minutes; gait Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Apr-Jur ining (includes stair climbing) Physical therapy was requested; Physical therapy was requested 1 2023 2023

Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Knee; 06/30/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical, Knee selectic as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Galt, Balance and Falls was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Day Part for first pass is Gait/Balance; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a
Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Knee; 06/30/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past 90 days; Evaluation dates less than 90 days in the past 90 days; Evaluation dates less than 90 days in the past 50 days in the past 90 days; Evaluation dates less than 90 days in the past 90 days; Evaluation dates less than 90 days in the past 90 days; Evaluation dates less than 90 days in the past 90 days; Evaluation dates less than 90 days in the past 90 days; Evaluation dates less than 90 days in the past 90 days; Evaluation dates less than 90 days in the past 90 days; Evaluation dates less than 90 days in the past 90 days; Evaluation dates less than 90 days in the past 90 days; Evaluation date is not in one provider is other than 2. Gatt Balance and Falls was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; body Part for first pass is Gait/Balance; Physical Therapy was requested; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of concert; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupat
second pass is Knee; 06/30/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy. The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Gait/Balance; Physical Therapy, Speech Therapy was selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of tymphedema.; Physical or Occupational therapy was selected; Physical Or O
less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Gait/Balance; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical Occupatio
Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Gait/Balance; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical
The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical
Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therap
Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Caroner, The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or
intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical Occupational therapy was selected; Physical Occupational therapy was selected; Physical Occupational therapy was sele
perform daily tasks best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls was selected as the first body type/region; Lower ExtremitlyHip selected as the second body type/region; Body Part for first pass is Gait/Balance; Physical Therapy was requested; was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Coccupational therapy was selected; Physical or Occupational therapy was selected; Physical Occupational therapy was selected; Physical Occupational therapy was selecte
provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of current; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical Occupational therapy was selected; Physical Occupational therapy was selected
independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Gait/Balance; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Phys
walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical Occupational therapy was selec
Falls was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of Cocupational therapy was selected; Physical or Occupational therapy was selected; Physical
body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was select
was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does
The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does
to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does
Occupational therapy was selected; Physical or Occupational therapy was
97116 Therapeutic procedure, 1 or or Occupational therapy was selected; Magellan does not manage chiropractic but does
4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health
COOLOGO Ala Joog Cloologo Markitis Assessed Asse
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families; Physical therapy was requested 1 2023 Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First
Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for
second pass is Lumbar Spine; 04/06/2023; No patient history in the past 90 days; Evaluation
dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body
part; Body Part pass complete; Questions about your Lumbar Spine request; Questions
about your Head/Neck request:; Three or more visits anticipated; The anticipated number of
visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is
other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or
moderate functional deficits due to cervical impariments with distal symptoms best
describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic
impairments with or without distal symptoms best describes the patient's clinical
presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as
the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech
Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT
related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of
Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational
therapy was selected; Physical or Occupational therapy was selected; Physical or
therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does
therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does 97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health
therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does

4/1/2023 -	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	Apr-Jun 1 2023 2023
					Lymphedema.; Physical or Occupational therapy was selected; Physical or	
					related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
					the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT	
					presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as	
					impairments with or without distal symptoms best describes the patient's clinical	
					describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic	
					moderate functional deficits due to cervical impariments with distal symptoms best	
					other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or	
					visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is	
					about your Head/Neck request:; Three or more visits anticipated; The anticipated number of	
					part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions	
					second pass is Lumbar Spine; 4/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body	
					Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
4/1/2023 -		Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
				97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
					Occupational therapy was selected; Magellan does not manage chiropractic but does	
					therapy was selected; Physical or Occupational therapy was selected; Physical or	
					Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
					related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
					Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT	
					the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech	
					impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as	
					describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic	
					functional deficits due to cervical impairments with or without distal symptoms best	
					other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe	
					visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is	
					about your Head/Neck request:; Three or more visits anticipated; The anticipated number of	
					part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions	
					dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body	
					second pass is Lumbar Spine; 4/6/2023; No patient history in the past 90 days; Evaluation	
					Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	

4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	Apr-Jun 1 2023 2023
					therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does	
					Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
					related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
					Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT	
					the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech	
					presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as	
					lumbopelvic impairments with distal symptoms best describes the patient's clinical	
					describes the patient's clinical presentation; Mild or moderate functional deficits due to	
					moderate functional deficits due to cervical impariments with distal symptoms best	
					other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or	
					visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is	
					about your Head/Neck request:; Three or more visits anticipated; The anticipated number of	
					part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions	
					second pass is Lumbar Spine; 4/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body	
					Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
4/1/2023 -		Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
				97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
					Occupational therapy was selected; Magellan does not manage chiropractic but does	
					therapy was selected; Physical or Occupational therapy was selected; Physical or	
					Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
					related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
					Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT	
					the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech	
					presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as	
					impairments with or without distal symptoms best describes the patient's clinical	
					describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic	
					functional deficits due to cervical impairments with or without distal symptoms best	
					other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe	
					visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is	
					about your Head/Neck request:; Three or more visits anticipated; The anticipated number of	
					part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions	
					second pass is Lumbar Spine; 4/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body	
					Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
					Dans, Canand Dans about maint. Dady Dant for first wass in not in autionalisted. Dady Dant for	

4/1/2023 - 6/30/2023	4/1/2022	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	Apr-Jun 1 2023 2023
					therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does	
					related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
					Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT	
					the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech	
					presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as	
					impairments with or without distal symptoms best describes the patient's clinical	
					describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic	
					functional deficits due to cervical impairments with or without distal symptoms best	
					other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe	
					visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is	
					about your Head/Neck request:; Three or more visits anticipated; The anticipated number of	
					part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions	
					dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body	
					second pass is Lumbar Spine; 4/19/2023; No patient history in the past 90 days; Evaluation	
					Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	1 2023 2023
4/1/2023 -	. /. /2025	Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
				97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	_
					Occupational therapy was selected; Magellan does not manage chiropractic but does	
					therapy was selected; Physical or Occupational therapy was selected; Physical or	
					Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
					related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
					Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT	
					the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech	
					presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as	
					impairments with or without distal symptoms best describes the patient's clinical	
					describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic	
					functional deficits due to cervical impairments with or without distal symptoms best	
					other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe	
					visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is	
					about your Head/Neck request;; Three or more visits anticipated; The anticipated number of	
					dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions	
					second pass is Lumbar Spine; 04/19/2023; No patient history in the past 90 days; Evaluation	
					Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
					Dane Consent Dane should not be Dank Dank for first many to not to a strong list and Dank Dank for	

4/1/2023 - 6/30/2023	4/1/2022	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	Apr-Jun 1 2023 2023
					therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does	
					Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
					Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
					the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech	
					presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as	
					lumbopelvic impairments with distal symptoms best describes the patient's clinical	
					describes the patient's clinical presentation; Mild or moderate functional deficits due to	
					functional deficits due to cervical impairments with or without distal symptoms best	
					other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe	
					visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is	
					about your Head/Neck request:; Three or more visits anticipated; The anticipated number of	
					part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions	
					dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body	
					second pass is Lumbar Spine; 4/26/2023; No patient history in the past 90 days; Evaluation	
					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
4/1/2023 -	. / . /	Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
				97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
					Occupational therapy was selected; Magellan does not manage chiropractic but does	
					therapy was selected; Physical or Occupational therapy was selected; Physical or	
					Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
					related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
					Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT	
					the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech	
					presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as	
					impairments with or without distal symptoms best describes the patient's clinical	
					describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic	
					functional deficits due to cervical impairments with or without distal symptoms best	
					other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe	
					visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is	
					about your Head/Neck request;; Three or more visits anticipated; The anticipated number of	
					dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions	
					second pass is Lumbar Spine; 4/20/2023; No patient history in the past 90 days; Evaluation	
					Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
					Dane Consol Dane should note the Dank Dank for floor constituent to antique literal Dank Dank for	

4/1/2023 - 6/30/2023 4/1/	Physical (2023 6/30/2023 Medicine	97116 Therapeutic procedure, 1 o more areas, each 15 minutes; gait training (includes stair climbing)		Apr-Jun 1 2023 2023
			Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 04/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Cancer.; The rehabilitation is NOT related to a diagnosis of Cancer.; The rehabilitation is NOT related to a diagnosis of Cancer.; Magellan does not manage chiropractic but does	

					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
					second pass is Lumbar Spine; 5/4/2023; No patient history in the past 90 days; Evaluation	
					dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body	
					part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions	
					about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The	
					anticipated number of visits is other than 2.; Three or more visits anticipated; The	
					anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts	
					selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional	
					deficits: constant intense symptoms with severe loss of range of motion, strength, or ability	
					to perform daily tasks best describes the patient presentation; Severe functional deficits due	
					to lumbopelvic impairments with or without distal symptoms best describes the patient's	
					clinical presentation; Lower Extremity/Hip was selected as the first body type/region;	
					Spine/Chest selected as the second body type/region; Body Part for first pass is Lower Leg;	
					Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
					The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
					to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
					or Occupational therapy was selected; Magellan does not manage chiropractic but does	
				97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -	. /. /	Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
					second pass is Lumbar Spine; 05/08/2023; No patient history in the past 90 days; Evaluation	
					dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body	
					part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions	
					about your Head/Neck request:; Three or more visits anticipated; The anticipated number of	
					visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is	
					other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the	
					top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due	
					to cervical impairments without distal symptoms best describes the patient's clinical	
					presentation; Mild or moderate functional deficits due to lumbopelvic impairments without	
					distal symptom best describes the patient's clinical presentation; Head/Neck was selected as	
					the first body type/region; Spine/Chest selected as the second body type/region; Body Part	
					for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The	
					evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
					cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
					or Occupational therapy was selected; Physical or Occupational therapy was selected;	
				97116 Therapeutic procedure, 1 or	Magellan does not manage chiropractic but does manage speech therapy for the member's	
				· · · · · · · · · · · · · · · · · · ·		
4/1/2023 -		Physical		more areas, each 15 minutes; gait	plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun

4/1/2023 -		Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
					related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	
					the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT	
					lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as	
					describes the patient's clinical presentation; Mild or moderate functional deficits due to	
					other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best	
					visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is	
					about your Head/Neck request:; Three or more visits anticipated; The anticipated number of	
					part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions	
					dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body	
					second pass is Lumbar Spine; 5/10/2023; No patient history in the past 90 days; Evaluation	
					Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	1 2023 2023
4/1/2023 -	4/4/2022	Physical	A	more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
				97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	_
					Occupational therapy was selected; Magellan does not manage chiropractic but does	
					therapy was selected; Physical or Occupational therapy was selected; Physical or	
					Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
					related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
					Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT	
					the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech	
					presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as	
					describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical	
					moderate functional deficits due to cervical impairments without distal symptoms best	
					other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or	
					visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is	
					about your Head/Neck request:; Three or more visits anticipated; The anticipated number of	
					part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions	
					dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body	
					second pass is Lumbar Spine; 05/10/2023; No patient history in the past 90 days; Evaluation	
					Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	

4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	Apr-Jun 1 2023 2023
					therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does	
					Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
					related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
					Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT	
					the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech	
					presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as	
					impairments with or without distal symptoms best describes the patient's clinical	
					describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic	
					moderate functional deficits due to cervical impariments with distal symptoms best	
					visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or	
					about your Head/Neck request:; Three or more visits anticipated; The anticipated number of	
					part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions	
					dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body	
					second pass is Lumbar Spine; 05/16/2023; No patient history in the past 90 days; Evaluation	
					Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
4/1/2023 -		Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
				97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
					Occupational therapy was selected; Magellan does not manage chiropractic but does	
					therapy was selected; Physical or Occupational therapy was selected; Physical or	
					Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
					related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
					Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT	
					the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech	
					presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as	
					impairments with or without distal symptoms best describes the patient's clinical	
					describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic	
					functional deficits due to cervical impairments with or without distal symptoms best	
					visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe	
					about your Head/Neck request:; Three or more visits anticipated; The anticipated number of	
					part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions	
					dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body	
					second pass is Lumbar Spine; 5/10/2023; No patient history in the past 90 days; Evaluation	
					Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	

					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
					second pass is Lumbar Spine; 5/18/2023; No patient history in the past 90 days; Evaluation	
					dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body	
					part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions	
					about your Head/Neck request:; Three or more visits anticipated; The anticipated number of	
					visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is	
					other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the	
					top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical	
					impairments with or without distal symptoms best describes the patient's clinical	
					presentation; Severe functional deficits due to lumbopelvic impairments with or without	
					distal symptoms best describes the patient's clinical presentation; Head/Neck was selected	
					as the first body type/region; Spine/Chest selected as the second body type/region; Body	
					Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The	
					evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
					cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
					or Occupational therapy was selected; Physical or Occupational therapy was selected;	
				97116 Therapeutic procedure, 1 or	Magellan does not manage chiropractic but does manage speech therapy for the member's	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Families; Physical therapy was requested; Physical therapy was requested	1 2023 2023
					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
					second pass is Lumbar Spine; 5/24/2023; No patient history in the past 90 days; Evaluation	
					dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body	
					part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions	
					about your Head/Neck request:; Three or more visits anticipated; The anticipated number of	
					visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is	
					other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe	
					functional deficits due to cervical impairments with or without distal symptoms best	
					describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic	
					impairments with or without distal symptoms best describes the patient's clinical	
					presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as	
					the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech	
					Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT	
					related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
					Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Magellan does not manage chiropractic but does	
				97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023

				Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
				Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
				second pass is Lumbar Spine; 05/26/2023; No patient history in the past 90 days; Evaluation	
				dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body	
				part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions	
				about your Head/Neck request:; Three or more visits anticipated; The anticipated number of	
				visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is	
				other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the	
				top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due	
				to cervical impariments with distal symptoms best describes the patient's clinical	
				presentation; Mild or moderate functional deficits due to lumbopelvic impairments with	
				distal symptoms best describes the patient's clinical presentation; Head/Neck was selected	
				as the first body type/region; Spine/Chest selected as the second body type/region; Body	
				Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The	
				evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
				cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
				Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
				or Occupational therapy was selected; Physical or Occupational therapy was selected;	
			97116 Therapeutic procedure, 1 or	Magellan does not manage chiropractic but does manage speech therapy for the member's	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Families; Physical therapy was requested; Physical therapy was requested	1 2023 2023
				Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
				Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
				second pass is Lumbar Spine; 05/26/2023; No patient history in the past 90 days; Evaluation	
				dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body	
				part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions	
				about your Head/Neck request:; Three or more visits anticipated; The anticipated number of	
				visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is	
				other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe	
				functional deficits due to cervical impairments with or without distal symptoms best	
				describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic	
				impairments with or without distal symptoms best describes the patient's clinical	
				presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as	
				the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech	
				Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT	
				related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
				Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
				therapy was selected; Physical or Occupational therapy was selected; Physical or	
				Occupational therapy was selected; Magellan does not manage chiropractic but does	
			97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
. , , ,	, ,	rr -	3 (11111111111111111111111111111111111	.,	

4/1/2023 -		Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
					related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	
					the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT	
					lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as	
					describes the patient's clinical presentation; Mild or moderate functional deficits due to	
					other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best	
					visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is	
					about your Head/Neck request:; Three or more visits anticipated; The anticipated number of	
					part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions	
					dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body	
					second pass is Lumbar Spine; 5/31/2023; No patient history in the past 90 days; Evaluation	
					Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	1 2023 2023
4/1/2023 -	4/4/2022	Physical	A	more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
				97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	_
					Occupational therapy was selected; Magellan does not manage chiropractic but does	
					therapy was selected; Physical or Occupational therapy was selected; Physical or	
					Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
					related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
					Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT	
					the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech	
					presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as	
					describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical	
					moderate functional deficits due to cervical impairments without distal symptoms best	
					other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or	
					visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is	
					about your Head/Neck request:; Three or more visits anticipated; The anticipated number of	
					part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions	
					dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body	
					second pass is Lumbar Spine; 5/31/2023; No patient history in the past 90 days; Evaluation	
					Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	

				Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
				Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
				second pass is Lumbar Spine; 06/01/2023; No patient history in the past 90 days; Evaluation	
				dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body	
				part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions	
				about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The	
				anticipated number of visits is other than 2.; Three or more visits anticipated; The	
				anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2	
				Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass	
				Starting; Requestor is not a fax; Moderate objective and functional deficits: constant	
				symptoms and/or symptoms that are intensified with activity with moderate loss of range of	
				motion, strength, or ability to perform daily tasks best describes the patient presentation;	
				Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms	
				·	
				best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the	
				first body type/region; Spine/Chest selected as the second body type/region; Body Part for	
				first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation	
				date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The	
				rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
				therapy was selected; Physical or Occupational therapy was selected; Physical or	
			0744671	Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
4/4/2022	_		97116 Therapeutic procedure, 1 or	does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 -		hysical	more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023 4/1/	/2023 6/30/2023 N	1edicine Approv	val training (includes stair climbing)	Physical therapy was requested; Physical therapy was requested Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	1 2023 2023
				Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 6/1/2023; No patient history in the past 90 days; Evaluation	
				dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body	
				part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions	
				about your Head/Neck request:; Three or more visits anticipated; The anticipated number of	
				visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is	
				other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe	
				functional deficits due to cervical impairments with or without distal symptoms best	
				describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic	
				impairments with or without distal symptoms best describes the patient's clinical	
				presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as	
				the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech	
				Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT	
				related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
				Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
				therapy was selected; Physical or Occupational therapy was selected; Physical or	
				Occupational therapy was selected; Magellan does not manage chiropractic but does	
			97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -	Р	hysical	more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023 4/1/	/2023 6/30/2023 N	1edicine Approv	val training (includes stair climbing)	therapy was requested	1 2023 2023

6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
4/1/2023 -		Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
				97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
					Occupational therapy was selected; Magellan does not manage chiropractic but does	
					therapy was selected; Physical or Occupational therapy was selected; Physical or	
					Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
					related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
					Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT	
					the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech	
					presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as	
					lumbopelvic impairments with distal symptoms best describes the patient's clinical	
					describes the patient's clinical presentation; Mild or moderate functional deficits due to	
					moderate functional deficits due to cervical impariments with distal symptoms best	
					other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or	
					visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is	
					about your Head/Neck request:; Three or more visits anticipated; The anticipated number of	
					part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions	
					dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body	
					second pass is Lumbar Spine; 06/05/2023; No patient history in the past 90 days; Evaluation	
					Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
, , ,		, ,,	P P	3,	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
1	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
4/1/2023 -		Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
				97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
					Occupational therapy was selected; Magellan does not manage chiropractic but does	
					therapy was selected; Physical or Occupational therapy was selected; Physical or	
					Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
					related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
					Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT	
					the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech	
					lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as	
					describes the patient's clinical presentation; Mild or moderate functional deficits due to	
					moderate functional deficits due to cervical impairments without distal symptoms best	
					other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or	
					visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is	
					about your Head/Neck request:; Three or more visits anticipated; The anticipated number of	
					part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions	
					dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body	
					second pass is Lumbar Spine; 06/02/2023; No patient history in the past 90 days; Evaluation	
					Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	

Body Part passes complete; Perform Body Part select	cion: Perform Body Part selection: First
	, ,
Pass; Second Pass check point; Body Part for first pas	s is not in options listed; Body Part for
second pass is Lumbar Spine; 06/06/2023; No patien	
dates less than 90 days in the past; Non-Surgical; Lur	nbar Spine selected as the specific body
part; Body Part pass complete; Questions about your	·
visits anticipated; The anticipated number of visits is	
Rehabilitative; More than 2 Body Parts; 3+ Body Regi	•
the top 2; Second Pass Starting; Requestor is not a fa	
due to lumbopelvic impairments with distal sympton	•
presentation; The requesting provider is other than I	•
Therapy; The patient was NOT previously independe	·
human assistance and/or an assistive device to walk	·
following apply; Increase in frequency of falls, Declin	•
transitional movements and/or Decline in independe	
wheelchair mobility); The anticipated number of visit	
Falls was selected as the first body type/region; Spini	•
type/region; Body Part for first pass is Galt/Balance;	
not selected; The evaluation date is not in the future	
rehabilitation is NOT related to a diagnosis of cancer	
diagnosis of Lymphedema.; Physical or Occupational	• • • • • • • • • • • • • • • • • • • •
Occupational therapy was selected; Physical or Occu	, , ,
97116 Therapeutic procedure, 1 or or Occupational therapy was selected; Magellan doe 4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Phys	
4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Phys 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families; Phys	
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stall clinibing) Body Part passes complete; Perform Body Part select	
Pass; Second Pass check point; Body Part for first pas	•
second pass is Lumbar Spine; 06/08/2023; No patien	· · · · · · · · · · · · · · · · · · ·
dates less than 90 days in the past; Non-Surgical; Lur	
part; Body Part pass complete; Questions about your	, ,
about your Head/Neck request:; Three or more visits	
visits is other than 2.; Therapy type is Rehabilitative;	• • •
other than 2.; Two Body Parts selected; Second Pass	•
functional deficits due to cervical impairments with o	
describes the patient's clinical presentation; Severe f	<i>,</i> ,
impairments with or without distal symptoms best d	escribes the patient's clinical
presentation; Head/Neck was selected as the first bo	dy type/region; Spine/Chest selected as
the second body type/region; Body Part for first pass	is Head/Neck; Physical Therapy; Speech
Therapy was not selected; The evaluation date is not	in the future; The rehabilitation is NOT
related to a diagnosis of cancer.; The rehabilitation is	NOT related to a diagnosis of
Lymphedema: , Physical or Occupational therapy was	selected; Physical or Occupational
therapy was selected; Physical or Occupational thera	py was selected; Physical or
Occupational therapy was selected; Magellan does n	• •
97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Phys	
4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical	sical therapy was requested; Physical Apr-Jun

Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 06/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The valuation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Describe the does						Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or							
part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cancer.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or							
about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or						, , , , , , , , , , , , , , , , , , , ,	
visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or							
other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Herapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational							
functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or							
describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational							
impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or						· · · · · · · · · · · · · · · · · · ·	
presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupation						·	
the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or						, , , , , , , , , , , , , , , , , , , ,	
Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or						· · · · · · · · · · · · · · · · · · ·	
related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or						· · · · · · · · · · · · · · · · · · ·	
therapy was selected; Physical or Occupational therapy was selected; Physical or						•	
therapy was selected; Physical or Occupational therapy was selected; Physical or						y y	
Occupational therapy was selected; Magellan does not manage chiropractic but does						therapy was selected; Physical or Occupational therapy was selected; Physical or	
						Occupational therapy was selected; Magellan does not manage chiropractic but does	
97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health					97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical Apr	4/1/2023 -		Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested 1 2023 202.	6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass is Lumbar Spine; 6/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; Cy Questions about your Lower Leg request; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema,; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected by Dysical or Occupational therapy was selected; Dysical or Occupational therapy was s						Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 6/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Dut on the manage chiropractic but does	
97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health 4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical Apr-	4/1/2023 -		Physical		· · · · · · · · · · · · · · · · · · ·		Apr-Jun
		4/1/2023	•	Approval	· · · · · · · · · · · · · · · · · · ·		1 2023 2023

					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
					second pass is Lumbar Spine; 6/20/2023; No patient history in the past 90 days; Evaluation	
					dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body	
					part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions	
					about your Head/Neck request:; Three or more visits anticipated; The anticipated number of	
					visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is	
					other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe	
					functional deficits due to cervical impairments with or without distal symptoms best	
					describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic	
					impairments with or without distal symptoms best describes the patient's clinical	
					presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as	
					the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech	
					Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT	
					related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
					Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does	
				07116 Thoronoutic procedure 1 or	, , , , , , , , , , , , , , , , , , , ,	
4/1/2023 -		Dhusiaal		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	A 1
1	4/1/2023	Physical 6/30/2023 Medicine	Annroyal	, , , ,		Apr-Jun 2 2023 2023
0/30/2023	4/1/2023	0/30/2023 Wedicine	Approval	training (includes stair climbing)	therapy was requested	2 2023 2023
					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
					second pass is Lumbar Spine; 6/22/2023; No patient history in the past 90 days; Evaluation	
					dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body	
					part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions	
					about your Head/Neck request:; Three or more visits anticipated; The anticipated number of	
					visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is	
					other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the	
					top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical	
					impairments with or without distal symptoms best describes the patient's clinical	
					presentation; Severe functional deficits due to lumbopelvic impairments with or without	
					distal symptoms best describes the patient's clinical presentation; Head/Neck was selected	
					as the first body type/region; Spine/Chest selected as the second body type/region; Body	
					Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The	
					evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
					cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
					or Occupational therapy was selected; Physical or Occupational therapy was selected;	
				97116 Therapeutic procedure, 1 or	Magellan does not manage chiropractic but does manage speech therapy for the member's	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun
				,		
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Families; Physical therapy was requested; Physical therapy was requested	1 2023 2023

4/4/2022		Dhysical		97116 Therapeutic procedure, 1 or	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; 6/30/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Ccupational therapy was selected; Physical or Occupational therapy was selected; Nagellan does not manage chiropractic but does manage speech therapy.	Anglina
4/1/2023 - 6/30/2023	4/1/2022	Physical 6/30/2023 Medicine	Approval	more areas, each 15 minutes; gait training (includes stair climbing)	plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Questions about your Head/Neck request:; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested;	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Head/Neck request:; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical therapy was requested	Apr-Jun 1 2023 2023

					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
					second pass is not in options listed; 03/15/2023; No patient history in the past 90 days;	
					Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three	
					or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second	
					Pass Starting; Requestor is not a fax; The requesting provider is other than Physical Therapy	
					or Occupational Therapy; The requesting provider is other than Physical Therapy or	
					Occupational Therapy; The patient was previously independent with mobility and now	
					requires human assistance and/or an assistive device to walk and/or transfer; The patient	
					was previously independent with mobility and now requires human assistance and/or an	
					assistive device to walk and/or transfer; The anticipated number of visits is other than 2.;	
					The anticipated number of visits is other than 2.; Gait, Balance and Falls was selected as the	
					first body type/region; Gait, Balance and Falls was selected as the second body type/region;	
					Body Part for first pass is Gait/Balance; Body Part for second pass is Gait/Balance; Physical	
					Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical	
					Therapy was requested; Physical Therapy was requested; The rehabilitation is NOT related to	
					a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
					selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
				97116 Therapeutic procedure, 1 or	was selected; Magellan does not manage chiropractic but does manage speech therapy for	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	the member's plan; Physical therapy was requested; The health carrier is NOT New	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Hampshire Healthy Families	2 2023 2023
., ,		.,,	1.1.	<i>y</i> ,		
					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
					second pass is not in options listed; 3/31/2023; No patient history in the past 90 days;	
					Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete;	
					Questions about your Head/Neck request:; You will now be asked some questions about	
					your Vestibular Rehab request.; Three or more visits anticipated; Therapy type is	
					Rehabilitative; The anticipated number of visits is other than 2.; The anticipated number of	
					visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide	
					details on the top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits	
					due to cervical impairments with or without distal symptoms best describes the patient's	
					clinical presentation; Head/Neck was selected as the first body type/region; Vestibular	
					Rehab selected as the second body type/region; Body Part for first pass is Head/Neck; Body	
					Part for second pass is Vestibular Rehab; Physical Therapy; Speech Therapy was not selected;	
					The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
					cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Severe objective	
					and functional deficits best describes the patient presentation; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
				97116 Therapeutic procedure, 1 or	does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
1	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested; Physical Therapy was requested	1 2023 2023

				Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
				Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
				second pass is not in options listed; 03/31/2023; No patient history in the past 90 days;	
				Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three	
				or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second	
				Pass Starting; Requestor is not a fax; The requesting provider is other than Physical Therapy	
				or Occupational Therapy; The requesting provider is other than Physical Therapy or	
				Occupational Therapy; The patient was previously independent with mobility and now	
				requires human assistance and/or an assistive device to walk and/or transfer; The patient	
				was previously independent with mobility and now requires human assistance and/or an	
				assistive device to walk and/or transfer; The anticipated number of visits is other than 2.;	
				The anticipated number of visits is other than 2.; Gait, Balance and Falls was selected as the	
				first body type/region; Gait, Balance and Falls was selected as the second body type/region;	
				Body Part for first pass is Gait/Balance; Body Part for second pass is Gait/Balance; Physical	
				Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical	
				Therapy was requested; Physical Therapy was requested; The rehabilitation is NOT related to	
				a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
			97116 Therapeutic procedure, 1 or	was selected; Magellan does not manage chiropractic but does manage speech therapy for	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	the member's plan; Physical therapy was requested; The health carrier is NOT New	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Hampshire Healthy Families	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Wedicine	Арріочаі	training (includes stair climbing)	Hampsine Healthy Families	1 2023 2023
				Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
				Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
				second pass is not in options listed; 4/4/2023; No patient history in the past 90 days;	
				Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete;	
				Questions about your Head/Neck request:; Questions about your Head/Neck request:; Three	
				or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is	
				other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+	
				Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is	
				not a fax; Severe functional deficits due to cervical impairments with or without distal	
				symptoms best describes the patient's clinical presentation; Severe functional deficits due to	
				cervical impairments with or without distal symptoms best describes the patient's clinical	
				presentation; Head/Neck was selected as the first body type/region; Head/Neck selected as	
				the second body type/region; Body Part for first pass is Head/Neck; Body Part for second	
				pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date	
				is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The	
				rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
				therapy was selected; Physical or Occupational therapy was selected; Physical or	
			0744671	Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
			97116 Therapeutic procedure, 1 or	does not manage chiropractic but does manage speech therapy for the member's plan;	
4/4/2022	· ·		Lagran III	BL COLD COLD COLD COLD COLD COLD COLD COL	
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	more areas, each 15 minutes; gait training (includes stair climbing)	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	Apr-Jun 1 2023 2023

					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
					second pass is not in options listed; 04/04/2023; No patient history in the past 90 days;	
					Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three	
					or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second	
					Pass Starting; Requestor is not a fax; The requesting provider is other than Physical Therapy	
					or Occupational Therapy; The requesting provider is other than Physical Therapy or	
					Occupational Therapy; The patient was previously independent with mobility and now	
					requires human assistance and/or an assistive device to walk and/or transfer; The patient	
					was previously independent with mobility and now requires human assistance and/or an	
					assistive device to walk and/or transfer; The anticipated number of visits is other than 2.;	
					The anticipated number of visits is other than 2.; Gait, Balance and Falls was selected as the	
					first body type/region; Gait, Balance and Falls was selected as the second body type/region;	
					Body Part for first pass is Gait/Balance; Body Part for second pass is Gait/Balance; Physical	
					Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical	
					Therapy was requested; Physical Therapy was requested; The rehabilitation is NOT related to	
					a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
					selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
				97116 Therapeutic procedure, 1 or	was selected; Magellan does not manage chiropractic but does manage speech therapy for	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	the member's plan; Physical therapy was requested; The health carrier is NOT New	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Hampshire Healthy Families	1 2023 2023
			•	<u> </u>	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
					second pass is not in options listed; 04/05/2023; No patient history in the past 90 days;	
					Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three	
					or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second	
					Pass Starting; Requestor is not a fax; The requesting provider is other than Physical Therapy	
					or Occupational Therapy; The requesting provider is other than Physical Therapy or	
					Occupational Therapy; The patient was previously independent with mobility and now	
					requires human assistance and/or an assistive device to walk and/or transfer; The patient	
					was previously independent with mobility and now requires human assistance and/or an	
					assistive device to walk and/or transfer; The anticipated number of visits is other than 2.;	
					The anticipated number of visits is other than 2.; Gait, Balance and Falls was selected as the	
					first body type/region; Gait, Balance and Falls was selected as the second body type/region;	
					Body Part for first pass is Gait/Balance; Body Part for second pass is Gait/Balance; Physical	
					Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical	
					Therapy was requested; Physical Therapy was requested; The rehabilitation is NOT related to	
					a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
					selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
				97116 Therapeutic procedure, 1 or	was selected; Magellan does not manage chiropractic but does manage speech therapy for	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	the member's plan; Physical therapy was requested; The health carrier is NOT New	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Hampshire Healthy Families	1 2023 2023
0/30/2023	7, 1, 2023	0/30/2023 WICHICITE	, ipprovai	traning (includes stail climbing)	mampanire meating rannines	1 2023 2023

		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
		Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
		second pass is not in options listed; 04/05/2023; No patient history in the past 90 days;	
		Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the	
		specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The	
		anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type	
		is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax;	
		Severe objective and functional deficits: constant intense symptoms with severe loss of	
		range of motion, strength, or ability to perform daily tasks best describes the patient	
		presentation; Fracture was selected as the first body type/region; Lower Extremity/Hip	
		selected as the second body type/region; Body Part for first pass is Fracture; Body Part for	
		second pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The	
		evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
		cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be	
		asked some questions about your fracture request.; Non-surgical upper or lower limb	
		(extremities) best describes the patient's presentation.; Physical or Occupational therapy	
		was selected; Physical or Occupational therapy was selected; Physical or Occupational	
		therapy was selected; Physical or Occupational therapy was selected; Magellan does not	
	97116 Therapeutic procedure, 1 or	manage chiropractic but does manage speech therapy for the member's plan; Physical	
4/1/2023 - Physical	more areas, each 15 minutes; gait	therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval	training (includes stair climbing)	therapy was requested; Physical therapy was requested	1 2023 2023
		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
		Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
		second pass is not in options listed; 4/10/2023; No patient history in the past 90 days;	
		Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the	
		specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The	
		anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type	
		is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax;	
		Severe objective and functional deficits: constant intense symptoms with severe loss of	
		range of motion, strength, or ability to perform daily tasks best describes the patient	
		presentation; The requesting provider is other than Physical Therapy or Occupational	
		Therapy; The patient was previously independent with mobility and now requires human	
		assistance and/or an assistive device to walk and/or transfer; The anticipated number of	
		visits is other than 2.; Lower Extremity/Hip was selected as the first body type/region; Gait,	
		Balance and Falls was selected as the second body type/region; Body Part for first pass is	
		Lower Leg; Body Part for second pass is Gait/Balance; Physical Therapy; Speech Therapy was	
		not selected; The evaluation date is not in the future; Physical Therapy was requested; The	
		rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
		diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
		Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
	97116 Therapeutic procedure, 1 or	or Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 - Physical	more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023

					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
					second pass is not in options listed; 4/13/2023; No patient history in the past 90 days;	
					Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three	
					or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second	
					Pass Starting; Requestor is not a fax; The requesting provider is other than Physical Therapy	
					or Occupational Therapy; The requesting provider is other than Physical Therapy or	
					Occupational Therapy; The patient was previously independent with mobility and now	
					requires human assistance and/or an assistive device to walk and/or transfer; The patient	
					was previously independent with mobility and now requires human assistance and/or an	
					assistive device to walk and/or transfer; The anticipated number of visits is other than 2.;	
					The anticipated number of visits is other than 2.; Gait, Balance and Falls was selected as the	
					first body type/region; Gait, Balance and Falls was selected as the second body type/region;	
					Body Part for first pass is Gait/Balance; Body Part for second pass is Gait/Balance; Physical	
					Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical	
					Therapy was requested; Physical Therapy was requested; The rehabilitation is NOT related to	
					a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
					selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
				97116 Therapeutic procedure, 1 or	was selected; Magellan does not manage chiropractic but does manage speech therapy for	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	the member's plan; Physical therapy was requested; The health carrier is NOT New	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Hampshire Healthy Families	1 2023 2023
					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
					second pass is not in options listed; 4/14/2023; No patient history in the past 90 days;	
					Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete;	
					Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is	
					Rehabilitative; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+	
					Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is	
					not a fax; Mild or moderate functional deficits due to cervical impariments with distal	
					symptoms best describes the patient's clinical presentation; The requesting provider is other	
					than Physical Therapy or Occupational Therapy; The patient was previously independent	
					with mobility and now requires human assistance and/or an assistive device to walk and/or	
					transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls was	
					selected as the first body type/region; Head/Neck selected as the second body type/region;	
					Body Part for first pass is Gait/Balance; Body Part for second pass is Head/Neck; Physical	
					Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical	
					Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The	
					rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
				97116 Therapeutic procedure, 1 or	does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested	1 2023 2023
0/30/2023	., 1, 2023	5, 50, 2025 IVICAICITE	. ippiovai	cramme (merades stan eminority)	. Hydrodi cherupy was requested	1 2023 2023

	Dade Dade consequently Defense Dade Dade classical Dade Co. 1. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First
	Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for
	second pass is not in options listed; 04/18/2023; No patient history in the past 90 days;
	Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the
s	specific body part; Lower Leg selected as the specific body part; Body Part pass complete;
C	Questions about your Lower Leg request: ; Questions about your Lower Leg request: ; The
a	anticipated number of visits is other than 2.; The anticipated number of visits is other than
2	2.; Three or more visits anticipated; Therapy type is Rehabilitative; More than 2 Body Parts;
9	3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor
i	s not a fax; Severe objective and functional deficits: constant intense symptoms with severe
1	oss of range of motion, strength, or ability to perform daily tasks best describes the patient
	presentation; Severe objective and functional deficits: constant intense symptoms with
·	severe loss of range of motion, strength, or ability to perform daily tasks best describes the
	patient presentation; Lower Extremity/Hip was selected as the first body type/region; Lower
·	Extremity/Hip selected as the second body type/region; Body Part for first pass is Lower Leg;
	Body Part for second pass is Lower Leg; Physical Therapy; Speech Therapy was not selected;
	The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of
	cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or
	Occupational therapy was selected; Physical or Occupational therapy was selected; Physical
	or Occupational therapy was selected; Physical or Occupational therapy was selected;
·	Magellan does not manage chiropractic but does manage speech therapy for the member's
· · · · · · · · · · · · · · · · · · ·	olan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing)	Families; Physical therapy was requested; Physical therapy was requested 1 2023 2023
	Park Park and a second by Park and Park Park all after Park Park and after First
	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First
	Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for
	second pass is not in options listed; 04/22/2023; No patient history in the past 90 days;
	Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the
	specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The
	anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type
it	s Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild
c	objective and functional deficits: sporadic symptoms with minimal loss of range of motion,
s	strength, or ability to perform daily tasks best describes the patient presentation; The
r	equesting provider is other than Physical Therapy or Occupational Therapy; The patient was
t.	previously independent with mobility and now requires human assistance and/or an
a	assistive device to walk and/or transfer; The anticipated number of visits is other than 2.;
ι	ower Extremity/Hip was selected as the first body type/region; Gait, Balance and Falls was
	selected as the second body type/region; Body Part for first pass is Lower Leg; Body Part for
	second pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The
	evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is
	NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of
	ymphedema.; Physical or Occupational therapy was selected; Physical or Occupational
	cherapy was selected; Physical or Occupational therapy was selected; Physical or Occupational cherapy was selected; Physical or Occupational therapy was selected; Physical or
	Occupational therapy was selected; Magellan does not manage chiropractic but does
4/1/2023 - Physical more areas, each 15 minutes; gait n	manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) c	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested 1 2023 2023

	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First
	Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for
	second pass is not in options listed; 4/24/2023; No patient history in the past 90 days;
	Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three
	or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second
	Pass Starting; Requestor is not a fax; Fracture was selected as the first body type/region;
	Fracture was selected as the second body type/region; Body Part for first pass is Fracture;
	Body Part for second pass is Fracture; Physical Therapy; Speech Therapy was not selected;
	The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of
	cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be
	asked some questions about your fracture request.; You will now be asked some questions
	about your fracture request.; Non-surgical upper or lower limb (extremities) best describes
	the patient's presentation.; Non-surgical upper or lower limb (extremities) best describes the
	patient's presentation.; Physical or Occupational therapy was selected; Physical or
	Occupational therapy was selected; Physical or Occupational therapy was selected; Physical
0741C Thous	or Occupational therapy was selected; Magellan does not manage chiropractic but does
	eutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health
· ·	ach 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical Apr-Jun des stair climbing) therapy was requested 1 2023 2023
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (incl	des stair climbing) therapy was requested 1 2023 2023 Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First
	Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for
	second pass is not in options listed; 04/24/2023; No patient history in the past 90 days;
	Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three
	or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second
	Pass Starting; Requestor is not a fax; The requesting provider is other than Physical Therapy
	or Occupational Therapy; The requesting provider is other than Physical Therapy or
	Occupational Therapy; The patient was NOT previously independent with mobility and now
	requires human assistance and/or an assistive device to walk and/or transfer; The patient
	was NOT previously independent with mobility and now requires human assistance and/or
	an assistive device to walk and/or transfer; At least one of the following apply; Increase in
	frequency of falls, Decline in transfers, bed mobility or transitional movements and/or
	• • • • • • • • • • • • • • • • • • • •
	Decline in independence with mobility (walking or wheelchair mobility); At least one of the
	following apply; Increase in frequency of falls, Decline in transfers, bed mobility or
	transitional movements and/or Decline in independence with mobility (walking or
	wheelchair mobility); The anticipated number of visits is other than 2.; The anticipated
	number of visits is other than 2.; Gait, Balance and Falls was selected as the first body
	type/region; Gait, Balance and Falls was selected as the second body type/region; Body Part
	for first pass is Gait/Balance; Body Part for second pass is Gait/Balance; Physical Therapy;
	Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy
	was requested; Physical Therapy was requested; The rehabilitation is NOT related to a
	diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;
	Physical or Occupational therapy was selected; Physical or Occupational therapy was
	selected; Physical or Occupational therapy was selected; Physical or Occupational therapy
	eutic procedure, 1 or was selected; Magellan does not manage chiropractic but does manage speech therapy for
	ach 15 minutes; gait the member's plan; Physical therapy was requested; The health carrier is NOT New Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (incl	des stair climbing) Hampshire Healthy Families 1 2023 2023

				Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
				Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
				second pass is not in options listed; 4/28/2023; No patient history in the past 90 days;	
				Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the	
				specific body part; Body Part pass complete; Questions about your Lower Leg request: ;	
				Questions about your Head/Neck request:; The anticipated number of visits is other than 2.;	
				Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of	
				visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax;	
				Mild or moderate functional deficits due to cervical impariments with distal symptoms best	
				describes the patient's clinical presentation; Moderate objective and functional deficits:	
				constant symptoms and/or symptoms that are intensified with activity with moderate loss of	
				range of motion, strength, or ability to perform daily tasks best describes the patient	
				presentation; Head/Neck was selected as the first body type/region; Lower Extremity/Hip	
				selected as the second body type/region; Body Part for first pass is Head/Neck; Body Part for	
				second pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The	
				evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
				cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
				Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
				or Occupational therapy was selected; Physical or Occupational therapy was selected;	
			97116 Therapeutic procedure, 1 or	Magellan does not manage chiropractic but does manage speech therapy for the member's	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun
		Approval	training (includes stair climbing)	Families; Physical therapy was requested; Physical therapy was requested	1 2023 2023
0/30/2023 4/1/2023 0/3	of 2023 Wiedienie	прргочи	training (merades stair emissing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	1 2023 2023
				Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
				second pass is not in options listed; 05/09/2023; No patient history in the past 90 days;	
				Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three	
				or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second	
				Pass Starting; Requestor is not a fax; The requesting provider is other than Physical Therapy	
				or Occupational Therapy; The requesting provider is other than Physical Therapy or	
				Occupational Therapy; The patient was previously independent with mobility and now	
				requires human assistance and/or an assistive device to walk and/or transfer; The patient	
				was previously independent with mobility and now requires human assistance and/or an	
				assistive device to walk and/or transfer; The anticipated number of visits is other than 2.;	
				The anticipated number of visits is other than 2.; Gait, Balance and Falls was selected as the	
				first body type/region; Gait, Balance and Falls was selected as the second body type/region;	
				Body Part for first pass is Gait/Balance; Body Part for second pass is Gait/Balance; Physical	
				Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical	
				Therapy was requested; Physical Therapy was requested; The rehabilitation is NOT related to	
				a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
			97116 Therapeutic procedure, 1 or	was selected; Magellan does not manage chiropractic but does manage speech therapy for	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	the member's plan; Physical therapy was requested; The health carrier is NOT New	Apr-Jun
' '	•	Approval	training (includes stair climbing)	Hampshire Healthy Families	1 2023 2023
.,,	.,	p.p. e.e.	0,	. p	

Body Part passes complete; Perform Body Part selection; Perform B	•
Pass; Second Pass check point; Body Part for first pass is not in optic	ns listed; Body Part for
second pass is not in options listed; 5/11/2023; No patient history in	the past 90 days;
Evaluation dates less than 90 days in the past; Non-Surgical; Body P	irt pass complete;
Questions about your Head/Neck request:; Three or more visits ant	cipated; Therapy type is
Rehabilitative; The anticipated number of visits is other than 2.; Two	Body Parts selected;
Second Pass Starting; Requestor is not a fax; Severe functional defic	ts due to cervical
impairments with or without distal symptoms best describes the pa	
presentation; The requesting provider is other than Physical Therap	
Therapy; The patient was NOT previously independent with mobilit	•
human assistance and/or an assistive device to walk and/or transfer	•
following apply; Increase in frequency of falls, Decline in transfers, I	
	·
transitional movements and/or Decline in independence with mobi	,
wheelchair mobility); The anticipated number of visits is other than	
Falls was selected as the first body type/region; Head/Neck selected	·
type/region; Body Part for first pass is Gait/Balance; Body Part for sir	•
Physical Therapy; Speech Therapy was not selected; The evaluation	
Physical Therapy was requested; The rehabilitation is NOT related to	-
The rehabilitation is NOT related to a diagnosis of Lymphedema.; Ph	*
therapy was selected; Physical or Occupational therapy was selected	l; Physical or
Occupational therapy was selected; Physical or Occupational therap	y was selected; Magellan
97116 Therapeutic procedure, 1 or does not manage chiropractic but does manage speech therapy for	he member's plan;
4/1/2023 - Physical more areas, each 15 minutes; gait Physical therapy was requested; The health carrier is NOT New Ham	pshire Healthy Families; Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Physical therapy was requested	1 2023 2023
Body Part passes complete; Perform Body Part selection; Perform B	ody Part selection; First
Pass; Second Pass check point; Body Part for first pass is not in optic	ns listed; Body Part for
second pass is not in options listed; 5/16/2023; No patient history in	the past 90 days;
Evaluation dates less than 90 days in the past; Non-Surgical; Lower	eg selected as the
specific body part; Lower Leg selected as the specific body part; Bod	y Part pass complete;
Questions about your Lower Leg request: ; Questions about your Lo	ver Leg request: ; The
anticipated number of visits is other than 2.; The anticipated number	r of visits is other than
2.; Three or more visits anticipated; Therapy type is Rehabilitative;	wo Body Parts selected:
Second Pass Starting, Requestor is not a fax; Severe objective and fu	
constant intense symptoms with severe loss of range of motion, str	
perform daily tasks best describes the patient presentation; Severe	
deficits: constant intense symptoms with severe loss of range of mo	•
to perform daily tasks best describes the patient presentation; Lowe	
selected as the first body type/region; Lower Extremity/Hip selected	
type/region; Body Part for first pass is Lower Leg; Body Part for second	·
Physical Therapy; Speech Therapy was not selected; The evaluation	•
The rehabilitation is NOT related to a diagnosis of cancer; The reha	
to a diagnosis of Lymphedema ; Physical or Occupational therapy w	•
Occupational therapy was selected; Physical or Occupational therap	•
or Occupational therapy was selected; Magellan does not manage o	·
97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy wa	•
4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was	s requested; Physical Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested	1 2023 2023

				Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
				Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
				second pass is not in options listed; 5/17/2023; No patient history in the past 90 days;	
				Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the	
				specific body part; Lower Leg selected as the specific body part; Body Part pass complete;	
				Questions about your Lower Leg request: ; Questions about your Lower Leg request: ; The	
				anticipated number of visits is other than 2.; The anticipated number of visits is other than	
				2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected;	
				Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits:	
				constant symptoms and/or symptoms that are intensified with activity with moderate loss of	
				range of motion, strength, or ability to perform daily tasks best describes the patient	
				presentation; Moderate objective and functional deficits: constant symptoms and/or	
				symptoms that are intensified with activity with moderate loss of range of motion, strength,	
				or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip	
				was selected as the first body type/region; Lower Extremity/Hip selected as the second body	
				type/region; Body Part for first pass is Lower Leg; Body Part for second pass is Lower Leg;	
				Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
				The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
				to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
				Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
				or Occupational therapy was selected; Magellan does not manage chiropractic but does	
			97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
/1/2023 -	Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
				Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
				Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
				second pass is not in options listed; 5/26/2023; No patient history in the past 90 days;	
				Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the	
				specific body part; Lower Leg selected as the specific body part; Body Part pass complete;	
				Questions about your Lower Leg request: ; Questions about your Lower Leg request: ; The	
				anticipated number of visits is other than 2.; The anticipated number of visits is other than	
				2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected;	
				Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits:	
				constant intense symptoms with severe loss of range of motion, strength, or ability to	
				perform daily tasks best describes the patient presentation; Severe objective and functional	
				deficits: constant intense symptoms with severe loss of range of motion, strength, or ability	
				to perform daily tasks best describes the patient presentation; Lower Extremity/Hip was	
				selected as the first body type/region; Lower Extremity/Hip selected as the second body	
				type/region; Body Part for first pass is Lower Leg; Body Part for second pass is Lower Leg;	
				Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
				The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
				to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
				Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
			0744 C The research is a second second as	or Occupational therapy was selected; Magellan does not manage chiropractic but does	
/1 /2022	Dhurteel		97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	A 1
/1/2023 - 5/30/2023 4/1/2023	Physical C /20 /2022 Madicine	A	more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023

					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
					second pass is not in options listed; 05/31/2023; No patient history in the past 90 days;	
					Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three	
					or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second	
					Pass Starting; Requestor is not a fax; The requesting provider is other than Physical Therapy	
					or Occupational Therapy; The requesting provider is other than Physical Therapy or	
					Occupational Therapy; The patient was previously independent with mobility and now	
					requires human assistance and/or an assistive device to walk and/or transfer; The patient	
					was previously independent with mobility and now requires human assistance and/or an	
					assistive device to walk and/or transfer; The anticipated number of visits is other than 2.;	
					The anticipated number of visits is other than 2.; Gait, Balance and Falls was selected as the	
					first body type/region; Gait, Balance and Falls was selected as the second body type/region;	
					Body Part for first pass is Gait/Balance; Body Part for second pass is Gait/Balance; Physical	
					Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical	
					Therapy was requested; Physical Therapy was requested; The rehabilitation is NOT related to	
					a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
					selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
				97116 Therapeutic procedure, 1 or	was selected; Magellan does not manage chiropractic but does manage speech therapy for	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	the member's plan; Physical therapy was requested; The health carrier is NOT New	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Hampshire Healthy Families	1 2023 2023
				<u> </u>	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
					second pass is not in options listed; 06/01/2023; No patient history in the past 90 days;	
					Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three	
					or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second	
					Pass Starting; Requestor is not a fax; The requesting provider is other than Physical Therapy	
					or Occupational Therapy; The requesting provider is other than Physical Therapy or	
					Occupational Therapy; The patient was previously independent with mobility and now	
					requires human assistance and/or an assistive device to walk and/or transfer; The patient	
					was previously independent with mobility and now requires human assistance and/or an	
					assistive device to walk and/or transfer; The anticipated number of visits is other than 2.;	
					The anticipated number of visits is other than 2.; Gait, Balance and Falls was selected as the	
					first body type/region; Gait, Balance and Falls was selected as the second body type/region;	
					Body Part for first pass is Gait/Balance; Body Part for second pass is Gait/Balance; Physical	
					Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical	
					Therapy was requested; Physical Therapy was requested; The rehabilitation is NOT related to	
					a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
					selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
				97116 Therapeutic procedure, 1 or	was selected; Magellan does not manage chiropractic but does manage speech therapy for	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	the member's plan; Physical therapy was requested; The health carrier is NOT New	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Hampshire Healthy Families	1 2023 2023
0/30/2023	7/1/2023	5/30/2023 Wiedicilie	Approvai	danning (includes stall climbing)	numponite ficultry runnies	1 2023 2023

Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; Body Part past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The patient	
second pass is not in options listed; 06/06/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now	
Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now	
or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now	
Pass Starting; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now	
or Occupational Therapy; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now	
Occupational Therapy; The patient was previously independent with mobility and now	
requires human assistance and/or an assistive device to walk and/or transfer; The patient	
was previously independent with mobility and now requires human assistance and/or an	
assistive device to walk and/or transfer; The anticipated number of visits is other than 2.;	
The anticipated number of visits is other than 2.; Gait, Balance and Falls was selected as the	
first body type/region; Gait, Balance and Falls was selected as the second body type/region;	
Body Part for first pass is Gait/Balance; Body Part for second pass is Gait/Balance; Physical	
Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical	
Therapy was requested; Physical Therapy was requested; The rehabilitation is NOT related to	
a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
Physical or Occupational therapy was selected; Physical or Occupational therapy was	
selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
97116 Therapeutic procedure, 1 or was selected; Magellan does not manage chiropractic but does manage speech therapy for	
4/1/2023 - Physical more areas, each 15 minutes; gait the member's plan; Physical therapy was requested; The health carrier is NOT New	Apr-Jun
	23 2023
Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
second pass is not in options listed; 6/13/2023; No patient history in the past 90 days;	
Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; You	
will now be asked some questions about your Vestibular Rehab request.; Three or more	
visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other	
than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The	
requesting provider is other than Physical Therapy or Occupational Therapy; The patient was	
NOT previously independent with mobility and now requires human assistance and/or an	
assistive device to walk and/or transfer; At least one of the following apply; Increase in	
frequency of falls, Decline in transfers, bed mobility or transitional movements and/or	
Decline in independence with mobility (walking or wheelchair mobility); The anticipated	
number of visits is other than 2.; Vestibular Rehab was selected as the first body	
type/region; Gait, Balance and Falls was selected as the second body type/region; Body Part	
for first pass is Vestibular Rehab; Body Part for second pass is Gait/Balance; Physical	
Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical	
Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The	
rehabilitation is NOT related to a diagnosis of Lymphedema.; Severe objective and functional	
deficits best describes the patient presentation; Physical or Occupational therapy was	
selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
was selected; Physical or Occupational therapy was selected; Magellan does not manage	
97116 Therapeutic procedure, 1 or chiropractic but does manage speech therapy for the member's plan; Physical therapy was	
4/1/2023 - Physical more areas, each 15 minutes; gait requested; The health carrier is NOT New Hampshire Healthy Families; Physical Therapy was	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) requested 1 20	23 2023

					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
					second pass is not in options listed; 6/23/2023; No patient history in the past 90 days;	
					Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the	
					specific body part; Body Part pass complete; Questions about your Lower Leg request: ;	
					Questions about your Head/Neck request:; The anticipated number of visits is other than 2.;	
					Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of	
					visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax;	
					Severe functional deficits due to cervical impairments with or without distal symptoms best	
					describes the patient's clinical presentation; Severe objective and functional deficits:	
					constant intense symptoms with severe loss of range of motion, strength, or ability to	
					perform daily tasks best describes the patient presentation; Head/Neck was selected as the	
					first body type/region; Lower Extremity/Hip selected as the second body type/region; Body	
					Part for first pass is Head/Neck; Body Part for second pass is Lower Leg; Physical Therapy;	
					Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
					is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
					Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Magellan does not manage chiropractic but does	
				97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
					second pass is not in options listed; Body Part pass complete; Two Body Parts selected;	
					Second Pass Starting; The requesting provider is other than Physical Therapy or Occupational	
					Therapy; The requesting provider is other than Physical Therapy or Occupational Therapy;	
					The patient was previously independent with mobility and now requires human assistance	
					and/or an assistive device to walk and/or transfer; The patient was previously independent	
					with mobility and now requires human assistance and/or an assistive device to walk and/or	
					transfer; The anticipated number of visits is other than 2.; The anticipated number of visits is	
					other than 2.; Gait, Balance and Falls was selected as the first body type/region; Gait,	
					Balance and Falls was selected as the second body type/region; Body Part for first pass is	
					Gait/Balance; Body Part for second pass is Gait/Balance; Physical Therapy was requested;	
					Physical Therapy was requested; Three or more visits anticipated; The previous auth did not	
					address any body parts; Three or more visits anticipated; This is not a gold-card auth;	
					Questions about the subsequent request: ; Physical or Occupational therapy was selected;	
				97116 Therapeutic procedure, 1 or	Physical or Occupational therapy was selected; The member's plan does not require the	
1		Physical		more areas, each 15 minutes; gait	collection of start and end dates; Previous auth data retrieved, type of habilitation =	Apr-Jun
4/1/2023 -		i iiyaicai		more areas, each 25 minutes, Bare	concension of start and end dates, i revious datir data retrieved, type of habilitation =	Api-Juli

			Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
			Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
			second pass is not in options listed; Lower Leg selected as the specific body part; Lower Leg	
			selected as the specific body part; Body Part pass complete; Questions about your Lower Leg	
			request: ; Questions about your Lower Leg request: ; The anticipated number of visits is	
			other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected;	
			Second Pass Starting; Moderate objective and functional deficits: constant symptoms and/or	
			symptoms that are intensified with activity with moderate loss of range of motion, strength,	
			or ability to perform daily tasks best describes the patient presentation; Moderate objective	
			and functional deficits: constant symptoms and/or symptoms that are intensified with	
			activity with moderate loss of range of motion, strength, or ability to perform daily tasks	
			best describes the patient presentation; Lower Extremity/Hip was selected as the first body	
			type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for	
			first pass is Lower Leg; Body Part for second pass is Lower Leg; Three or more visits	
			anticipated; The previous auth did not address any body parts; Three or more visits	
			anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical	
			or Occupational therapy was selected; Physical or Occupational therapy was selected; The	
		97116 Therapeutic procedure, 1 or	member's plan does not require the collection of start and end dates; Previous auth data	
4/1/2023 -	Physical	more areas, each 15 minutes; gait	retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, , , , , , , , , , , , , , , , , , , ,	5,	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
			Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
			second pass is Shoulder; 4/4/2023; No patient history in the past 90 days; Evaluation dates	
			less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body	
			Part pass complete; Questions about your Shoulder request: ; Questions about your	
			Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-	
			Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is	
			other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe	
			functional deficits due to cervical impairments with or without distal symptoms best	
			describes the patient's clinical presentation; Severe objective and functional deficits with	
			instability: constant or intense symptoms with severe loss of range of motion, strength, or	
			ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck	
			was selected as the first body type/region; Upper Extremity selected as the second body	
			type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not	
			selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	
			diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
			Physical or Occupational therapy was selected; Physical or Occupational therapy was	
			selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
			was selected; Magellan does not manage chiropractic but does manage speech therapy for	
		97116 Therapeutic procedure, 1 or	the member's plan; Physical therapy was requested; The health carrier is NOT New	
4/1/2023 -	Physical	more areas, each 15 minutes; gait	Hampshire Healthy Families; Physical therapy was requested; Physical therapy was	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine Approval	training (includes stair climbing)	requested	1 2023 2023
0,30,2023 4/1/2023	0/30/2023 Micalcine Approval	training (merades stair climbing)	requested	1 2023 2023

					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
					second pass is Shoulder; 4/5/2023; No patient history in the past 90 days; Evaluation dates	
					less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body	
					Part pass complete; Questions about your Shoulder request: ; Questions about your	
					Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-	
					Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is	
					other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or	
					moderate functional deficits due to cervical impariments with distal symptoms best	
					describes the patient's clinical presentation; Mild or moderate objective and functional	
					deficits without instability: sporadic symptoms with minimal to moderate loss of range of	
					motion, strength, or ability to perform daily tasks best describes the patient's clinical	
					presentation; Head/Neck was selected as the first body type/region; Upper Extremity	
					selected as the second body type/region; Body Part for first pass is Head/Neck; Physical	
					Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
					rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
					diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
					or Occupational therapy was selected; Magellan does not manage chiropractic but does	
				97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
		, ,	•••	о. О.	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
					second pass is Shoulder; 04/07/2023; No patient history in the past 90 days; Evaluation	
					dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part;	
					Body Part pass complete; Questions about your Shoulder request: ; Questions about your	
					Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-	
					Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is	
					other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or	
					moderate functional deficits due to cervical impairments without distal symptoms best	
					describes the patient's clinical presentation; Mild or moderate objective and functional	
					deficits without instability: sporadic symptoms with minimal to moderate loss of range of	
					motion, strength, or ability to perform daily tasks best describes the patient's clinical	
					presentation; Head/Neck was selected as the first body type/region; Upper Extremity	
					selected as the second body type/region; Body Part for first pass is Head/Neck; Physical	
					Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
					rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
					diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
					or Occupational therapy was selected; Magellan does not manage chiropractic but does	
				97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023	4/1/2022	6/30/2023 Medicine	Approval	, , , ,		1 2023 2023
0/30/2023	4/1/2023	0/30/2023 ivieuicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023

Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder, 4/1/2023. ho patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your shoulder request; Questions about your Shoulder request; Customs about your Head/Neck request; Three or more visits anticipated; The required of visits is other than 2; Part anticipated number of visits is other than 2; Part anticipated number of visits is other than 2; Part anticipated number of visits is other than 2; Part anticipated number of visits is other than 2; Part anticipated number of visits is other than 2; Part anticipated number of visits is other than 2; Part anticipated number of visits is other than 2; Part anticipated number of visits is other than 2; Part anticipated number of visits is other than 2; Part anticipated number of visits is other than 2; Part anticipated number of visits is other than 2; Part anticipated number of visits is other than 2; Part anticipated number of visits is other than 2; Part anticipated number of visits is other than 3; More than 2; Body Regions was selected; Provided of endours than 3; Part anticipated number of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation, Head Neck was selected as the second body to perform daily tasks best describes the patient's clinical presentation, Head Neck vas selected as the second pass is one time feature, The rehabilitation is NOT related to a diagnosis of variation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer	Apr-Jun 2023 2023
Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the	2023 2023
Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the	
top 2, second 1 ass starting, requestor is not a tax, severe functional deficits due to cervical	
impairments with or without distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits without instability: constant symptoms	
and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body	
type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	
diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	
selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for	
97116 Therapeutic procedure, 1 or the member's plan; Physical therapy was requested; The health carrier is NOT New 4/1/2023 - Physical more areas, each 15 minutes; gait Hampshire Healthy Families; Physical therapy was requested; Physical therapy was	
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) requested	Apr-Jun

Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 4/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body	
second pass is Shoulder; 4/10/2023; No patient history in the past 90 days; Evaluation dates	
less than 90 days in the past: Non-Surgical: Shoulder selected as the specific hody part: Body	
less than 30 days in the pass, non sangual screeked as the specime sour party sour	
Part pass complete; Questions about your Shoulder request: ; Questions about your	
Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-	
Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is	
other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe	
functional deficits due to cervical impairments with or without distal symptoms best	
describes the patient's clinical presentation; Mild or moderate objective and functional	
deficits with instability: sporadic symptoms with minimal to moderate loss of range of	
motion, strength, or ability to perform daily tasks best describes the patient's clinical	
presentation; Head/Neck was selected as the first body type/region; Upper Extremity	
selected as the second body type/region; Body Part for first pass is Head/Neck; Physical	
Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
or Occupational therapy was selected; Magellan does not manage chiropractic but does	
97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested	2023 2023
Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
second pass is Shoulder; 4/11/2023; No patient history in the past 90 days; Evaluation dates	
less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body	
Part pass complete; Questions about your Shoulder request: ; Questions about your	
Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-	
Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is	
other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the	
top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical	
impairments with or without distal symptoms best describes the patient's clinical	
presentation; Mild or moderate objective and functional deficits without instability: sporadic	
symptoms with minimal to moderate loss of range of motion, strength, or ability to perform	
daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the	
first body type/region; Upper Extremity selected as the second body type/region; Body Part	
for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The	
evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
or Occupational therapy was selected; Physical or Occupational therapy was selected;	
97116 Therapeutic procedure, 1 or Magellan does not manage chiropractic but does manage speech therapy for the member's	
	Apr-Jun
4/1/2023 - Physical more areas, each 15 minutes; gait plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Families; Physical therapy was requested; Physical therapy was requested 1 2	2023 2023

Body Part passes complete; Perform Body Part selection; Perform Body F	art selection; First
Pass; Second Pass check point; Body Part for first pass is not in options lie	ted; Body Part for
second pass is Shoulder; 4/11/2023; No patient history in the past 90 day	s; Evaluation dates
less than 90 days in the past; Non-Surgical; Shoulder selected as the spec	ific body part; Body
Part pass complete; Questions about your Shoulder request: ; Questions	about your
Head/Neck request:; Three or more visits anticipated; Therapy type is Re	habilitative; Non-
Surgical; The anticipated number of visits is other than 2.; The anticipate	d number of visits is
other than 2.; Two Body Parts selected; Second Pass Starting; Requestor	is not a fax; Mild or
moderate functional deficits due to cervical impariments with distal sym	otoms best
describes the patient's clinical presentation; Severe objective and function	onal deficits with
instability: constant or intense symptoms with severe loss of range of m	
ability to perform daily tasks best describes the patient's clinical present:	· · · · · · · · · · · · · · · · · · ·
was selected as the first body type/region; Upper Extremity selected as t	
type/region; Body Part for first pass is Head/Neck; Physical Therapy; Spe	·
selected; The evaluation date is not in the future; The rehabilitation is NC	* *
diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Ly	
Physical or Occupational therapy was selected; Physical or Occupational	•
selected; Physical or Occupational therapy was selected; Physical or Occ	
was selected; Magellan does not manage chiropractic but does manage s	
97116 Therapeutic procedure, 1 or the member's plan; Physical therapy was requested; The health carrier is	•
4/1/2023 - Physical more areas, each 15 minutes; gait Hampshire Healthy Families; Physical therapy was requested; Physical th	
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) requested	1 2023 2023
Body Part passes complete; Perform Body Part selection; Perform Body F Pass; Second Pass check point; Body Part for first pass is not in options lis second pass is Shoulder; 4/11/2023; No patient history in the past 90 dal less than 90 days in the past; Non-Surgical; Shoulder selected as the spec Part pass complete; Questions about your Shoulder request:; Questions Head/Neck request:; Three or more visits anticipated; Therapy type is Re Surgical; The anticipated number of visits is other than 2.; The anticipate other than 2.; Two Body Parts selected; Second Pass Starting; Requestor moderate functional deficits due to cervical impariments with distal sym describes the patient's clinical presentation; Severe objective and functio instability: constant symptoms and/or symptoms that are intensified wit moderate loss of range of motion, strength, or ability to perform daily ta the patient's clinical pre; Head/Neck was selected as the first body type/ Extremity selected as the second body type/region; Body Part for first pa Physical Therapy; Speech Therapy was not selected; The evaluation date The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitat to a diagnosis of Lymphedema.; Physical or Occupational therapy was se	sted; Body Part for s; Evaluation dates ific body part; Body about your habilitative; Non- d number of visits is is not a fax; Mild or otoms best onal deficits without h activity with sks best describes region; Upper ss is Head/Neck; is not in the future; cion is NOT related
Occupational therapy was selected; Physical or Occupational therapy wa	•
or Occupational therapy was selected; Magellan does not manage chirop	
97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was req	•
4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was rec	
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested	1 2023 2023

4/1/2023 - 6/30/2023 4,	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 4/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; Physical or Occupational therapy was selected; Physical to Part for first pass is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested Body Part passes complete; Perform Body Part for first pass is not in options listed; Soverated Part pass complete; Questions about your S	Apr-Jun 1 2023 2023
					second pass is Shoulder; 4/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the	
					top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Head/Neck	
					was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	
4/1/2023 -		Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was	Apr-Jun
7/1/2023 -		6/30/2023 Medicine		training (includes stair climbing)	mampanne nearthy ramines, r mysical therapy was requested, r mysical therapy was	1 2023 2023

					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
					second pass is Shoulder; 04/12/2023; No patient history in the past 90 days; Evaluation	
					dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part;	
					Body Part pass complete; Questions about your Shoulder request: ; Questions about your	
					Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-	
					Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is	
					other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe	
					functional deficits due to cervical impairments with or without distal symptoms best	
					describes the patient's clinical presentation; Mild or moderate objective and functional	
					deficits without instability: sporadic symptoms with minimal to moderate loss of range of	
					motion, strength, or ability to perform daily tasks best describes the patient's clinical	
					presentation; Head/Neck was selected as the first body type/region; Upper Extremity	
					selected as the second body type/region; Body Part for first pass is Head/Neck; Physical	
					Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
					rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
					diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
					or Occupational therapy was selected; Magellan does not manage chiropractic but does	
				97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023	1/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 04/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
				07446 Thereses the second second second	or Occupational therapy was selected; Magellan does not manage chiropractic but does	
. /. /2022		D I		97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -	. /. /	Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023

Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 4/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your	
Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 4/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body	
second pass is Shoulder; 4/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body	
less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body	
Part nace complete, Questions about your Shoulder requests. Questions about your	
rait pass complete, questions about your shoulder request., questions about your	
Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-	
Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is	
other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or	
moderate functional deficits due to cervical impariments with distal symptoms best	
describes the patient's clinical presentation; Severe objective and functional deficits without	
instability: constant symptoms and/or symptoms that are intensified with activity with	
moderate loss of range of motion, strength, or ability to perform daily tasks best describes	
the patient's clinical pre; Head/Neck was selected as the first body type/region; Upper	
Extremity selected as the second body type/region; Body Part for first pass is Head/Neck;	
Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
Occupational therapy was selected; Physical or Occupational therapy was selected, Physical	
or Occupational therapy was selected, Magellan does not manage chiropractic but does	
97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
	2023 2023
Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	2020 2020
Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
second pass is Shoulder; 4/20/2023; No patient history in the past 90 days; Evaluation dates	
less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body	
Part pass complete; Questions about your Shoulder request: ; Questions about your	
Head/Neck request:; Three or more visits anticipated, Therapy type is Rehabilitative; Non-	
Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is	
other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe	
functional deficits due to cervical impairments with or without distal symptoms best	
describes the patient's clinical presentation; Severe objective and functional deficits with	
instability: constant or intense symptoms with severe loss of range of motion, strength, or	
ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck	
was selected as the first body type/region; Upper Extremity selected as the second body	
type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not	
selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	
diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
Physical or Occupational therapy was selected; Physical or Occupational therapy was	
selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
was selected; Magellan does not manage chiropractic but does manage speech therapy for	
97116 Therapeutic procedure, 1 or the member's plan; Physical therapy was requested; The health carrier is NOT New	
4/1/2023 - Physical more areas, each 15 minutes; gait Hampshire Healthy Families; Physical therapy was requested; Physical therapy was	Apr-Jun 2023 2023

		97116 Therapeutic procedure, 1 or	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 4/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of tymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speect therapy for the member's plan;	
4/1/2022		· · · · · · · · · · · · · · · · · · ·		A mare large
4/1/2023 -	•	more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023 4/1/2023 6/30/2023	3 Medicine Approval	training (includes stair climbing)	Physical therapy was requested; Physical therapy was requested Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	1 2023 2023
			Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
			second pass is Shoulder; 4/25/2023; No patient history in the past 90 days; Evaluation dates	
			less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body	
			Part pass complete; Questions about your Shoulder request: ; Questions about your	
			Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-	
			Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is	
			other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe	
			functional deficits due to cervical impairments with or without distal symptoms best	
			describes the patient's clinical presentation; Severe objective and functional deficits with	
			instability: constant or intense symptoms with severe loss of range of motion, strength, or	
			ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck	
			was selected as the first body type/region; Upper Extremity selected as the second body	
			type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not	
			selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	
			diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
			Physical or Occupational therapy was selected; Physical or Occupational therapy was	
			selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
			was selected; Magellan does not manage chiropractic but does manage speech therapy for	
		97116 Therapeutic procedure, 1 or	the member's plan; Physical therapy was requested; The health carrier is NOT New	_
4/1/2023 -	Physical	more areas, each 15 minutes; gait	Hampshire Healthy Families; Physical therapy was requested; Physical therapy was	Apr-Jun
6/30/2023 4/1/2023 6/30/2023	3 Medicine Approval	training (includes stair climbing)	requested	1 2023 2023

Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass, Second Pass Shecke posit; Body Part for first pass is not in options listed; Body Part for Second Pass Should Pass (Pass)							
functional deficits: moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's clinical presentation; Heal/Nex was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Next. Physical Therapy; Septech Therapy was not selected; Physical or Coupational therapy was selected; Physical or Coupational therapy was selected; Physical or Occupational therapy was selected; Second Pass Selected, Second Pass Selected; Second Pass Se						Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 4/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/3/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal	
body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is lead/flexe; Physical Therapy Speech Therapy was not selected; Post-Go or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of upper department of the selected procedure, and adaptions of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of upper department of the selected; Physical or Occupational therapy was select						functional deficits: moderate loss of range of motion, strength, or ability to perform daily	
first pass is Head/Neck; Physical Therapy, Sapech Therapy was not selected; Post-O por Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physic						• • • • • • • • • • • • • • • • • • • •	
Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of canner; The rehabilitation is NOT related to a diagnosis of tymphedema; physical or Occupational therapy was selected; Physical or Occupational therapy was							
diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical therapy was selected; Physical therapy was requested children or occupational therapy was requested. 4/1/2023							
Physical or Occupational therapy was selected; Physical or Occupational							
selected; Physical or Occupational therapy was selected; Physical therapy was requested; The health carrier is NOT New Hampshire Health Families; Physical therapy was Apr-Jun (A)/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) requested; Physical therapy was requested; Physical or Coccupational therapy was requested; Physical or Occupational therapy was requested; Physical or Apr-Jun 4/1/2023 - Physical Physical Carrier Short Managel Physical or Coccupational therapy was requested; Physical or Apr-Jun 4/1/2023 - Physical Physical Carrier Short Physical Carrier S							
was selected; Physical or Occupational therapy was selected; Magellan does not manage 4/1/2023 - Physical more areas, each 15 minutes; gait requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was 4/1/2023 - 6/30/2023 Medicine Approval training (includes stair climbing) requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was Apr-Jun requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was Apr-Jun requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was Apr-Jun requested; Physical or Occupational therapy was requested. 1 2023 2023 Apr-Jun requested; Physical therapy for the member's plan; Physical therapy was selected; Physical or Physical therapy was requested; Physical or Occupational therapy was requested; Physical						, , , , , , , , , , , , , , , , , , , ,	
4/1/2023 - Physical more areas, each 15 minutes; gait requested; The health carrier is NOT New Hampshire Healthy Famillies; Physical therapy was 6/30/2023 Medicine Approval training (includes stair climbing) requested; Physical therapy was requested. Part selection; Perform Body Part selection; First Pass; Second Pass Check point; Body Part for first pass is not in options listed; Body Part for sescond pass is Shoulder, 2/86/2023; No patient history in the past 90 days; Evaluation dates seless than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete, Questions about your Shoulder request; Questions about your Shoulder request; There or more visits anticipated, Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2; The anticipated number of vis							
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) requested; Physical therapy was requested Body Part passes complete; Perform Body Part selection; First Pass; Second Pass S. check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 4/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; The Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request;: Three or more visits anticipated; Therapy type is Rehabilitative; Non- Surgical; The anticipated number of visits is other than 2; The anticipated number of visits is other than 2; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy: Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does 97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health more areas, each 15 minutes; gait 4/1/2023 - Physical					97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical therapy was	
Body Part passes complete; Perform Body Part selection; Pirst Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 4/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; Questions about your Shoulder request; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2; The anticipated number of visits	4/1/2023 -		Physical		more areas, each 15 minutes; gait	requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Apr-Jun
Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 4/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of current; The rehabilitation is NOT related to a diagnosis of Lymphedman, Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; Physical therapy was requested; Physical or Occupational therapy was requested; Physical therapy was	6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)		1 2023 2023
second pass is Shoulder; 4/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; Cuestions about your Shoulder request; Cuestions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2; The anticipated number of visits is oth							
less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: , Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non- Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of tymphedema; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does 97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The heath 4/1/2023 - Physical more areas, each 15 minutes; gait Apr-Jun							
Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non- Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health 4/11/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical							
Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was se						Part pass complete; Questions about your Shoulder request: ; Questions about your	
other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cancer.; T						Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-	
moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy of the member's plan; Physical therapy was requested; The health 4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical						· · · · · · · · · · · · · · · · · · ·	
describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck, Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therap						•	
deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does 97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health 4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical Apr-Jun						• • • • • • • • • • • • • • • • • • • •	
motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; Physical Apr-Jun							
presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical for Occupational therapy was selected; Physical therapy was requested; Physical or Occupational therapy was selected; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; Physical Apr-Jun						· · · · · · · ·	
Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cancer.							
rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does 97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health 4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical Apr-Jun						selected as the second body type/region; Body Part for first pass is Head/Neck; Physical	
diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does 97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health 4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical Apr-Jun							
Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does 97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health 4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical Apr-Jun							
or Occupational therapy was selected; Magellan does not manage chiropractic but does 97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health 4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical Apr-Jun						-	
97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health 4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical Apr-Jun							
4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical Apr-Jun					97116 Therapeutic procedure, 1 or		
	4/1/2023 -		Physical				Apr-Jun
		4/1/2023	•	Approval			•

Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 05/08/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part;	
Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 05/08/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part;	
second pass is Shoulder; 05/08/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part;	
dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part;	
Body Part pass complete; Questions about your Shoulder request: ; Questions about your	
Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-	
Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is	
other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe	
functional deficits due to cervical impairments with or without distal symptoms best	
describes the patient's clinical presentation; Severe objective and functional deficits without	
instability: constant symptoms and/or symptoms that are intensified with activity with	
moderate loss of range of motion, strength, or ability to perform daily tasks best describes	
the patient's clinical pre; Head/Neck was selected as the first body type/region; Upper	
Extremity selected as the second body type/region; Body Part for first pass is Head/Neck;	
Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
Occupational therapy was selected; Physical or Occupational therapy was selected, Physical	
or Occupational therapy was selected, Magellan does not manage chiropractic but does	
97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
	2023 2023
Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	2020 2020
Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
second pass is Shoulder; 5/9/2023; No patient history in the past 90 days; Evaluation dates	
less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body	
Part pass complete; Questions about your Shoulder request: ; Questions about your	
Head/Neck request:; Three or more visits anticipated, Therapy type is Rehabilitative; Non-	
Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is	
other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe	
functional deficits due to cervical impairments with or without distal symptoms best	
describes the patient's clinical presentation; Severe objective and functional deficits with	
instability: constant or intense symptoms with severe loss of range of motion, strength, or	
ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck	
was selected as the first body type/region; Upper Extremity selected as the second body	
type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not	
selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	
diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
Physical or Occupational therapy was selected; Physical or Occupational therapy was	
selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
was selected; Magellan does not manage chiropractic but does manage speech therapy for	
97116 Therapeutic procedure, 1 or the member's plan; Physical therapy was requested; The health carrier is NOT New	
4/1/2023 - Physical more areas, each 15 minutes; gait Hampshire Healthy Families; Physical therapy was requested; Physical therapy was	Apr-Jun 2023 2023

					Ded Determined to Defend Ded Determined to Defend Ded De 1	
					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
					second pass is Shoulder; 5/11/2023; No patient history in the past 90 days; Evaluation dates	
					less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body	
					Part pass complete; Questions about your Shoulder request: ; Questions about your	
					Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-	
					Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is	
					other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe	
					functional deficits due to cervical impairments with or without distal symptoms best	
					describes the patient's clinical presentation; Severe objective and functional deficits without	
					instability: constant symptoms and/or symptoms that are intensified with activity with	
					moderate loss of range of motion, strength, or ability to perform daily tasks best describes	
					the patient's clinical pre; Head/Neck was selected as the first body type/region; Upper	
					Extremity selected as the second body type/region; Body Part for first pass is Head/Neck;	
					Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
					The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
					to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
					or Occupational therapy was selected; Magellan does not manage chiropractic but does	
				97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023	4/1/2022	6/30/2023 Medicine	Annroyal	training (includes stair climbing)	therapy was requested	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Wedicine	Approval	training (includes stail climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	1 2023 2023
					Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
					second pass is Shoulder; 5/12/2023; No patient history in the past 90 days; Evaluation dates	
					less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body	
					Part pass complete; Questions about your Shoulder request: ; Questions about your	
					Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-	
					Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is	
					other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or	
					moderate functional deficits due to cervical impariments with distal symptoms best	
					describes the patient's clinical presentation; Mild or moderate objective and functional	
					deficits without instability: sporadic symptoms with minimal to moderate loss of range of	
					motion, strength, or ability to perform daily tasks best describes the patient's clinical	
					presentation; Head/Neck was selected as the first body type/region; Upper Extremity	
					selected as the second body type/region; Body Part for first pass is Head/Neck; Physical	
					Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
					rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
					diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
					or Occupational therapy was selected; Magellan does not manage chiropractic but does	
				97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
0/00/2020	11 11 2023	S, SO, LOLD IVICUICITIE	Approvat	aranima (morades stan eminama)	and app mas requested	1 2023 2023

					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
					second pass is Shoulder; 5/16/2023; No patient history in the past 90 days; Evaluation dates	
					less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body	
					Part pass complete; Questions about your Shoulder request: ; Questions about your	
					Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-	
					Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is	
					other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or	
					moderate functional deficits due to cervical impariments with distal symptoms best	
					describes the patient's clinical presentation; Mild or moderate objective and functional	
					deficits with instability: sporadic symptoms with minimal to moderate loss of range of	
					motion, strength, or ability to perform daily tasks best describes the patient's clinical	
					presentation; Head/Neck was selected as the first body type/region; Upper Extremity	
					selected as the second body type/region; Body Part for first pass is Head/Neck; Physical	
					Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
					rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
					diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
					or Occupational therapy was selected; Magellan does not manage chiropractic but does	
				97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
		, ,	•••	5,	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
					second pass is Shoulder; 5/16/2023; No patient history in the past 90 days; Evaluation dates	
					less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body	
					Part pass complete; Questions about your Shoulder request: ; Questions about your	
					Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-	
					Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is	
					other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or	
					moderate functional deficits due to cervical impariments with distal symptoms best	
					describes the patient's clinical presentation; Mild or moderate objective and functional	
					deficits without instability: sporadic symptoms with minimal to moderate loss of range of	
					motion, strength, or ability to perform daily tasks best describes the patient's clinical	
					presentation; Head/Neck was selected as the first body type/region; Upper Extremity	
					selected as the second body type/region; Body Part for first pass is Head/Neck; Physical	
					Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
					rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
					diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
					or Occupational therapy was selected; Magellan does not manage chiropractic but does	
				97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023	4/1/2022	6/30/2023 Medicine	Approval	, , , ,		1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Wiedicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023

					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
					second pass is Shoulder; 5/16/2023; No patient history in the past 90 days; Evaluation dates	
					less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body	
					Part pass complete; Questions about your Shoulder request: ; Questions about your	
					Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-	
					Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is	
					other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe	
					functional deficits due to cervical impairments with or without distal symptoms best	
					describes the patient's clinical presentation; Mild or moderate objective and functional	
					deficits without instability: sporadic symptoms with minimal to moderate loss of range of	
					motion, strength, or ability to perform daily tasks best describes the patient's clinical	
					presentation; Head/Neck was selected as the first body type/region; Upper Extremity	
					selected as the second body type/region; Body Part for first pass is Head/Neck; Physical	
					Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
					rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
					diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
					or Occupational therapy was selected; Magellan does not manage chiropractic but does	
				97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 05/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	
				97116 Thorapoutic procedure 1 or	Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
4/1/2023 -		Physical		97116 Therapeutic procedure, 1 or	does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr lus
1	4/1/2022	,	Annroyal	more areas, each 15 minutes; gait		Apr-Jun 1 2023 2023
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested; Physical therapy was requested	1 2023 2023

					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
					second pass is Shoulder; 5/24/2023; No patient history in the past 90 days; Evaluation dates	
					less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body	
					Part pass complete; Questions about your Shoulder request: ; Questions about your	
					Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-	
					Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is	
					other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or	
					moderate functional deficits due to cervical impairments without distal symptoms best	
					describes the patient's clinical presentation; Mild or moderate objective and functional	
					deficits without instability: sporadic symptoms with minimal to moderate loss of range of	
					motion, strength, or ability to perform daily tasks best describes the patient's clinical	
					presentation; Head/Neck was selected as the first body type/region; Upper Extremity	
					selected as the second body type/region; Body Part for first pass is Head/Neck; Physical	
					Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
					rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
					diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
					or Occupational therapy was selected; Magellan does not manage chiropractic but does	
				97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
			•••		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
					second pass is Shoulder; 05/24/2023; No patient history in the past 90 days; Evaluation	
					dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part;	
					Body Part pass complete; Questions about your Shoulder request: ; Questions about your	
					Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-	
					Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is	
					other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or	
					moderate functional deficits due to cervical impariments with distal symptoms best	
					describes the patient's clinical presentation; Severe objective and functional deficits with	
					instability: constant or intense symptoms with severe loss of range of motion, strength, or	
					ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck	
					was selected as the first body type/region; Upper Extremity selected as the second body	
					type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not	
					selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	
					diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
					selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
					was selected; Magellan does not manage chiropractic but does manage speech therapy for	
				97116 Therapeutic procedure, 1 or	the member's plan; Physical therapy was requested; The health carrier is NOT New	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Hampshire Healthy Families; Physical therapy was requested; Physical therapy was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	requested	1 2023 2023
0/30/2023	7/1/2023	5/30/2023 Wiedicilie	Approvai	danning (includes stail climbing)	тециелен	1 2023 2023

					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
					second pass is Shoulder; 5/25/2023; No patient history in the past 90 days; Evaluation dates	
					less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body	
					Part pass complete; Questions about your Shoulder request: ; Questions about your	
					Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-	
					Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is	
					other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or	
					moderate functional deficits due to cervical impairments without distal symptoms best	
					describes the patient's clinical presentation; Mild or moderate objective and functional	
					deficits without instability: sporadic symptoms with minimal to moderate loss of range of	
					motion, strength, or ability to perform daily tasks best describes the patient's clinical	
					presentation; Head/Neck was selected as the first body type/region; Upper Extremity	
					selected as the second body type/region; Body Part for first pass is Head/Neck; Physical	
					Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
					rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
					diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
					or Occupational therapy was selected; Magellan does not manage chiropractic but does	
				97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 5/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	
				97116 Therapeutic procedure, 1 or	Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested; Physical therapy was requested	1 2023 2023
0/30/2023	7, 1, 2023	0, 30, 2023 WEUTCHE	Approvar	a annug (malades stall climbing)	r nysicar arerapy was requested, r nysicar arerapy was requested	1 2023 2023

					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
					second pass is Shoulder; 05/30/2023; No patient history in the past 90 days; Evaluation	
					dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part;	
					Body Part pass complete; Questions about your Shoulder request: ; Questions about your	
					Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-	
					Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is	
					other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or	
					moderate functional deficits due to cervical impairments without distal symptoms best	
					describes the patient's clinical presentation; Mild or moderate objective and functional	
					deficits without instability: sporadic symptoms with minimal to moderate loss of range of	
					motion, strength, or ability to perform daily tasks best describes the patient's clinical	
					presentation; Head/Neck was selected as the first body type/region; Upper Extremity	
					selected as the second body type/region; Body Part for first pass is Head/Neck; Physical	
					Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
					rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
					diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
					or Occupational therapy was selected; Magellan does not manage chiropractic but does	
				97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
		, ,	•••	Ç,	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
					second pass is Shoulder; 06/05/2023; No patient history in the past 90 days; Evaluation	
					dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part;	
					Body Part pass complete; Questions about your Shoulder request: ; Questions about your	
					Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-	
					Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is	
					other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or	
					moderate functional deficits due to cervical impariments with distal symptoms best	
					describes the patient's clinical presentation; Mild or moderate objective and functional	
					deficits without instability: sporadic symptoms with minimal to moderate loss of range of	
					motion, strength, or ability to perform daily tasks best describes the patient's clinical	
					presentation; Head/Neck was selected as the first body type/region; Upper Extremity	
					selected as the second body type/region; Body Part for first pass is Head/Neck; Physical	
					Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
					rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
					diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
					or Occupational therapy was selected; Physical or Occupational therapy was selected, Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does	
				97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2022	6/30/2023 Medicine	Approval	,		1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023

Body Part passes complete; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 6/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; Physical or Occupational therapy was selected; The health carrier is NOT New
second pass is Shoulder; 6/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than
less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of Cocupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New
Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation in SNOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cocupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT N
Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non- Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax, Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical Occupational therapy was selected; Physical Phy
Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a Cocupational therapy was selected; Physical or Occupational thera
other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of fumphedema.; Physical or Occupational therapy was selected; Physical
functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New
describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Thierapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected
instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or
ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New
was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New
type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New
selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy wa
diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for 97116 Therapeutic procedure, 1 or the member's plan; Physical therapy was requested; The health carrier is NOT New
Physical or Occupational therapy was selected; Physical or Occupational
selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for 97116 Therapeutic procedure, 1 or the member's plan; Physical therapy was requested; The health carrier is NOT New
was selected; Magellan does not manage chiropractic but does manage speech therapy for 97116 Therapeutic procedure, 1 or the member's plan; Physical therapy was requested; The health carrier is NOT New
97116 Therapeutic procedure, 1 or the member's plan; Physical therapy was requested; The health carrier is NOT New
A/A/2003
4/1/2023 - Physical more areas, each 15 minutes; gait Hampshire Healthy Families; Physical therapy was requested; Physical therapy was Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) requested 1 2023 2023
Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First
Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for
second pass is Shoulder; 6/15/2023; No patient history in the past 90 days; Evaluation dates
less than 90 days in the past; Surgical; 5/5/2023; Post-Op; Lower Leg selected as the specific
body part; Shoulder selected as the specific body part; Body Part pass complete; Questions
about your Lower Leg request: ; Questions about your Shoulder request: ; The anticipated
number of visits is other than 2.; Three or more visits anticipated; Therapy type is
Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; More than 2 Body
Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting;
Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms
with severe loss of range of motion, strength, or ability to perform daily tasks best describes
the patient presentation; Moderate objective and functional deficits: moderate loss of range
of motion, strength, or ability to perform daily tasks best describes the patient's clinical
presentation; Lower Extremity/Hip was selected as the first body type/region; Upper
Extremity selected as the second body type/region; Body Part for first pass is Lower Leg;
Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation
date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The
rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational
therapy was selected; Physical or Occupational therapy was selected; Physical or
Occupational therapy was selected; Physical or Occupational therapy was selected; Physical
or Occupational therapy was selected; Magellan does not manage chiropractic but does
97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health
4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested 1 2023 2023

					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
					second pass is Shoulder; 06/16/2023; No patient history in the past 90 days; Evaluation	
					dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part;	
					Body Part pass complete; Questions about your Shoulder request: ; Questions about your	
					Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-	
					Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is	
					other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe	
					functional deficits due to cervical impairments with or without distal symptoms best	
					describes the patient's clinical presentation; Severe objective and functional deficits with	
					instability: constant or intense symptoms with severe loss of range of motion, strength, or	
					ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck	
					was selected as the first body type/region; Upper Extremity selected as the second body	
					type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not	
					selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	
					diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
					selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
					was selected; Magellan does not manage chiropractic but does manage speech therapy for	
				97116 Therapeutic procedure, 1 or	the member's plan; Physical therapy was requested; The health carrier is NOT New	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Hampshire Healthy Families; Physical therapy was requested; Physical therapy was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	requested	1 2023 2023
					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 6/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational	
				97116 Therapeutic procedure, 1 or	Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 -		Physical			obes not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr lun
1 ' '	4/1/2022	•	Approval	more areas, each 15 minutes; gait		Apr-Jun 1 2023 2023
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested; Physical therapy was requested	1 2023 2023

				Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
				Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
				second pass is Shoulder; 6/22/2023; No patient history in the past 90 days; Evaluation dates	
				less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body	
				Part pass complete; Questions about your Shoulder request: ; Questions about your	
				Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-	
				Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is	
				other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the	
				top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical	
				impairments with or without distal symptoms best describes the patient's clinical	
				presentation; Severe objective and functional deficits without instability: constant symptoms	
				and/or symptoms that are intensified with activity with moderate loss of range of motion,	
				strength, or ability to perform daily tasks best describes the patient's clinical pre; Head/Neck	
				was selected as the first body type/region; Upper Extremity selected as the second body	
				type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not	
				selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	
				diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
				was selected; Magellan does not manage chiropractic but does manage speech therapy for	
			97116 Therapeutic procedure, 1 or	the member's plan; Physical therapy was requested; The health carrier is NOT New	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	Hampshire Healthy Families; Physical therapy was requested; Physical therapy was	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	requested	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Wedicine	прріоча	training (includes stall climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	1 2023 2023
				Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
				second pass is Shoulder; 6/28/2023; No patient history in the past 90 days; Evaluation dates	
				less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body	
				Part pass complete; Questions about your Shoulder request: ; Questions about your	
				Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-	
				Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is	
				other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe	
				functional deficits due to cervical impairments with or without distal symptoms best	
				describes the patient's clinical presentation; Severe objective and functional deficits with	
				instability: constant or intense symptoms with severe loss of range of motion, strength, or	
				ability to perform daily tasks best describes the patient's clinical presentation; Head/Neck	
				was selected as the first body type/region; Upper Extremity selected as the second body	
				type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not	
				selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	
				diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
				was selected; Magellan does not manage chiropractic but does manage speech therapy for	
			97116 Therapeutic procedure, 1 or	the member's plan; Physical therapy was requested; The health carrier is NOT New	
			37110 merapeutic procedure, 1 or	the member 3 plan, i hysical therapy was requested, the health carrier is NOT New	
1/1/2022 -	Physical		more areas, each 15 minutes: gait	Hampshire Healthy Families: Physical therapy was requested: Physical therapy was	Anr. lun
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	more areas, each 15 minutes; gait training (includes stair climbing)	Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	Apr-Jun 1 2023 2023

					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
					second pass is Thoracic Spine/Chest; 02/15/2023; No patient history in the past 90 days;	
					Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected	
					as the specific body part; Body Part pass complete; Questions about your Thoracic	
					Spine/Chest request.; Questions about your Head/Neck request:; Three or more visits	
					anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative;	
					The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions	
					was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild	
					or moderate functional deficits due to cervical impairments without distal symptoms best	
					describes the patient's clinical presentation; Mild or moderate functional deficits due to	
					thoracic/lumbar impairments without distal symptoms best describes the patient's clinical	
					presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as	
					the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech	
					Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT	
					related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
					Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Magellan does not manage chiropractic but does	
				97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
		. ,	•••	, o,	''	
					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
					second pass is Thoracic Spine/Chest; 4/24/2023; No patient history in the past 90 days;	
					Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected	
					as the specific body part; Body Part pass complete; Questions about your Thoracic	
					Spine/Chest request.; Questions about your Head/Neck request:; Three or more visits	
					anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative;	
					The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass	
					Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with	
					or without distal symptoms best describes the patient's clinical presentation; Severe	
					functional deficits due to thoracic/lumbar impairments with or without distal symptoms best	
					describes the patient's clinical presentation; Head/Neck was selected as the first body	
					type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is	
					Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
					in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
					NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
					selected; Physical or Occupational therapy was selected; Magellan does not manage	
				97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical therapy was	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Apr-Jun
	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	requested; Physical therapy was requested	1 2023 2023
			Approvar	Gannig (GCUUCS Stall CIIIIDIIIg)	requesteu, r riysical liiciapy was requesteu	

Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 5/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best	
Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Thoracic Spine/Chest; 5/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Mild or	
second pass is Thoracic Spine/Chest; 5/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Mild or	
Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Mild or	
as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Mild or	
Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Mild or	
anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Mild or	
The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Mild or	
Starting; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Mild or	
or without distal symptoms best describes the patient's clinical presentation; Mild or	
moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best	
describes the patient's clinical presentation; Head/Neck was selected as the first body	
type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is	
Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
Physical or Occupational therapy was selected; Physical or Occupational therapy was	
selected; Physical or Occupational therapy was selected; Magellan does not manage	
97116 Therapeutic procedure, 1 or chiropractic but does manage speech therapy for the member's plan; Physical therapy was	
	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) requested; Physical therapy was requested 1 2023 2	1023
Park Park and a second park Park Park Park Park Park Park Park P	
Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
second pass is Thoracic Spine/Chest; 5/15/2023; No patient history in the past 90 days;	
Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected	
as the specific body part; Body Part pass complete; Questions about your Thoracic	
Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits	
anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative;	
The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass	
Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical	
impariments with distal symptoms best describes the patient's clinical presentation; Mild or	
moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best	
describes the patient's clinical presentation; Head/Neck was selected as the first body	
type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is	
Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
Physical or Occupational therapy was selected; Physical or Occupational therapy was	
selected; Physical or Occupational therapy was selected; Magellan does not manage	
97116 Therapeutic procedure, 1 or chiropractic but does manage speech therapy for the member's plan; Physical therapy was	
4/1/2023 - Physical more areas, each 15 minutes; gait requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Apr-Jun
7, -, Toquestee, The heart series is not really fulfilled, Thysical dictury was	2023

				Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
				Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
				second pass is Thoracic Spine/Chest; 5/23/2023; No patient history in the past 90 days;	
				Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected	
				as the specific body part; Body Part pass complete; Questions about your Thoracic	
				Spine/Chest request.; Questions about your Head/Neck request.; Three or more visits	
				anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative;	
				The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass	
				Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical	
				impairments without distal symptoms best describes the patient's clinical presentation; Mild	
				or moderate functional deficits due to thoracic/lumbar impairments without distal	
				symptoms best describes the patient's clinical presentation; Head/Neck was selected as the	
				first body type/region; Spine/Chest selected as the second body type/region; Body Part for	
				first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation	
				date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The	
				rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
				therapy was selected; Physical or Occupational therapy was selected; Physical or	
				Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
			97116 Therapeutic procedure, 1 or	does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested; Physical therapy was requested	1 2023 2023
1, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,	c, co, _c_			Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
				Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
				second pass is Thoracic Spine/Chest; 06/06/2023; No patient history in the past 90 days;	
				Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected	
				as the specific body part; Body Part pass complete; Questions about your Thoracic	
				Spine/Chest request.; Questions about your Head/Neck request:; Three or more visits	
				anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative;	
				The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions	
				was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax;	
				Severe functional deficits due to cervical impairments with or without distal symptoms best	
				describes the patient's clinical presentation; Severe functional deficits due to	
				thoracic/lumbar impairments with or without distal symptoms best describes the patient's	
				clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest	
				selected as the second body type/region; Body Part for first pass is Head/Neck; Physical	
				Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
				rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
				diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
				Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
				or Occupational therapy was selected; Magellan does not manage chiropractic but does	
			97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 WEURTHE	Approvai	training (includes stail climbing)	therapy was requested	1 2023 2023

					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
					second pass is Thoracic Spine/Chest; 6/29/2023; No patient history in the past 90 days;	
					Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the	
					specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass	
					complete; Questions about your Lower Leg request: ; Questions about your Thoracic	
					Spine/Chest request.; The anticipated number of visits is other than 2.; Three or more visits	
					anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative;	
					Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild objective and	
					functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or	
					ability to perform daily tasks best describes the patient presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best	
					describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first	
					body type/region; Spine/Chest selected as the second body type/region; Body Part for first	
					pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is	
					not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The	
					rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
				97116 Therapeutic procedure, 1 or	does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested; Physical therapy was requested	1 2023 2023
				<u> </u>		
					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
					second pass is Wrist; 5/4/2023; No patient history in the past 90 days; Evaluation dates less	
					than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part	
					pass complete; Questions about your Wrist request: ; Questions about your Head/Neck	
					request:; Three or more visits anticipated; The anticipated number of visits is other than 2.;	
					Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; More than 2	
					Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass	
					Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical	
					impariments with distal symptoms best describes the patient's clinical presentation;	
					Moderate objective and functional deficits: constant symptoms and/or symptoms that are	
					intensified with activity with moderate loss of range of motion, strength, or ability to	
					perform daily tasks best describes the patient presentation; Head/Neck was selected as the	
					first body type/region; Upper Extremity selected as the second body type/region; Body Part	
					for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The	
					evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
					cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
				97116 Therapeutic procedure, 1 or	or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun
6/30/2023	4/1/2022	6/30/2023 Medicine	Approval	training (includes stair climbing)	Families; Physical therapy was requested; The health carrier is NOT New Hampshire healthy	1 2023 2023
0, 30, 2023	7/ 1/2023	0/30/2023 Wiedicilie	Approvai	daning (includes stail climbing)	rummes, r mysical dicrapy was requested, r mysical dicrapy was requested	1 2023 2023

					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass	
					is Elbow; 5/23/2023; No patient history in the past 90 days; Evaluation dates less than 90	
					days in the past; Non-Surgical; Shoulder selected as the specific body part; Elbow selected as	
					the specific body part; Body Part pass complete; Questions about your Elbow request: ;	
					Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is	
					Rehabilitative; The anticipated number of visits is other than 2.; Non-Surgical; The	
					anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting;	
					Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms	
					with severe loss of range of motion, strength, or ability to perform daily tasks best describes	
					the patient's presentation; Severe objective and functional deficits with instability: constant	
					or intense symptoms with severe loss of range of motion, strength, or ability to perform	
					daily tasks best describes the patient's clinical presentation; Upper Extremity was selected	
					as the first body type/region; Upper Extremity selected as the second body type/region;	
					Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
					The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
					to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
					or Occupational therapy was selected; Magellan does not manage chiropractic but does	
				97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass	
					is Elbow; 6/13/2023; No patient history in the past 90 days; Evaluation dates less than 90	
					days in the past; Non-Surgical; Shoulder selected as the specific body part; Elbow selected as	
					the specific body part; Body Part pass complete; Questions about your Elbow request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is	
					Rehabilitative; The anticipated number of visits is other than 2.; Non-Surgical; The	
					anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was	
					selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe	
					objective and functional deficits: constant intense symptoms with severe loss of range of	
					motion, strength, or ability to perform daily tasks best describes the patient's presentation;	
					Severe objective and functional deficits with instability: constant or intense symptoms with	
					severe loss of range of motion, strength, or ability to perform daily tasks best describes the	
					patient's clinical presentation; Upper Extremity was selected as the first body type/region;	
					Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy	
					was not selected; The evaluation date is not in the future; The rehabilitation is NOT related	
					to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
					selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
					was selected; Magellan does not manage chiropractic but does manage speech therapy for	
				97116 Therapeutic procedure, 1 or	the member's plan; Physical therapy was requested; The health carrier is NOT New	
The second secon		Dhusiaal		more areas, each 15 minutes; gait	Hampshire Healthy Families; Physical therapy was requested; Physical therapy was	Apr-Jun
4/1/2023 -		Physical				Aprijuli

Body Part pasas complete, Perform Body Part selection, Perform Body Part selection: First Pools, Second Parts Control Parts Second Parts Control Parts Second Parts Control Parts Second Pa							
Pass, Second Pass cheeks point, 8 Josép Past for first pass is Shoulder; 3 Josép Past for record pass is Houlder; 1997 (April 2004). The property of the past of the past of the past of the past is the past of t						Body Part passes complete: Perform Body Part selection: Perform Body Part selection: First	
is 19(pPenc). 49/2023, No. patient history in the past 90 days, Evaluation dates less than 90 days in the past, No. patient history in the past 90 days, Evaluation dates less than 90 days in the past, No. patient, Souther screen part, HughPenks scheded as the specific body part; past 50 days (part past scheduler) that the pencil body part past 50 days (part past scheduler). The amount of the pencil body part past 50 days (part past scheduler). The amount part part part part part part part par							
days in the past, Non-Surgical; Shoulder selected so the pack body part, HighPelvis selected as the pack part and by the source of the past of the past pack of the past pack of the past pack part and by the past pack pack pack pack pack pack pack pack							
selected as the specific body parts, floorly parts pass completes, Questions about your Photolery, Tipe request; countries on such your Photolery, Tipe antidipated number of visits is not better than 2, Therapy type is Rehabilitative, know-Surgical; The antidipated or visits is not the Tab. 2, Therapy type is Rehabilitative, know-Surgical; The antidipated or visits is not the Tab. 2, The noting visits and functional deficits sponder or visits is notine than 2, Two Body Parts as requested, Mild objective and functional deficits sponder or visits is notine than 2, Two Body Parts as requested, Mild objective and functional deficits sponder or visits is notine than 3, Two Body Parts as requested, Mild objective and functional deficits sponder or visits is notine than 3, Two Body Parts as requested, Mild objective and functional deficits without instability to perform dishly tasks best describes the patient's presentation best describes the patient's presentation best describes the patient's presentation and the situation of the patient's presentation of the members' presentation and an functional deficits without instability to perform dishly tasks best describes the patient's presentation best describes the patient's presentation best described to the dispusion of comparison thereof the patient's presentation and the patient's presentation of the patient's patient's presentation of the patient's presentation of the patient's presentation of the patient's presentation of the patient's							
request. Clusterion about your Shoulder request. Three or more visits anticipated, The anticipated number of visits is other than 2,1 was body Parts selected. Second Parts Starting, Requested in a fair. The high being treated, Mild locker was functional deflots sporadic symptoms with minimal loss of range of motion, strength, or ability to perform delily take describes. The patient's presentation best describes the patient's presentation set of the describes the patient's presentation set of describes the patient's presentations to estimate the patient's presentation. Wild or moderate describes the patient's presentation set of describes the patient's presentations to estimate the patient's presentations to estimate the patient's presentation set of the perform delily take best describes the patient's clinical presentations (Jupor Extremity) seal section of the patient's presentation set of the patient's presentations (Jupor Extremity) seal selected. The evaluation date is not in the fauture, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of the evaluation date is not in the fauture, The rehabilitation is NOT related to a diagnosis of the evaluation date is not in the fauture, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT							
anticipated number of visits is not ber than 2,1 thrappy type is Rehabilitative, Non-Surgical; The anticipated or visits is not the Tax 2.7 through type is Rehabilitative, Non-Surgical; The anticipated or visits is not the Tax 2.7 the oblight Parts of Pass Starting, Requestor is not a fair. The hijs beings treated, Mild obligative and functional deficits: sporadic repress with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation; Minimal to moderate objective and functional deficits without instability; sporadic symptoms with minimal base that describes the patient's presentation best describes the patient's presentation best describes the patient's presentation by the formation of the patient's presentation of the patient's pre							
The anticipated number of visits is other than 2.7 two Body Parts selecteds, Scond Pass Santing, Requested is not a fast, the high beings treated, Mild objective and functional deficits: spondies symptoms with minimal loss of name of motion, strength, or ability to perform daily lasts best describes the patient's presentation best describes the patient's presentation; Mild or moderate objective and functional deficits without instability: spondies symptoms with minimal to moderate losis of range of motion, strength, or ability to perform daily lasts best describes the patient's scinical presentation; Upper Extremity was solected as the fine body typor/region. Physical moderate losis of range of motion, strength, or ability to perform daily lasts best describes the patient's clinical presentation; Upper Extremity was solected as the fine host body typor/region. Physical not considered as the scinical presentation; Upper Extremity was solected as the fine health daily not be the second body typor/region, Physical breapy, Speech Therapy was not selected. The new health can be not in the future related to a diagnosis of hymphedemia, Physical or Coccupational therapy was selected. Physical or Coccupational therapy was selected, Physical or Coccupational therapy was selected, Physical or Coccupational therapy was selected, Physical or Coccupational therapy was selected. Physical or Coccupational therapy was selected, Physical or Coccupational therapy was selected, Physical or Coccupational therapy was selected. Physical or Coccupational therapy w							
Starting, Requestor is not a fax, The hijp is beings treated, Mild objective and functional defects open grouptons with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation is considerable to the performance of the performance o						•	
deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patients' presentation best describes the patients' presentation best describes the patients' presentation. While the patients' presentation with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patients' screening of motions, strength, or ability to perform daily tasks best describes the patients' sclinical presentation; Upper Extremity was selected free first body typer/region; Diver Extremity was selected by the patients' sclinical presentation; Upper Extremity was selected free the body to the future; the reabilitation is for limited to the future; the reabilitation is NOT related to a diagnosis of cancer; the reabilitation is not into future; the reabilitation is NOT related to a diagnosis of cancer; the reabilitation is not into future; the reabilitation of orcupational therapy was selected; Physical or Occupational th						•	
perform daily tasks best describes the patient's presentation best describes the patient's presentation defects without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's facilitary persentation. Upper Externity was selected as the first body type/region, tower Externity/hips selected as the second body typer/region, the patient's facilitary persentation. Upper Externity was selected as the first body type/region, tower Externity/hips selected as the second body typer/region, the patient of the patient of the patient of the future. The erabilitation is NOT related to a diagnosis of canner; The rehabilitation is NOT related to a diagnosis of canner; The rehabilitation is NOT related the therapy was selected; Physical or Occupational therapy was selected; Physical Occupational therapy was							
presentation; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected. He first body type-(region; Dever Extremity) from selected as the second body type/region; Physical Therapy. Speech Therapy was not selected; The evaluation date is not in the furry. Fine rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer and therapy was selected; Physical or Occupational therapy was selected; P						, , ,	
sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to performally tasks best describes the patients' chicinal presentation; topper fathermity-was selected as the first body type/region; Lower Extremity/filip selected as the second body type/region; Dower Extremity-filip selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of concept and therapy was selected; Physical or Occupational therapy was requested chicagon and the selection of the path of the pa							
perform daily tasks best describes the patient's Clinical presentation, Upper Externity was selected as the first body type/region, Physical Therapy. Speech Therapy was not selected; the evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of the physical of Occupational therapy was selected; Physical of Occupational therapy was selected. Physical of Occupational therapy was selected, Physical of Occupational therapy was selected. Physical of Occupational therapy was selected, Physical of Occupational therapy was selected. Physical of Occupational therapy was selected, Physical of Occupational therapy was selected. Physical of Occupational therapy was selected, Physical of Occupational therapy was selected, Physical of Occupational therapy was selected. Physical of Occupational therapy was selected, Physical of Occupational therapy was selected. Physical of Occupational therapy was selected, Physical of Occupational therapy was selected. Physical of Occupational therapy was selected with the physical of Occupational therapy was selected. Physical of Occupatio						·	
selected as the first body type/region, Lower Extremity/Hip selected as the second body type/region, Physical Therapy. Search Therapy was selected. Physical or Cocupational therapy was selected. Physical or Cocupational therapy was selected. Physical therapy was selected. Physical therapy was selected. Physical therapy was requested. Physical therapy was requested. Physical therapy was requested. Physical therapy was requested. Search Therapy was selected. Physical therapy was selected. Physical therapy was selected. Search Therapy was selected. Physical or Occupat							
type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation i							
in the future: The rehabilitation is NOT related to a diagnosis of canner;. The rehabilitation is NOT related to a diagnosis of lymphedema;. Physical or Occupational therapy was selected; Physical or Occupational therapy was requested. Magellan does not manage peech therapy for the member's plan, Physical therapy was requested. Magellan does not manage speech therapy was requested. Magellan does not manage of the selection; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for Second pass is His/Pebic, 4/10/2023. No patient history in the past So days; Svaluation dates less than 90 days in the past, Non-Surgical; Shoulder selected as the specific body part good year for second pass is His/Pebic, 4/10/2023. No patient history in the past So days; Svaluation dates less than 90 days in the past, Non-Surgical; Shoulder selected as the specific body part good year part pass complete; Questions about your Pelvis/Hip request; Department of visits is other than 2. Therapy Hipps is Reabilitation; Non-Surgical; The anticipated number of visits is other than 2. Therapy Hipps is Reabilitation; Non-Surgical; The anticipated number of visits is other than 2. Therapy Hipps is Reabilitation; Non-Surgical; The anticipated number of visits is other than 2. White part is the patient of the patient symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or abil						The state of the s	
NOT related to a diagnosis of lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical or Occupational therapy was requested. The Pass Second Pass is High/Pelvic, 4/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Obstudier selected as the specific body part; Bioplevic, 4/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Obstudier request; There or more visits in anticipated. The anticipated number of visits is other than 2, other than 2 day Parts; 38 body regions was selected provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingin treated; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the Severe objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation best describes the patient's presentation of strength of patient with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation of symptoms, and of symptoms and o							
Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Agagetina does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families, Physical therapy was requested; The health carrier is NOT New Hampshire Healthy families, Physical therapy was requested; Physical or							
selected; Physical or Occupational therapy was selected; Magellan does not manage of hiropractic but does manage speech therapy was requested. The health carrier is NOT New Hampshire Healthy Families; Physical therapy was prequested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was Apr-Jun requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was Apr-Jun requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was Apr-Jun requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was Apr-Jun requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was Apr-Jun requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was Apr-Jun requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was Apr-Jun requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was Apr-Jun requested; The Health carrier is NOT New Hampshire Healthy Families; Physical therapy was Apr-Jun requested; The Health carrier is NOT New Hampshire Healthy Families; Physical therapy was Apr-Jun requested; The Health carrier is NOT New Hampshire Healthy Families; Physical therapy was Apr-Jun requested; The Health carrier is NOT New Hampshire Healthy Families; Physical therapy was Apr-Jun and Physical Therapy was requested as the specific Health Carrier is NOT New Hampshire Healthy Families; Physical therapy was Apr-Jun requested. The Health Carrier is NOT New Hampshire Healthy Families; Physical therapy was Selected; Physical or Occupational Herapy was selected; The evaluation described with a Carrier is NOT related to a diagnosis of Large to the Apr-Jun Physical Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The evaluation date is not in the first body type/region; Insurant Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The Yealt							
97116 Therapeutic procedure, 1 or chiropractic but does manage speech therapy for the member's plan; Physical therapy was 4/1/2023 - 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was - Apr-Jun requested; Physical therapy was requested: 1 2023 2023 2023 2023 2023 2023 2023 20							
4/1/2023 - Physical more areas, each 15 minutes; gait requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was Apr-Jun 6/30/2023 Medicine Approval training (includes stair climbing) requested; Physical therapy was requested: Body Part passes complete; Perform Body Part selection; Perform Body Part Body Perform Body Part Body Part Body Part Body Performs Perform Body Part Body					0711C Thomas autic procedure 1 as	· · · · · · · · · · · · · · · · · · ·	
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) requested; Physical therapy was requested 1 2023 2023 Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for first pass is Shoulder; Body Part for first pass is Shoulder; Body Part for first pass; Shoulder selected as the specific body part, Budy Part pass complete; Deads on about your Pelvis/Pelvis selected as the specific body part, Budy Part pass complete; Questions about your Pelvis/Pilp request: , Questions about your Pelvis/Pilp request: , Questions about your Pelvis/Pilp request: , Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is other than 2. (Short Part and 2. Body Part; Pass) and bout your Pelvis/Pilp request: , Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is other than 2. (Short Part and 2. Body Part; Pass) and poly questions was selected by Part pass complete; Questions about your Pelvis/Pilp request: , Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is other than 2. (Short Part and 2. Body Part; Part) and 2. Body Part; Part Part Part Part Part Part Part Part	4/1/2022		Dhusiaal		•		Ame I.m
Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Hij/Pelvic; 4/10/2023, No patient history in the past 90 days; Evaluation dates less than 90 days in the past, Non-Surgical; Shoulder selected as the specific dody part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; Questions about your Shoulder request; Three or more visits anticipated; The anticipated number of visits is other than 2; More than 2 Body Parts; 38 Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therappy; Sapect Therappy was selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of funcer, and the second body type/region; Physical Therappy was selected; Physical or Occupational therapy was selected; Physic		4/4/2022		A	· · · · · · · · · · · · · · · · · · ·		· ·
Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Hip/Pelvic, 4/10/2023, No patient history in the past is 40 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Questions about your Polvis/Hip request:; The anticipated number of visits is other than 2.; There or more visits anticipated; The anticipated number of visits is other than 2.; There or more visits anticipated; The anticipated number of visits is other than 2.; There or more visits anticipated; The anticipated number of visits is other than 2.; There or more visits anticipated; The anticipated number of visits is other than 2.; More than 2. Body Parts; 34 Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated; Moderate objective and functional deficits constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patients' presentation best describes the patient's clinical pre; Upper Extremity was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Dody type/region; Dody was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is not meaning therapy was selected; The evaluation alterapy was selected; The selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physi	6/30/2023	4/1/2023	6/30/2023 Medicine	Approvai	training (includes stair climbing)	requested; Physical therapy was requested	1 2023 2023
Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Hip/Pelvic, 4/10/2023, No patient history in the past is 40 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Questions about your Polvis/Hip request:; The anticipated number of visits is other than 2.; There or more visits anticipated; The anticipated number of visits is other than 2.; There or more visits anticipated; The anticipated number of visits is other than 2.; There or more visits anticipated; The anticipated number of visits is other than 2.; There or more visits anticipated; The anticipated number of visits is other than 2.; More than 2. Body Parts; 34 Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated; Moderate objective and functional deficits constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patients' presentation best describes the patient's clinical pre; Upper Extremity was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Dody type/region; Dody was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is not meaning therapy was selected; The evaluation alterapy was selected; The selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physi						Body Part passes complete: Perform Body Part selection: Perform Body Part selection: First	
is Hip/Pelvic; 4/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Both Part pass complete; Questions about your Pelvis/Hip request; Questions about your Pelvis/Hip request; Questions about your Shoulder request; Three or more visits anticipated; The anticipated number of visits is other than 2.; There or more visits anticipated; The anticipated number of visits is other than 2. How than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the case of the patient's presentation best describes the are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cocupational therapy was selected; Physical or Occupational therapy was selected; Physical or Oc							
90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; Pelvis							
selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative, Non-Surgical; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Severe objective and functional deficits without instability; constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity was selected as the first body type/region; Lower Extremity. Hip selected as the second body type/region; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cocupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; 97116 Therapeutic procedure, 1 or Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Apr-Jun							
request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of local therapy was selected; Physical or Occupational therapy was selected; Physical therapy							
anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selecte							
The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; 97116 Therapeutic procedure, 1 or Magellan does not manage chiropractic but does manage speech therapy for the member's 4/1/2023 - Physical more areas, each 15 minutes; gait Apr-Jun						• • • • • • • • • • • • • • • • • • • •	
was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Magellan does not manage speech therapy for the member's Magellan does not manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy							
hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity, was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was prevent therapy of the member's Physical Occupati						, , , , ,	
and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of tymphedema; Physical or Occupational therapy was selected; Physical therapy was selected; Physical or Occupational therapy was selected; Physical therapy was selected; Physical or Occupational therapy was selected; Physical therapy was selected; Physical or Occupational therapy was selected; Physical therapy was selected; Physical or Occupational therapy was selected; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy						• • • • • • • • • • • • • • • • • • • •	
strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; 97116 Therapeutic procedure, 1 or Magellan does not manage chiropractic but does manage speech therapy for the member's 4/1/2023 - Physical more areas, each 15 minutes; gait plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Apr-Jun							
describes th; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Uppedema.; Physical or Occupational therapy was selected; Physical or Occupational th							
and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; 97116 Therapeutic procedure, 1 or Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Apr-Jun							
strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; 97116 Therapeutic procedure, 1 or Magellan does not manage chiropractic but does manage speech therapy for the member's 4/1/2023 - Physical more areas, each 15 minutes; gait plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Apr-Jun							
Extremity was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupati						· · · · · · · · · · · · · · · · · · ·	
second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; 97116 Therapeutic procedure, 1 or Magellan does not manage chiropractic but does manage speech therapy for the member's 4/1/2023 - Physical more areas, each 15 minutes; gait plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Apr-Jun							
evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; 97116 Therapeutic procedure, 1 or Magellan does not manage chiropractic but does manage speech therapy for the member's 4/1/2023 - Physical more areas, each 15 minutes; gait plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Apr-Jun						, , , , , , , , , , , , , , , , , , ,	
cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; 97116 Therapeutic procedure, 1 or Magellan does not manage chiropractic but does manage speech therapy for the member's 4/1/2023 - Physical more areas, each 15 minutes; gait plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Apr-Jun						· · · · · · · · · · · · · · · · · · ·	
Occupational therapy was selected; Physical or Occupational therapy was selected; 97116 Therapeutic procedure, 1 or Magellan does not manage chiropractic but does manage speech therapy for the member's 4/1/2023 - Physical more areas, each 15 minutes; gait plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Apr-Jun						· · · · · · · · · · · · · · · · · · ·	
or Occupational therapy was selected; Physical or Occupational therapy was selected; 97116 Therapeutic procedure, 1 or Magellan does not manage chiropractic but does manage speech therapy for the member's 4/1/2023 - Physical more areas, each 15 minutes; gait plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Apr-Jun							
97116 Therapeutic procedure, 1 or Magellan does not manage chiropractic but does manage speech therapy for the member's 4/1/2023 - Physical more areas, each 15 minutes; gait plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Apr-Jun							
4/1/2023 - Physical more areas, each 15 minutes; gait plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Apr-Jun					07446 The second state of		
	4/4/2022		Discort 1				A
o/30/2023 4/1/2023 o/30/2023 medicine Approval training (includes stair climbing) Families; Physical therapy was requested; Physical therapy was requested 1 2023 2023	1	4/4/2022	,	A	, , , , ,		
	0/30/2023	4/1/2023	b/3U/2U23 IVIEGICINE	Approvai	training (includes stair climbing)	ramines; Physical therapy was requested; Physical therapy was requested	1 2023 2023

				Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass	
				is Hip/Pelvic; 4/10/2023; No patient history in the past 90 days; Evaluation dates less than	
				90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip	
				request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The	
				anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Non-Surgical;	
				The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass	
				Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and	
				functional deficits: constant symptoms and/or symptoms that are intensified with activity	
				with moderate loss of range of motion, strength, or ability to perform daily tasks best	
				describes the patient's presentation best describes th; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of	
				range of motion, strength, or ability to perform daily tasks best describes the patient's	
				clinical presentation; Upper Extremity was selected as the first body type/region; Lower	
				Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy	
				was not selected; The evaluation date is not in the future; The rehabilitation is NOT related	
				to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
		971	116 Therapeutic procedure, 1 or	was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New	
4/1/2023 -	Physical		ore areas, each 15 minutes; gait	Hampshire Healthy Families; Physical therapy was requested; Physical therapy was	Apr-Jun
	•		ining (includes stair climbing)	requested	1 2023 2023
5,50,5000 1,5,5000 5,5	-,		,	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
				Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass	
				is Hip/Pelvic; 4/18/2023; No patient history in the past 90 days; Evaluation dates less than	
				90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip	
				request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The	
				anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Non-Surgical;	
				The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions	
				was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The	
				hip is beingn treated.; Moderate objective and functional deficits: constant symptoms	
				and/or symptoms that are intensified with activity with moderate loss of range of motion,	
				strength, or ability to perform daily tasks best describes the patient's presentation best	
				describes th; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion,	
				strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper	
				Extremity was selected as the first body type/region; Lower Extremity/Hip selected as the	
				second body type/region; Physical Therapy; Speech Therapy was not selected; The	
				evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
				cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
				Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
				or Occupational therapy was selected; Physical or Occupational therapy was selected;	
4/1/2022	Dhysical		116 Therapeutic procedure, 1 or	Magellan does not manage chiropractic but does manage speech therapy for the member's	Apr lun
4/1/2023 - 6/30/2023 4/1/2023 6/3	Physical 30/2023 Medicine A		ore areas, each 15 minutes; gait ining (includes stair climbing)	plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	Apr-Jun 1 2023 2023
U JU ZUZJ 4 1 ZUZJ 0/3	JU/ 2023 IVICUICITIE A	nppiovai lidi	ming (merades stall climbing)	rannines, i nysicai anerapy was requesteu, rifysicai anerapy was requesteu	1 2023 2023

					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Hip/Pelvic; 6/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Questions about your Shoulder request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; Thou Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation:; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
					cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
					or Occupational therapy was selected; Physical or Occupational therapy was selected;	
. /. /2022		a		97116 Therapeutic procedure, 1 or	Magellan does not manage chiropractic but does manage speech therapy for the member's	
4/1/2023 - 6/30/2023	1/1/2022	Physical 6/30/2023 Medicine	Approval	more areas, each 15 minutes; gait training (includes stair climbing)	plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	Apr-Jun 1 2023 2023
					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Hip/Pelvic; 6/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Questions about your Shoulder request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical Or Occupational therapy was selected; Physical	
				0744671	or Occupational therapy was selected; Physical or Occupational therapy was selected;	
4/1/2023 -		Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait		Apr-Jun

		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
		Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass	
		is Knee; 4/18/2023; No patient history in the past 90 days; Evaluation dates less than 90	
		days in the past; Non-Surgical; Shoulder selected as the specific body part; Knee selected as	
		the specific body part; Body Part pass complete; Questions about your Knee request: ;	
		Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated	
		number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Non-Surgical;	
		The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass	
		Starting; Requestor is not a fax; Moderate objective and functional deficits: constant	
		symptoms and/or symptoms that are intensified with activity with moderate loss of range of	
		motion, strength, or ability to perform daily tasks best describes the patient's clinical	
		presentation; Severe objective and functional deficits without instability: constant symptoms	
		and/or symptoms that are intensified with activity with moderate loss of range of motion,	
		strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper	
		Extremity was selected as the first body type/region; Lower Extremity/Hip selected as the	
		second body type/region; Physical Therapy; Speech Therapy was not selected; The	
		evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
		cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
		Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
		or Occupational therapy was selected; Physical or Occupational therapy was selected;	
	97116 Therapeutic procedure, 1 or	Magellan does not manage chiropractic but does manage speech therapy for the member's	
4/1/2023 - Physical	more areas, each 15 minutes; gait	plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval	training (includes stair climbing)	Families; Physical therapy was requested; Physical therapy was requested Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	1 2023 2023
		Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass	
		is Knee; 4/20/2023; No patient history in the past 90 days; Evaluation dates less than 90	
		days in the past; Non-Surgical; Shoulder selected as the specific body part; Knee selected as	
		the specific body part; Body Part pass complete; Questions about your Knee request: ;	
		Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated	
		number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Non-Surgical;	
		The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass	
		Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms	
		with minimal loss of range of motion, strength, or ability to perform daily tasks best	
		describes the patient's clinical presentation; Mild or moderate objective and functional	
		deficits without instability: sporadic symptoms with minimal to moderate loss of range of	
		motion, strength, or ability to perform daily tasks best describes the patient's clinical	
		presentation; Upper Extremity was selected as the first body type/region; Lower	
		Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy	
		was not selected; The evaluation date is not in the future; The rehabilitation is NOT related	
		to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
		Physical or Occupational therapy was selected; Physical or Occupational therapy was	
		selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
	07116 Thoropoutic procedure 1 or	was selected; Magellan does not manage chiropractic but does manage speech therapy for	
4/4/2022 Physical	97116 Therapeutic procedure, 1 or	the member's plan; Physical therapy was requested; The health carrier is NOT New	American
4/1/2023 - Physical 6/30/2023 4/1/2023 6/30/2023 Medicine Approval	more areas, each 15 minutes; gait	Hampshire Healthy Families; Physical therapy was requested; Physical therapy was	Apr-Jun
	training (includes stair climbing)	requested	1 2023 2023

		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
		Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass	
		is Knee; 5/29/2023; No patient history in the past 90 days; Evaluation dates less than 90	
		days in the past; Non-Surgical; Shoulder selected as the specific body part; Knee selected as	
		the specific body part; Body Part pass complete; Questions about your Knee request: ;	
		Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated	
		number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Non-Surgical;	
		The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass	
		Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms	
		with minimal loss of range of motion, strength, or ability to perform daily tasks best	
		describes the patient's clinical presentation; Mild or moderate objective and functional	
		deficits without instability: sporadic symptoms with minimal to moderate loss of range of	
		motion, strength, or ability to perform daily tasks best describes the patient's clinical	
		presentation; Upper Extremity was selected as the first body type/region; Lower	
		Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy	
		was not selected; The evaluation date is not in the future; The rehabilitation is NOT related	
		to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
		Physical or Occupational therapy was selected; Physical or Occupational therapy was	
		selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
		was selected; Magellan does not manage chiropractic but does manage speech therapy for	
	97116 Therapeutic procedure, 1 or	the member's plan; Physical therapy was requested; The health carrier is NOT New	
4/1/2023 - Physical	more areas, each 15 minutes; gait	Hampshire Healthy Families; Physical therapy was requested; Physical therapy was	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval	training (includes stair climbing)	requested	1 2023 2023
		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
		Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass	
		is Knee; 6/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days	
		in the past; Non-Surgical; Shoulder selected as the specific body part; Knee selected as the	
		specific body part; Body Part pass complete; Questions about your Knee request: ; Questions	
		about your Shoulder request: ; Three or more visits anticipated; The anticipated number of	
		visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Non-Surgical; The	
		anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting;	
		Requestor is not a fax; Moderate objective and functional deficits: constant symptoms	
		and/or symptoms that are intensified with activity with moderate loss of range of motion,	
		strength, or ability to perform daily tasks best describes the patient's clinical presentation;	
		Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength,	
		, ,	
		or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity was selected as the first body type/region; Lower Extremity/Hip selected as the second body	
		, , , , , , , , , , , , , , , , , , ,	
		type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
		in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
		- , , , , , , , , , , , , , , , , , , ,	
		Physical or Occupational therapy was selected; Physical or Occupational therapy was	
	07116 Thorapoutic procedure 1 or	selected; Physical or Occupational therapy was selected; Magellan does not manage	
	97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical therapy was	
4/1/2022 Physical	manus augus angle 15 maintuites, mait		A !
4/1/2023 - Physical 6/30/2023 4/1/2023 6/30/2023 Medicine Approval	more areas, each 15 minutes; gait training (includes stair climbing)	requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	Apr-Jun 1 2023 2023

				Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Knee; 06/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request:; Questions about your Shoulder request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
				or Occupational therapy was selected; Physical or Occupational therapy was selected;	
			97116 Therapeutic procedure, 1 or	Magellan does not manage chiropractic but does manage speech therapy for the member's	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Families; Physical therapy was requested; Physical therapy was requested	1 2023 2023
				Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass	
				is Knee; 6/19/2023; No patient history in the past 90 days; Evaluation dates less than 90	
				days in the past; Non-Surgical; Shoulder selected as the specific body part; Knee selected as	
				the specific body part; Body Part pass complete; Questions about your Knee request: ;	
				Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated	
				number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Non-Surgical;	
				The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass	
				Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms	
				with minimal loss of range of motion, strength, or ability to perform daily tasks best	
				describes the patient's clinical presentation; Mild or moderate objective and functional	
				deficits with instability: sporadic symptoms with minimal to moderate loss of range of	
				motion, strength, or ability to perform daily tasks best describes the patient's clinical	
				presentation; Upper Extremity was selected as the first body type/region; Lower	
				Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy	
				was not selected; The evaluation date is not in the future; The rehabilitation is NOT related	
				to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
			97116 Therapeutic procedure, 1 or	was selected; Magellan does not manage chiropractic but does manage speech therapy for	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	requested	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Wealthie	Approvat	training (includes stail clinibilig)	тециелей	1 2023 2023

Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is tumbar Spine; O/13/2023 No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Dony, Evaluation dates less than 90 days in the past; Dony, Evaluation dates less than 90 days in the past; Dony, Evaluation dates less than 90 days in the past; Dony, Evaluation dates less than 90 days in the past; Dony, Evaluation dates less than 90 days in the past; Dony, Evaluation dates less than 90 days in the past; Dony, Evaluation dates less than 90 days in the past; Dony, Evaluation dates less than 90 days in the past; Dony, Evaluation dates less than 90 days in the past; Dony Parts Bedetion; First Pass; Second Pass Second Pass Selected; Physical or Occupational therapy was requested; The Past Confusion and Parts and Pays
Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Lumbar Spine; 04/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; Cuestions about your Shoulder request; Three or more visits anticipated; The anticipated number of visits is other than 2; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Mild or moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region, Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; The health or Occupational the
is Lumbar Spine; 04/13/2023. No patient history in the past; 00 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; bumbar Spine selected as the specific body part; bumbar Spine selected as the specific body part; bumbar Spine selected in the past; Outsitos about your Shoulder request; Three or more visits anticipated, The anticipated number of visits is other than 2; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2; Threapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2; Threapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2; Two Body Part selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability; sporadic symptoms with minimal to moderate objective and functional deficits on ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedmar, Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; Physical or
than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; Three or more visits anticipated; The anticipated number of visits is other than 2.; Two Body Parts elected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of name; The rehabilitation is NOT related to a diagnosis of name; The rehabilitation is NOT related to a diagnosis of name; The rehabilitation is NOT related to a diagnosis of name; The rehabilitation is NOT related to a diagnosis of name; The rehabilitation is NOT related to a diagnosis of name; The rehabilitation is NOT related to a diagnosis of name; The rehabilitation is NOT related to a diagnosis of name; The rehabilitation is NOT related to a diagnosis of name; The rehabilitation is NOT related to a diagnosis of name; The rehabilitation is NOT related to a diagnosis of name; The rehabilitation is NOT related to a diagnosis of name; The rehabilitation is NOT related to a diagnosis of name; The rehabilitation is NOT related to a diagnosis of name; The rehabilitation is NOT related to a diagnosis of name; The rehabilitation is NOT related to a diagnosis of name; The rehabilitation is NOT related to a diagnosis of name; The rehabilitation is NOT related to a diagnosis of name; The rehabilitation is NOT related to a diagnosis of name; The rehabilitation is NOT
Spine selected as the specific body part, Body Part pass complete; Questions about your Lumbar Spine request; Questions about your Spine request; Cheating about spour spine representation; Cheating about spour spine representation; Cheating about spour spine representation; Cheating about spine representation; Cheating and the right spine representation; Cheating and the response spine representation; Cheating and the representation; Cheating and the response spine representation; Cheating and the response spine representation; Cheating and the representation; Cheating and the representation; Cheating and the representation; Cheating a
Lumbar Spine request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The gray type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; Thos Body Parts selected; Second Pass Starting, Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT r
anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting, Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Spine/Chest selected as the second body type/region, Physical Therapy. Speech Therapy was not besteed; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related
Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting: Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of function is NOT related to a diagnosis of functional therapy was selected; Physical or Occupational therapy was selected; Physical or Physical therapy was requested; The health was selected; The patient of the functional therapy was requested; The health and the selection of the functional therapy was requested; The health t
Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; physical or procedure, 1 or a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilit
lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; Physical therapy was requested; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was request
presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Spine/Chest selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health 4/1/2023 - Physical Physical or Occupational therapy was requested; The health 4/1/2023 - Physical or Occupational therapy was requested; Physical or Occupational therapy was requested; The health 4/1/2023 - Physical or Occupational therapy was requested; Physical or Occupational therapy was requested; The health 4/1/2023 - Physical or Occupational therapy was requested; Physical or Occupatio
symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical or Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical therapy was requested; The health or Occupational therapy was requested; The health and the physical therapy was requested; The health or Carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; The health or Carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; The health or Carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy
daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related,
the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; Physical th
Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cumpational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health 4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical Apr-Jun training (includes stair climbing) therapy was requested 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested 1 2023 2023 80dy Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Lumbar Spine; 04/19/2023; No patient history in the past; Non-Surgical; Shoulder selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your
Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cumpational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health 4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical Apr-Jun training (includes stair climbing) therapy was requested 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested 1 2023 2023 80dy Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Lumbar Spine; 04/19/2023; No patient history in the past; Non-Surgical; Shoulder selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your
rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical therapy was requested; Physi
diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does 97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health 4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical herapy was requested; Physical therapy was reques
Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does 97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health 4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested
or Occupational therapy was selected; Magellan does not manage chiropractic but does 97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health 4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical
97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health 4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested 1 2023 2023 Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Lumbar Spine; 04/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your
4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested 1 2023 2023 Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Lumbar Spine; 04/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Lumbar Spine; 04/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your
Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Lumbar Spine; 04/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your
Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Lumbar Spine; 04/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Lumbar Spine selected as the specific body Part pass complete; Questions about your
than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your
than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your
Spine selected as the specific body part; Body Part pass complete; Questions about your
anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative;
Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected;
Second Pass Starting: Requestor is not a fax; Severe functional deficits due to lumbopelvic
impairments with or without distal symptoms best describes the patient's clinical
presentation; Severe objective and functional deficits with instability: constant or intense
symptoms with severe loss of range of motion, strength, or ability to perform daily tasks
best describes the patient's clinical presentation; Upper Extremity was selected as the first
body type/region; Spine/Chest selected as the second body type/region; Physical Therapy;
Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation
is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of
Lymphedema:; Physical or Occupational therapy was selected; Physical or Occupational
therapy was selected; Physical or Occupational therapy was selected; Physical or
Occupational therapy was selected; Magellan does not manage chiropractic but does
97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health
4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested 1 2023 2023

					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass	
					is Lumbar Spine; 6/6/2023; No patient history in the past 90 days; Evaluation dates less than	
					90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Lumbar Spine	
					selected as the specific body part; Body Part pass complete; Questions about your Lumbar	
					Spine request: ; Questions about your Shoulder request: ; Three or more visits anticipated;	
					The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Non-	
					Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second	
					Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic	
					impairments with distal symptoms best describes the patient's clinical presentation; Mild or	
					moderate objective and functional deficits with instability: sporadic symptoms with minimal	
					to moderate loss of range of motion, strength, or ability to perform daily tasks best describes	
					the patient's clinical presentation; Upper Extremity was selected as the first body	
					type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech	
					Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT	
					related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
					Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Magellan does not manage chiropractic but does	
				97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					body Part passes complete, Perform Body Part Selection, Perform Body Part Selection, First	
					Pass, Casand Pass shock point, Rady Part for first pass is Chaulder, Rady Part for second pass	
					Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass	
					is Lumbar Spine; 6/26/2023; No patient history in the past 90 days; Evaluation dates less	
					is Lumbar Spine; 6/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Lumbar	
					is Lumbar Spine; 6/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your	
					is Lumbar Spine; 6/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Shoulder request: ; Three or more visits	
					is Lumbar Spine; 6/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative;	
					is Lumbar Spine; 6/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected;	
					is Lumbar Spine; 6/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to	
					is Lumbar Spine; 6/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Questions about your Shoulder request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical	
					is Lumbar Spine; 6/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic	
					is Lumbar Spine; 6/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Questions about your Shoulder request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical	
					is Lumbar Spine; 6/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Questions about your Shoulder request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform	
					is Lumbar Spine; 6/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Questions about your Shoulder request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as	
					is Lumbar Spine; 6/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical	
					is Lumbar Spine; 6/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
					is Lumbar Spine; 6/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Questions about your Shoulder request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Two Body Parts selected; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
					is Lumbar Spine; 6/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Shoulder request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Two Body Parts selected; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
				97116 Therapeutic procedure, 1 or	is Lumbar Spine; 6/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Questions about your Shoulder request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical	
4/1/2023 -		Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	is Lumbar Spine; 6/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Questions about your Shoulder request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Dustine Spine (Docupational therapy was selected) but does	Apr-Ju n

Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 4/4/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Found Foundary Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The sold parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is	
Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 4/4/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
is not in options listed; 4/4/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non- Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
describes the patient's clinical presentation; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
the patient's clinical pre; Upper Extremity was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
Physical or Occupational therapy was selected; Physical or Occupational therapy was	
selected; Physical or Occupational therapy was selected; Magellan does not manage	
97116 Therapeutic procedure, 1 or chiropractic but does manage speech therapy for the member's plan; Physical therapy was	
	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) requested; Physical therapy was requested Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	2023
Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass	
is not in options listed; 4/27/2023; No patient history in the past 90 days; Evaluation dates	
less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body	
Part pass complete; Questions about your Shoulder request: ; Questions about your	
Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-	
Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is	
other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or	
moderate functional deficits due to cervical impariments with distal symptoms best	
describes the patient's clinical presentation; Mild or moderate objective and functional	
deficits with instability: sporadic symptoms with minimal to moderate loss of range of	
motion, strength, or ability to perform daily tasks best describes the patient's clinical	
presentation; Upper Extremity was selected as the first body type/region; Head/Neck	
selected as the second body type/region; Body Part for second pass is Head/Neck; Physical	
Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
or Occupational therapy was selected; Magellan does not manage chiropractic but does	
97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health	
97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun

					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass	
					is not in options listed; 05/04/2023; No patient history in the past 90 days; Evaluation dates	
					less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body	
					Part pass complete; Questions about your Shoulder request: ; Questions about your	
					Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-	
					Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is	
					other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or	
					moderate functional deficits due to cervical impariments with distal symptoms best	
					describes the patient's clinical presentation; Mild or moderate objective and functional	
					deficits with instability: sporadic symptoms with minimal to moderate loss of range of	
					motion, strength, or ability to perform daily tasks best describes the patient's clinical	
					presentation; Upper Extremity was selected as the first body type/region; Head/Neck	
					selected as the second body type/region; Body Part for second pass is Head/Neck; Physical	
					Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
					rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
					diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
					or Occupational therapy was selected; Magellan does not manage chiropractic but does	
				97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
				•	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass	
					is not in options listed; 5/9/2023; No patient history in the past 90 days; Evaluation dates	
					less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body	
					Part pass complete; Questions about your Shoulder request: ; Questions about your	
					Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-	
					Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is	
					other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe	
					functional deficits due to cervical impairments with or without distal symptoms best	
					describes the patient's clinical presentation; Mild or moderate objective and functional	
					deficits with instability: sporadic symptoms with minimal to moderate loss of range of	
					motion, strength, or ability to perform daily tasks best describes the patient's clinical	
					presentation; Upper Extremity was selected as the first body type/region; Head/Neck	
					selected as the second body type/region; Body Part for second pass is Head/Neck; Physical	
					Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
					rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
					diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
					or Occupational therapy was selected; Magellan does not manage chiropractic but does	
				97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
3/30/2023	., 1, 2023	5, 50, 2025 Wicaldine	. ippiotai	a.a	and app was requested	1 2023 2023

					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass	
					is not in options listed; 5/15/2023; No patient history in the past 90 days; Evaluation dates	
					less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body	
					Part pass complete; Questions about your Shoulder request: ; Questions about your	
					Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-	
					Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is	
					other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or	
					moderate functional deficits due to cervical impariments with distal symptoms best	
					describes the patient's clinical presentation; Mild or moderate objective and functional	
					deficits with instability: sporadic symptoms with minimal to moderate loss of range of	
					motion, strength, or ability to perform daily tasks best describes the patient's clinical	
					presentation; Upper Extremity was selected as the first body type/region; Head/Neck	
					selected as the second body type/region; Body Part for second pass is Head/Neck; Physical	
					Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
					rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
					diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
					or Occupational therapy was selected; Magellan does not manage chiropractic but does	
				97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass	
					is not in options listed; 5/25/2023; No patient history in the past 90 days; Evaluation dates	
					less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body	
					Part pass complete; Questions about your Shoulder request: ; Questions about your	
					Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-	
					Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is	
					other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe	
					functional deficits due to cervical impairments with or without distal symptoms best	
					describes the patient's clinical presentation; Severe objective and functional deficits with	
					instability: constant or intense symptoms with severe loss of range of motion, strength, or	
					ability to perform daily tasks best describes the patient's clinical presentation; Upper	
					Extremity was selected as the first body type/region; Head/Neck selected as the second	
					body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech	
					Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT	
					related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
					Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Magellan does not manage chiropractic but does	
				97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
0/30/2023	7/ 1/2023	5/30/2023 Wiedicilie	, ippi ovai	daning (includes stall climbing)	arciapy was requested	1 2023 2023

				Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
				Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass	
				is not in options listed; 5/30/2023; No patient history in the past 90 days; Evaluation dates	
				less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body	
				Part pass complete; Questions about your Shoulder request: ; Questions about your	
				Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-	
				Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is	
				other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or	
				moderate functional deficits due to cervical impariments with distal symptoms best	
				describes the patient's clinical presentation; Severe objective and functional deficits without	
				instability: constant symptoms and/or symptoms that are intensified with activity with	
				moderate loss of range of motion, strength, or ability to perform daily tasks best describes	
				the patient's clinical pre; Upper Extremity was selected as the first body type/region;	
				Head/Neck selected as the second body type/region; Body Part for second pass is	
				Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
				in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
				NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				selected; Physical or Occupational therapy was selected; Magellan does not manage	
			97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical therapy was	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	requested; Physical therapy was requested	1 2023 2023
0,00,000 1,0,000	0,00,000			Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
				Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass	
				is not in options listed; 6/12/2023; No patient history in the past 90 days; Evaluation dates	
				less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body	
				Part pass complete; Questions about your Shoulder request: ; Questions about your	
				Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-	
				Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is	
				other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or	
				moderate functional deficits due to cervical impairments without distal symptoms best	
				describes the patient's clinical presentation; Severe objective and functional deficits with	
				instability: constant or intense symptoms with severe loss of range of motion, strength, or	
				ability to perform daily tasks best describes the patient's clinical presentation; Upper	
				Extremity was selected as the first body type/region; Head/Neck selected as the second	
				body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech	
				Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT	
				related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
				Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
				therapy was selected; Physical or Occupational therapy was selected; Physical or	
				Occupational therapy was selected; Magellan does not manage chiropractic but does	
			97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
				·	

			Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
			Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass	
			is not in options listed; 06/26/2023; No patient history in the past 90 days; Evaluation dates	
			less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body	
			Part pass complete; Questions about your Shoulder request: ; Questions about your	
			Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-	
			Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is	
			other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or	
			moderate functional deficits due to cervical impariments with distal symptoms best	
			describes the patient's clinical presentation; Mild or moderate objective and functional	
			deficits with instability: sporadic symptoms with minimal to moderate loss of range of	
			motion, strength, or ability to perform daily tasks best describes the patient's clinical	
			presentation; Upper Extremity was selected as the first body type/region; Head/Neck	
			selected as the second body type/region; Body Part for second pass is Head/Neck; Physical	
			Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
			rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
			diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
			Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
			or Occupational therapy was selected; Magellan does not manage chiropractic but does	
		97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -	Physical	more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine App	proval training (includes stair climbing)	therapy was requested	1 2023 2023
			Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
			Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass	
			is not in options listed; 6/28/2023; No patient history in the past 90 days; Evaluation dates	
			less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body	
			Part pass complete; Questions about your Shoulder request: ; Questions about your	
			Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-	
			Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is	
			other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or	
			moderate functional deficits due to cervical impariments with distal symptoms best	
			describes the patient's clinical presentation; Mild or moderate objective and functional	
			deficits with instability: sporadic symptoms with minimal to moderate loss of range of	
			motion, strength, or ability to perform daily tasks best describes the patient's clinical	
			presentation; Upper Extremity was selected as the first body type/region; Head/Neck	
			selected as the second body type/region; Body Part for second pass is Head/Neck; Physical	
			Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
			rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
			diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
			Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
			or Occupational therapy was selected; Magellan does not manage chiropractic but does	
		97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -	Physical	more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine App	proval training (includes stair climbing)	therapy was requested	1 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait Itraining (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Shoulder; 04/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Duestions about your Shoulder request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cxupptional therapy was selected; Physical or Occupational therapy was	Apr-Jun 1 2023 2023
			Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Shoulder; 4/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected.	
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait I training (includes stair climbing)	Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	Apr-Jun 1 2023 2023

Body Part passes complete; Perform Body Part selection; Perform Body Part selection; Perform Body Part for first pass is Shoulder; Schoulder; Solvation; Body Part for first pass is Shoulder; Solvation; Body Part for first pass is Shoulder; Physical for part for first pass is Shoulder; Solvation; Part for first pass is Shoulder; Body Part; Body Part for first pass is Shoulder; Body Part; Body Part pass complete; Cuestions about your Shoulder selected as the specific body part; Body Part pass complete; Cuestions about your Shoulder request; ; There or more visits anticipated; The anticipated number of visits is other than 2; Cuestions about your Shoulder request; Physical for participated number of visits is other than 2; The anticipated
is Shoulder; 5/16/2023. No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; Questions about your Shoulder request; Questions about your Shoulder request; Three or more visits anticipated, Therapy type is Rehabilitative, Non-Surgical, Thon Surgical, The anticipated number of visits is other than 2; The anticipated number of visits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion,
days in the past; Non-Surgical; Shoulder selected as the specific body part; shoulder selected as the specific body part; body part pass complete; Questions about your Shoulder request:; Questions about your Shoulder request:; Pire or more visits anticipated, Therapy type is Rehabilitative; Non-Surgical; Non-Surgical; The anticipated number of visits is other than 2.; Three or more visits is other than 2.
as the specific body part; Body Part pass complete; Questions about your Shoulder request; ; Questions about your Shoulder request; ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; Non-Surgical; Pon-Surgical; Pon-Surgica
Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; Non-Surgical; The anticipated number of visits is other than 2; The anticipated number of visits is other than 2; The number of visits is other than 2; The anticipated number of visits of rance is other than 2; The anticipated number of visits of rance is other than 2; The anticipated number of visits of rance is other than 2; The anticipated number of visits and functional deficts with instability constant or intense sym
Rehabilitative; Non-Surgical; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occ
The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Dyper Extremity was selected as the first body type/region; Upper Extremity selected as the first body type/region; Upper Extremity was selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cocupational therapy was selected; Physical or Occupational therapy was selected; Phys
Starting; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or
constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of tymphedema.; Physical or Occupational therapy was selected; Physical or
perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is N
functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the second body type/region; Upper Extremity selected as the second body type/region; Upper Extremity selected as the second body type/region; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cupper Extremity selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer
motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NO
presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical therapy was selected;
selected as the second body type/region; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New 4/1/2023 - Physical more areas, each 15 minutes; gait Hampshire Healthy Families; Physical therapy was requested; Physical therapy was Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) requested 1 2023 2023 Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass
selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New 4/1/2023 - Physical more areas, each 15 minutes; gait Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested; Physical therapy was fequested 1 2023 2023 Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass
diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical therapy for was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New 4/1/2023 - Physical more areas, each 15 minutes; gait Hampshire Healthy Families; Physical therapy was requested; Physical therapy was Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) requested Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass
Physical or Occupational therapy was selected; Physical therapy was selected;
selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New 4/1/2023 - Physical Physical therapy was requested; Physical therapy was requested; Physical therapy was Physical ther
was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New 4/1/2023 - Physical more areas, each 15 minutes; gait Hampshire Healthy Families; Physical therapy was requested; Physical therapy was Physical therapy was requested; Physical therapy was Physical
97116 Therapeutic procedure, 1 or the member's plan; Physical therapy was requested; The health carrier is NOT New 4/1/2023 - Physical more areas, each 15 minutes; gait Hampshire Healthy Families; Physical therapy was requested; Physical therapy was Physical therap
4/1/2023 - Physical more areas, each 15 minutes; gait Hampshire Healthy Families; Physical therapy was requested; Physical therapy was 6/30/2023 Medicine Approval training (includes stair climbing) requested 1 2023 2023 Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) requested Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass
Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass
Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass
is Shoulder: 5/23/2023; No patient history in the past 90 days; Evaluation dates less than 90
days in the past; Non-Surgical; Shoulder selected as the specific body part; Shoulder selected
as the specific body part; Body Part pass complete; Questions about your Shoulder request: ;
Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is
Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.;
The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass
Starting; Requestor is not a fax; Severe objective and functional deficits with instability:
constant or intense symptoms with severe loss of range of motion, strength, or ability to
perform daily tasks best describes the patient's clinical presentation; Severe objective and
functional deficits with instability: constant or intense symptoms with severe loss of range of
motion, strength, or ability to perform daily tasks best describes the patient's clinical
presentation; Upper Extremity was selected as the first body type/region; Upper Extremity
selected as the second body type/region; Physical Therapy; Speech Therapy was not
selected; The evaluation date is not in the future; The rehabilitation is NOT related to a
diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;
Physical or Occupational therapy was selected; Physical or Occupational therapy was
selected; Physical or Occupational therapy was selected; Physical or Occupational therapy
was selected; Magellan does not manage chiropractic but does manage speech therapy for
97116 Therapeutic procedure, 1 or the member's plan; Physical therapy was requested; The health carrier is NOT New
4/1/2023 - Physical more areas, each 15 minutes; gait Hampshire Healthy Families; Physical therapy was requested; Physical therapy was Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) requested 1 2023 2023

6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Shoulder; 5/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Questions about your Shoulder request:; There or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits with instability: co							
Pess; Section Pass check point; Body Pear for first pass is Shoulder; Body Pear for secred pass is Shoulder; Carlow; the he past of specific body part; Shoulder selected as the specific body part; Shoulder request; Ducestions about your Shoulder about your Shoulder request; Ducestions about your Shoulder shoulder; Body Paylor about the						Dark Dark annual stee Darform Dark Dark all all a Darform Dark Dark all all as Einst	
is Shoulder, D6/25/2023. No patient history in the past 50 days; Evaluation dates less than 90 days in the Non-Surgical Shoulder selected as the specific body part; Shoulder selected as the specific body part; Shoulder request; Clincor more visits anticipated, therapy to part past complete, Questions about your Shoulder request; Days and past of the part of the state of the part of the past of the p							
90 days in the past, Non-surgical; Shoulder selected as the specific body part; Shoulder sequences, Questions about your Shoulder request; Questions about your Shoulder selected, Second Pass Stering, Requestors in our face, Mild or moderate objective and functional deficits without instability; sporadic symptoms with minimal to moderate lost or fange of motion, strength, or allow to perform daily tasks best decribes the patient's clinical presentation, Wild or moderate objective and functional deficits without instability; sporadic symptoms with minimal to moderate lost or fange of motion, strength, or allow to perform daily tasks best describes the patient's clinical presentation, Wild or moderate objective and functional deficits without instability; sporadic symptoms with minimal to moderate lost or fange of motion, strength, or allow the performed with the patient of the pat							
selected as the specific tooly part, Body Part pass completer, Questions about your Shoulder request; Questions about your Shoulder request; Cauchton, about your Shoulder request; There are on more with an arbitrate of visits is other than 2-Two Body Parts selected, Second Pass Starting, Requestor is not a face, Mild or moderate objective and functional deficits without instability; sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's clinical presentation. Upper Externity was elected as the first body's pype/region; Upper Externity selected as the second body type/region; Physical or Cocupational therapy was selected. Physical or Occupational therapy was selected, Physical or Occupational therapy was selected, Physical or Occupational therapy was selected. Physical or Occupational therapy was selected, Physical or Occupational therapy was requested; The health carries in Shoulders of the selection of the s							
request; Questions about your Shoulder request; Three or more visits anticipated, Therapy type is Rehabilitative. Non Skep Rank Shebilitative, Non Surgical, Non Surgical, The anticipated number of visits is other than 2.1 two Body Parts selected, second Parts Starting, Requestor is not a fac, Mild or moderate objective and functional deficits without instability; sporadic symptoms with minimal to moderate objective and functional deficits without instability; sporadic symptoms with minimal to moderate objective and functional deficits without instability sporadic symptoms with minimal to moderate objective and functional deficits without instability to perform daily tasks best describes the patient's clinical presentation, Upper Extremity was selected as the first body perfection of the second body typer/genon; Physical Therapy, Speech Therapy was not selected, The evaluation date is not in the future; The rehabilitation is NOT related to a diagnost of cancer. The rehabilitation is NOT related to a diagnost of cancer. The rehabilitation is NOT related to a diagnost of some, The rehabilitation is NOT related to a diagnost of some, The rehabilitation is NOT related to a diagnost of some, The rehabilitation is NOT related to a diagnost of some, The rehabilitation is NOT related to a diagnost of some, The rehabilitation is NOT related to a diagnost of some, The rehabilitation is NOT related to a diagnost of some, The rehabilitation is NOT related to a diagnost of some, The rehabilitation is NOT related to a diagnost of some, The rehabilitation is NOT related to a diagnost of some, The rehabilitation is NOT related to a diagnost of some, The rehabilitation is NOT related to a diagnost of some, The rehabilitation is NOT related to a diagnost of some of the party was selected. The related to a diagnost of some of the party was selected, Physical or Occupational therapy was selected physical or Occupational therapy was selected as the specific body part, should be request; counter of visits in other than 2, The applica						, , , , , , , , , , , , , , , , , , , ,	
Therapy type is Rehabilitation; Non Surgical; Non March March Surgical; Non Surgical; Non Surgical; Non Surgical; Non March Surgical; Non March March Surgical; Non March March Surgical; Non Surgical							
is other than 2. The anticipated number of visits is other than 2. Two Body Parts selected; Scord Pass Starting, Requested in one of anti-Mild or moderate objective and functional deficits without instability, sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Wild or moderate objective and functional deficits without instability, sporadic symptoms with minimal to moderate loss of range of deficits without instability, sporadic symptoms with minimal to moderate loss of range of embots, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity, was selected as the first body type/region; Physical Therapy, Speech Therapy vas not selected; The evaluation date is not in the future. Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future. Physical Therapy was selected; Magellan does not manage chiropractic but does manage chiropractic but does manage, which is the provide of coupational therapy was selected; Physical or Coupational therapy was requested. Physical or Coupational therapy was selected; Physical or Coupational therapy was requested. Physical or Coupational therapy was selected; Physical or Coupational therapy was requested. Physical or Coupational therapy was selected; Physical or Coupational therapy was requested. Physical or Coupational therapy was selected; Physical or Coupational therapy was requested. Physical Coupational therapy was selected; Physical or Coupational therapy was requested. Physical Therapy type is selected. Physical Ther							
Second Pass Starting, Requestor is not a fax, Mill or moderate objective and functional deficits without instability; opporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Uppor an inclinional deficits without instability; oporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Uppor Externity was selected as the second body to perform daily tasks best describes the patient's clinical presentation; Uppor Externity was selected as the second body pope/region; Physical Pharagy season the patient's clinical presentation; Uppor Externity was requested. The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of tymphotene. Physical or Cocupational therapy was selected; Physical or Occupational therapy was requested; Physical or Occupational therapy was requested therapy was requested; Physical or Occupational therapy was requested; Physical Occupational therapy was selected; Physical or Occupational therapy was selected; Second Pass Is shoulder; \$5/31/2023, No						, , , , , , , , , , , , , , , , , , , ,	
deficts without instability; sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform adily task best describes the patient's clinical presentation; Wild or moderate soligicities and functional deficits without instability; sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform adily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region, Upper Extremity selected as the second body type/region; Physical Therapy, Sposon besteed, the evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of vanories, replacing the patient's clinical presentation; Upper Extremity was selected; Physical or Occupational therapy was requested. The health of the patient of the patie							
motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate objective and functional deficits without instability; sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the second body type/region; Physical Therapy, Spoech Therapy was not selected; The valuation date is not in the future; The rehabilitation is NOT related to a diagnosis of runned or Cocupational therapy was selected; Physical or Occupational therapy was requested. The health carrier is NOT related to a diagnosis of tympolical described in the part of the member's plan; Physical therapy was requested. The health carrier is NOT related to a diagnosis of tympolical therapy was requested. The health carrier is NOT related to a diagnosis of tympolical described and the part of the member's plan; Physical therapy was requested. The health carrier is NOT related to a diagnosis of tympolical described and the part of the member's plan; Physical therapy was requested. The health carrier is NOT related to a diagnosis of tympolical described as the specific body part is should related as						5, 1	
presentation, Mild or moderate objective and functional deficits without instability; sporadic symptoms with minimal to moderate sols of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Upwindedman, Physical or Occupational therapy was selected; Magellan does not manage, chiropractic but does manage sepech therapy was selected; Magellan does not manage chiropractic but does manage sepech therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage sepech therapy was selected; Magellan does not manage chiropractic but does manage sepech therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical or Was requested; Physical or Occupational therapy was selected; Physical or Occupational therap							
symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy. Speech Therapy was not selected. The evaluation date is not in the future; The rebabilitation is NOT related to a diagnoss of cancer, The rebabilitation is NOT related to a diagnoss of cancer, The rebabilitation is NOT related to a diagnoss of cancer, The rebabilitation is NOT related to a diagnoss of cancer, The rebabilitation is NOT related to a diagnoss of cancer, The rebabilitation is NOT related to a diagnoss of cancer, The rebabilitation is NOT related to a diagnoss of cancer, The rebabilitation is NOT related to a diagnoss of cancer, The rebabilitation is NOT related to a diagnoss of cancer, The rebabilitation is NOT related to a diagnoss of cancer, The rebabilitation is NOT related to a diagnoss of cancer, The rebabilitation is NOT related to a diagnoss of cancer, The rebabilitation is NOT related to a diagnoss of cancer, The rebabilitation is NOT related to a diagnoss of cancer, The rebabilitation is NOT related to a diagnoss of cancer, The rebabilitation is NOT related to a diagnoss of cancer, The rebabilitation is NOT related to a diagnoss of cancer, The rebabilitation is NOT related to a diagnoss of cancer, The rebabilitation is NOT related to a diagnosis of cancer, The rebabilitation is NOT related to a diagnosis of cancer, The rebabilitation is NOT related to a diagnosis of cancer, The rebabilitation is NOT related to a diagnosis of cancer, The rebabilitation is NOT related to a diagnosis of cancer, The rebabilitation is NOT related to a diagnosis of cancer, The rebabilitation is NOT related to a diagnosis of cancer, The rebabilitation is NOT related to a diagnosis of cancer, The rebabilitation is NOT related to a diagnosis of cancer, The rebabilitation is NOT related to a diagnosis of cancer, The rebabilitation							
daily tasks best describes the patient's clinical presentation, Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy. Speech Therapy was not selected. The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of the selected. The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of the selected. The relational therapy was selected; Physical or Occupational therapy was requested. The health of the selection of the se							
the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy was not selected. The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The repay was selected, Physical or Occupational therapy was selected, Physical or Occupational therapy was selected. Physical or Occupational therapy was requested or the member's plant physical therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selec							
Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Health; Parallies; Physical therapy was requested; Physical or Carrier is NOT New Hampshire Health; Parallies; Physical therapy was requested; Physical or Carrier is NOT New Hampshire Health; Parallies; Physical therapy was requested; Physical or Carrier is NOT New Hampshire Health; Parallies; Physical therapy was requested; Physical or Carrier is NOT New Hampshire Health; Parallies; Physical therapy was requested; Physical or Carrier is NOT New Hampshire Health; Parallies; Physical therapy was requested; Physical or Carrier is NOT New Hampshire; Physical or Occupational therapy was requested; Physical or Occupational therapy was requested; Physical or Occupational therapy was requested; Physical or Occupational therapy was not selected; Physical or Occupational therapy was not of NOT related to a diagnosis of Carrier is NoT rela							
The rehabilitation is NOT related to a diagnosis of caneer, The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health Af1/2023 - Physical Phys							
to a diagnosis of Lymphedema. Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health or Occupational therapy was requested; Physical was requested; Physical was requested; Physical was requested; Physical therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was s							
Occupational therapy was selected; Physical or Occupational therapy was requested; the health ad/1/2023 by 1/2023 b						and the control of th	
or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the members' plan; Physical therapy was requested, The health more areas, each 15 minutes; gait affaire is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical physical Apr-Iu 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested therapy was requested 1 2023 2023 80dy Part passes complete; Perform Body Part selection; Perform Body Part selection; Pirst Pass; Second Pass check point; Body Part for second pass is Shoulder; 5/31/2023, No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Non-Surgical; Non-Surgical; Non-Surgical; The anticipated number of visits is other than 2.; Questions about your Shoulder request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe objective and functional deficits with instability: constant or intense symptoms with severe objective and functional deficits with instability: constant or intense symptoms with severe objective and functional deficits with instability: opperform daily tasks best describes the patient's clinical presentation; puper extremity was selected as the first body type/region; Depregion; Depregio							
97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health 4/1/2023 Physical Physical Aprol. 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Training (includes stair climbing) Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Shoulder; 5/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past, Non-Surgical; Shoulder selected as the specific body part; Shoulder request:; Questions about your Shoulder request:; Questions about your Shoulder request:; Questions about your Shoulder request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; Non-Surgical; The anticipated number of visits is other than 2; The Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best de							
4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical 1 2023 2023 8/03/2023 Medicine Approval training (includes stair climbing) therapy was requested 1 2023 2023 8/03/2023 Medicine Approval training (includes stair climbing) therapy was requested Physical Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Scheck point; Body Part for first pass is Shoulder; Body Part pass complete; Questions about your Shoulder selected as the specific body part; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Shoulder request: Questions about your Shoulder request: Questions about your Shoulder request: Three or more visits anticipated, Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of						, , , , , , , , , , , , , , , , , , , ,	
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Shoulder; 5/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Shoulder request:; Questions about your Shoulder request:; There or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected, Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy f					· · · · · · · · · · · · · · · · · · ·		
Body Part passes complete; Perform Body Part selection; Perform Body Part for Second pass is Shoulder; Body Part for first pass is Shoulder; Body Part for second pass is Shoulder; Body Part for second pass is Shoulder; Body Part for Second pass is Shoulder; Body Part sologon; Sudlater, Body Part selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Shoulder request: ; The or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; Non-Surgical; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated numbe			•		· · · · · · · · · · · · · · · · · · ·		Apr-Jun
Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Shoulder; 5/31/2023, No patient history in the past 90 days; Evaluation date less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical, Non-Surgical; The anticipated number of visits is other than 2; The anticipated number of visits is other than 2; The anticipated number of visits is other than 2; The anticipated number of visits is other than 2; The anticipated number of visits is other than 2; The anticipated number of visits is other than 2; The anticipated number of visits is other than 2; The anticipated number of visits is other than 2; The anticipated number of visits is other than 2; The anticipated number of visits is other than 2; The anticipated number of visits is other than 2; The anticipated number of visits is other than 2; The anticipated number of visits is other than 2; The anticipated number of visits is other than 2; The anticipated number of visits is other than 2; The anticipated number of visits is other than 2; The anticipated number of visits is other than 2; The anticipated of motion, strength, or ability to perform daily tasks best describes the patient, or anticipated number of visits is other than 2; The perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational ther	6/30/2023 4/1/	/2023 6/30/2023	Medicine	Approval	training (includes stair climbing)		1 2023 2023
is Shoulder; 5/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Shoulder request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; Non-Surgical; The anticipated number of visits is other than 2.; T							
days in the past; Non-Surgical; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Shoulder request: ; Pree or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other							
as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Questions about your Shoulder request:; Three or more visits anticipated, Therapy type is Rehabilitative; Non-Surgical; Non-Surgical; Three anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity as selected as the first body type/region; Upper Extremity selected as the second body type/region; Pypsical Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of Coccupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occu							
Questions about your Shoulder request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Upper Extremity as elected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a Occupational therapy was selected; Physical or Occupational therapy wa							
Rehabilitative; Non-Surgical; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for							
The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cancer.; The rehabilitation is NOT related to a diagnosis of Coccupational therapy was selected; Physical or Occupational the							
Starting; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a Cocupational therapy was selected; Physical or Occupational therapy for							
constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a Cocupational therapy was selected; Physical or Occupational therapy wa							
perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physica						· · · · · · · · · · · · · · · · · · ·	
functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physic							
motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy for							
presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy for						, , , , , , , , , , , , , , , , , , , ,	
selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy for						motion, strength, or ability to perform daily tasks best describes the patient's clinical	
selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy						, , , , , , , , , , , , , , , , , , , ,	
diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for						selected as the second body type/region; Physical Therapy; Speech Therapy was not	
Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for						selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	
selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for						diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
was selected; Magellan does not manage chiropractic but does manage speech therapy for						Physical or Occupational therapy was selected; Physical or Occupational therapy was	
						selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
						was selected; Magellan does not manage chiropractic but does manage speech therapy for	
9/116 Therapeutic procedure, 1 or the member's plan; Physical therapy was requested; The health carrier is NOT New					97116 Therapeutic procedure, 1 or	the member's plan; Physical therapy was requested; The health carrier is NOT New	
4/1/2023 - Physical Physical more areas, each 15 minutes; gait Hampshire Healthy Families; Physical therapy was requested; Physical therapy was Apr-Ju	4/1/2023 -		Physical		more areas, each 15 minutes; gait	Hampshire Healthy Families; Physical therapy was requested; Physical therapy was	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) requested 1 2023 2023	6/30/2023 4/1/	/2023 6/30/2023	Medicine	Approval	training (includes stair climbing)	requested	1 2023 2023

					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass	
					is Shoulder; 06-19-2023; No patient history in the past 90 days; Evaluation dates less than 90	
					days in the past; Non-Surgical; Shoulder selected as the specific body part; Shoulder selected	
					as the specific body part; Body Part pass complete; Questions about your Shoulder request: ;	
					Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is	
					Rehabilitative; Non-Surgical; Non-Surgical; The anticipated number of visits is other than 2.;	
					The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass	
					Starting; Requestor is not a fax; Severe objective and functional deficits without instability:	
					constant symptoms and/or symptoms that are intensified with activity with moderate loss of	
					range of motion, strength, or ability to perform daily tasks best describes the patient's	
					clinical pre; Severe objective and functional deficits without instability: constant symptoms	
					and/or symptoms that are intensified with activity with moderate loss of range of motion,	
					strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper	
					Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is	
					not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The	
					rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
				97116 Therapeutic procedure, 1 or	does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jui
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested; Physical therapy was requested	1 2023 2023
					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass	
					is Shoulder; 06/01/2023; No patient history in the past 90 days; Evaluation dates less than	
					90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Shoulder	
					selected as the specific body part; Body Part pass complete; Questions about your Shoulder	
					request: ; Questions about your Shoulder request: ; Three or more visits anticipated;	
					Therapy type is Rehabilitative; Non-Surgical; Non-Surgical; The anticipated number of visits	
					Therapy type is Rehabilitative; Non-Surgical; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected;	
					Therapy type is Rehabilitative; Non-Surgical; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate objective and functional	
					Therapy type is Rehabilitative; Non-Surgical; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of	
					Therapy type is Rehabilitative; Non-Surgical; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical	
					Therapy type is Rehabilitative; Non-Surgical; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic	
					Therapy type is Rehabilitative; Non-Surgical; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform	
					Therapy type is Rehabilitative; Non-Surgical; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as	
					Therapy type is Rehabilitative; Non-Surgical; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region;	
					Therapy type is Rehabilitative; Non-Surgical; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
					Therapy type is Rehabilitative; Non-Surgical; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
					Therapy type is Rehabilitative; Non-Surgical; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
					Therapy type is Rehabilitative; Non-Surgical; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
				97116 Therapeutic procedure, 1 or	Therapy type is Rehabilitative; Non-Surgical; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Dagellan does not manage chiropractic but does	
4/1/2023 -		Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Therapy type is Rehabilitative; Non-Surgical; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	Apr-Jui

Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Shoulder; 6/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Shoulder selected as the specific body Part pass complete; Questions about your Shoulder request:; Questions about your Shoulder request: Three or more visits anticipated; Therapty type is Rehabilitative; Non-Surgical; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to	
is Shoulder; 6/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Shoulder request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits with instability:	
days in the past; Non-Surgical; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits with instability:	
as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits with instability:	
Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits with instability:	
Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits with instability:	
The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits with instability:	
Starting, Requestor is not a fax; Severe objective and functional deficits with instability:	
constant or intense symptoms with severe loss of range of motion, strength, or ability to	
perform daily tasks best describes the patient's clinical presentation; Severe objective and	
functional deficits with instability: constant or intense symptoms with severe loss of range of	
motion, strength, or ability to perform daily tasks best describes the patient's clinical	
presentation; Upper Extremity was selected as the first body type/region; Upper Extremity	
selected as the second body type/region; Physical Therapy; Speech Therapy was not	
selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	
diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
Physical or Occupational therapy was selected; Physical or Occupational therapy was	
selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
was selected; Magellan does not manage chiropractic but does manage speech therapy for	
97116 Therapeutic procedure, 1 or the member's plan; Physical therapy was requested; The health carrier is NOT New	
4/1/2023 - Physical more areas, each 15 minutes; gait Hampshire Healthy Families; Physical therapy was requested; Physical therapy was	pr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) requested 1 2023 2	023
Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass	
is Thoracic Spine/Chest; 2/13/2023; No patient history in the past 90 days; Evaluation dates	
less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part;	
Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions	
about your Thoracic Spine/Chest request.; Questions about your Shoulder request: ; Three	
or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is	
Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; Two Body	
Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional	
deficits without instability: constant symptoms and/or symptoms that are intensified with	
activity with moderate loss of range of motion, strength, or ability to perform daily tasks	
best describes the patient's clinical pre; Mild or moderate functional deficits due to	
thoracic/lumbar impairments with distal symptoms best describes the patient's clinical	
presentation; Upper Extremity was selected as the first body type/region; Spine/Chest	
selected as the second body type/region; Physical Therapy; Speech Therapy was not	
selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	
diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
Physical or Occupational therapy was selected; Physical or Occupational therapy was	
selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
was selected; Magellan does not manage chiropractic but does manage speech therapy for	
97116 Therapeutic procedure, 1 or the member's plan; Physical therapy was requested; The health carrier is NOT New	
4/1/2023 - Physical more areas, each 15 minutes; gait Hampshire Healthy Families; Physical therapy was requested; Physical therapy was	pr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) requested 1 2023 2	J23

				97116 Therapeutic procedure, 1 or	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Thoracic Spine/Chest; 5/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Shoulder request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -		Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
				97116 Therapeutic procedure, 1 or	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Hip/Pelvic; 5/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation:; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	
4/1/2023 -	4/1/2022	Physical Physical	A	more areas, each 15 minutes; gait	requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	requested; Physical therapy was requested	1 2023 2023

Body Part passes complete; Perform Body Part selection; Perform Body Part past Selection; Perform Body Part past Selection; Perform	Pass, Second Pass Check point, Body Part for first pass is Thoracic Spine/Chest, Body Part for second pass is Lumbar Spine, 4/2/6/2023, No patient history in the past 90 days; reduction dates less than 90 days in the past; Non-Surgical: Thoracic Spine/Chest selected as the specific body part; body Part pass complete; Questions about your fumbar Spine request; Questions about your Thoracic Spine/Chest request; Three or more visits anticipated; The anticipated number of visits is other than 2;				
Pass, Second Pass Check, point, Body Part for first pass is Thoracios Spine/Chest; body Part for second pass is lumbar Spine; and ZA/S/2023. No patient history in the part of days; Evaluation dates less than 90 days in the past, Bons, Surgical: Thoracis Spine/Chest selected as the specific body part; based only part; based spine is perfect to be past, Bons, Surgical: Thoracis Spine/Chest selected as the specific body part; based spond part type is Pass and incipated in the past, Bons, Surgical: Thoracis Spine/Chest (questions about your Lumbar Spine request; Questions about your Thoracis Spine/Chest (questions about your Lumbar Spine request; Questions about your Thoracis Spine/Chest (questions) about your Lumbar Spine request; Questions about your Thoracis Spine/Chest (questions) about your Lumbar Spine request; Questions about your Thoracis Spine/Chest (questions) about your Lumbar Spine request; Questions about your Lumbar Spine request your spine request your spine request your properties of the past about your Lumbar Spine request your your spine request your properties of the member's plan; April Thoracy Spine request; Questions about your Lumbar Spine reques	Pass, Second Pass Scheet, point, Body Part for first pass it Thoracis (Spine/Chest) Body Part for fiscending and pass of the pass of the past of the p			Rody Part passes complete: Perform Rody Part selection: Perform Rody Part selection: First	
second pass is tumbar Spine, 47,86,2023, No patient history in the past 90 days, Evaluation dates less than 90 days in the past 190 days, Evaluation dates is than 90 days in the past 190 days, Evaluation dates is the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; Cuestions about your Thoracis Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracis Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracis Spine/Chest is other than 2. The anticipated number of visits is other than 2. The pass of the specific days are considered for the past 190 days and 190 days. Evaluation of delicts due to lumbopolity in impairments without distal symptome bact describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/Jumbar impairments without distal symptome bact describes the patient's clinical presentation; Spine/Chest vas selected as the first body type/region; Spine/Chest selected as the second body type/region; Psylicial day symptome bact describes the patient of sinical presentation; Spine/Chest vas selected as the first body type/region; Spine/Chest selected as the second body type/region. Psylicial marking symptome bact describes the patient of sinical presentation; Spine/Chest vas selected; The evaluation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The page vas selected, Psylicial or Occupational therapy was selected; The health carrier is NOT New Hampay was selected, Magellan does not manage chicopratic but does manage speech therapy to the member's plan; 4/1/2023	scond pass is Lumbno Spince, 4787/2023. No patient history in the past 50 days, Evaluation databases than Non-Spincell, Thorsocking-Check setted as the specific body part, tumber Spine selected as the specific body part, tumber Spine spi				
dates less than 30 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specifie body part; Lumbar Spine selected as the specific body part; Dody Part past Som piete; Questions about your Lumbar Spine request; Questions about your Thoracic Spine/Chest request; Three or more visits anticipated; mentiopated number of visits is the than 2; The anticipated number of visits is the than 2; The anticipated number of visits is the than 2; The anticipated number of visits is the than 2; The anticipated number of visits is the than 2; The anticipated number of visits is the than 2; The anticipated number of visits is often than 1; The anticipated number of visits is often than 1; The anticipated number of visits is often than 1; The anticipated number of visits is often than 2; The anticipated number of visits is often than 2; The anticipated number of visits is often than 2; The anticipated number of visits is often than 2; The anticipated number of visits is often than 2; The anticipated number of visits is often than 2; The anticipated number of visits is often than 3; The anticipated number of visits is often than 2; The anticipated number of visits is often than 3; The anticipated number of visits is often than 3; The anticipated number of visits is often than 3; The anticipated number of visits is often than 3; The anticipated number of visits is often than 3; The anticipated number of visits is often than 3; The anticipated number of visits is often than 3; The anticipated number of visits is often than 3; The anticipated number of visits is often than 3; The anticipated number of visits is often than 3; The anticipated number of visits is often than 3; The anticipated number of visits is often than 3; The anticipated number of visits is often than 2; The anticipated number of visits is often than 2; The anticipated number of visits is often than 2; The anticipated number of visits is often than 2; The anticipated number of visits is often than 2; The anticipated number of visits is often than 2; T	date less than 90 days in the past, Yon-Surgical; Thorace Spine/Chest selected at the specific body port, Roby Part pass complete; Questions about your Lumbar Spine request; Questions about your Thorace Spine/Chest request; Questions about your Lumbar Spine request; Questions about your Thorace Spine/Chest request; Questions about your Lumbar Spine request; Questions about your Thorace Spine/Chest request; Questions about your Lumbar Spine request spine of the past of the pas				
specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; Cuestions about your Throact Spine/Chest request; Three or more visits anticipated; The anticipated number of visits is other than 2; The anticipated number of visits is other than 2; Threapy type is Rehabilitative; Two Body Parts selected, Second Pass Starting, Requestors in not a fix, Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoraci/Lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Physical Infraory, Speech Therapy was not selected; The evaluation date is not in furture; The rehabilitation is NOT related to alignosis of cancer; The rehabilitation is NOT related to a diagnosis of Lymphedema. Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; Physical or Occupational therapy was requested. Physical or Occupational therapy was requested in Physical or Occupational therapy was requested in Physical or Occ	specific body part, Lumbar Spine selected as the specific body part, Body Part pass complete; Questions about your Lumbar Spine request; Questions about your Lumbar Spine request (spine about your Lumbar Spine request). The anticipated number of visits is other than 2; the anticipated number of visits is other than 2; the part of the part o				
Questions about your Lumbnar Spine request; 2 Questions about your Thoracic Spine/Chest request. Three or more visits anticipated number of visits is other than 2; The anticipated number of visits is other than 2; The anticipated number of visits is other than 2; The anticipated number of visits is other than 2; The anticipated number of visits is other than 2; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax, Mild or moderate functional deficits due to lumbopelvic impairments without distall symptoms best describes the patients' sincipal presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Spench Therapy was selected; Physical or Occupational therapy was selected; Physical Occupational therapy was	Questions about your Limbar Spine request; Questions about your Thoracis Spine/Chest request; Three or more within anticipated, miles of whisis to other than 2; The anticipated number of visits is other than 2. The anticipated of more of visits is other than 2. The anticipated number of visits is other than 2. The anticipated number of visits is other than 2. The anticipated number of visits is other than 2. The property type is Rehabilitative; Two Body Parts selected. Scored Pass Satring, Requestor is not a fax, Mild or moderate functional deficits due to humbopelvic impairments without distal symptom best describes the patient's clinical presentation; Glinical presentation; Glin				
request; Three or more visits anticipated, The anticipated number of visits to be than 2; I here anticipated number of visits to be the than 2; I here anticipated number of visits to be the than 2; I here anticipated number of visits to be the than 2; I here anticipated number of visits to the than 2; I here anticipated number of visits to the than 2; I here anticipated number of visits to the threat of the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest vase elected as the first body typer/egion; Spine/Chest vase elected as the first body typer/egion; Spine/Chest vase elected as the first body typer/egion; Spine/Chest vase elected as the second body typer/egion; Physical roll from the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of supposedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; Physical variety was requested; Physical variety was requested. Physical variety was request	request; Three or more visits anticipated; The anticipated number of visits is other than 2: The anticipated number of visits is other than 2: The anticipated number of visits is other than 2: The anticipated number of visits is other than 2: The anticipated number of visits is other than 2: The anticipated number of visits is other than 2: The anticipated number of visits is other than 2: The anticipated number of visits is other than 2: The anticipated number of visits is other than 2: The anticipated number of visits is other than 2: The anticipated number of visits is other than 2: The anticipated number of visits is other than 2: The anticipated number of visits is other than 2: The anticipated number of visits is other than 2: The anticipated number of visits is other than 2: The anticipated number of visits is other than 2: The anticipated number of visits is often than 2: The anticipated number of visits is often than 2: The anticipated number of visits is often than 2: The anticipated number of visits is often than 2: The anticipated number of visits is often than 2: The anticipated number of visits is often than 2: The anticipated number of visits is often than 2: The anticipated number of visits is other than 2: The anticipated number of visits is other than 2: The anticipated number of visits is often than 2: The anticipated number of visits is other than 2: The anticipated number of visits is other than 2: The anticipated number of visits is other than 2: The anticipated number of visits is other than 2: The anticipated number of visits is other than 2: The anticipated number of visits is other than 2: The anticipated number of visits is other than 2: The anticipated number of visits is other than 2: The anticipated number of visits is other than 2: The anticipated number of visits is other than 2: The anticipated number of visits is other than 2: The anticipated number of visits is other than 2: The anticipated number of visits is other than 2: The anticipated number of visits is other than 2: The				
The anticipated number of visits is other than 2. Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax. Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/humbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region, Spine/Chest selected as the second body type/region, Spine/Chest was selected as the first body type/region, Spine/Chest selected as the second body type/region, Spine/Chest selected as the selection of visits is other than 2.7 The anticipated number of visits is other than 2.7 The anticipated number of visits is other than 2.7 The anticipated number of visits be to thoracic/Jumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest vegets. The control of physical Therapy was not selected as the second body type/region, Spine/Chest selected as the second body type/region, Spine/Chest selected as the second body type/region, Spine/Ches	The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax, Mild or moderate functional deflicts due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine(Post was selected at the first body lyper/eginor, Spine(Post selected as the second body typer/eginor, Spine(Post selected). The evaluation date is not in the future: The reliabilitation is NOT related to a diagnosis of cancer, The reliabilitation is NOT selected (Physical or Compositional therapy was selected). Physical or Occupational therapy was selected; Physical or Occupational Development or Occupational therapy was selected; Physical or Occupational Development or Occupationa				
Parts selected; Second Pass Starting; Requestor is not a fix; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation, Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type-fregion; Spine/Chest selected as the second body type-fregion, Spine/Chest selected as the second body type-fregion, Spine/Chest selected selected; The evaluation date is not in the furure; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer the rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosi of couplational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical members are also an expensive procedure. The rehabilitation is NOT related to a diagnosi of the part is not have the almost procedure and the representation is described; The replace there is not have the almost procedure and the proce	Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type-(region; Psylical Price) price place the first body type/region; Spine/Chest selected as the second body type-(region; Psylical Price) price place the first body type/region; Spine/Chest selected in the fature; the rehabilitation is NOT related to a diagnosis of cancer; the rehabilitation is NOT related to a diagnosis of cancer; the rehabilitation is NOT related to a diagnosis of cancer; the rehabilitation is NOT related to a diagnosis of cancer; the rehabilitation is NOT related to a diagnosis of cancer; the rehabilitation is NOT related to a diagnosis of cancer; the rehabilitation is NOT related to a diagnosis of cancer; the relative training function of the pay was selected; Physical or Cocupational therapy was selected; Physical or Cocupational therapy was selected; Physical or Occupational therapy was selected; Physical or				
deficits due to Iumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region, Spine/Chest selected as the second body type/region, Spine/Chest was selected, Physical contact, The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected, Physical or Occupational therapy was selected, Physical or Occupational therapy was selected; Physical therapy was selec	deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine Chests was selected as the first body type-fregion; Spine Chest due to thoracic/Lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine Chest was selected as the first body type-fregion; Spine Chest selected as the second body and the selection; Brital Spine Chest selected as the second body and the selection; Brital Spine Chest selected as the second body part; Body Part for second pass is Lumbar Spine; 4/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past, Non-Surgical; Thoracic Spine/Chest selected as the second body part; Body Part for second pass is Lumbar Spine; 4/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past, Non-Surgical; Thoracic Spine/Chest selected as the second body part; Body Part for second pass 1 submary Spine request; Cluestions about your Thoracic Spine/Chest selected as the second body part; Body Part pass complete; Part Parts Spine Chest selected as the second body part; Body Part pass complete; Parts and the second body type-fregion; Physical of the second as the second body type-fregion; Physical of Chepatod to without distal symptoms best describes the patient's clinical presentation; Spine/Chest se				
clinical presentation; Mild or moderate functional deficits due to thoracic/jumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the second body type/region, Spine/Chest selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of Jymphedema. Physical or Occupational therapy was selected; Physical therapy was selected; Second Pass Selected; Second Pass Selected; Physical therapy was selected; Second Pass Selected; S	clinical presentation, Mild or moderate functional deficits due to thoracic/Jumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the inst body type/region, Spine/Chest was selected as the second body type/region, Physical Therapy, Speech Herapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of charge, The evaluation and the ison on the future; The rehabilitation is NOT related to a diagnosis of Crupational Herapy was selected; Physical or Occupational Herapy was selected; Magellan does not manage chiorparcic but does mange speech therapy for the member's plan; 4/1/2023 Physical more areas, each 15 minutes; gait Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Apr. In Physical Herapy was requested; The health carrier is NOT New Hampshire Healthy Families; Apr. In Physical Herapy was requested; The health carrier is NOT New Hampshire Healthy Families; Apr. In Physical Herapy was requested; The health carrier is NOT New Hampshire Healthy Families; Apr. In Physical Herapy was requested; Physical herapy was requested to the same speech therapy for the member's plan; Alizous 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Body Part passes complete; Perform Body Part selection; First Pass; Second Pass Cantel, Non-Surgical, Thoracis Spine/Chest selected as the specific body part, Body Part pass complete; Questions about your Thoracis Spine/Chest selected as the specific body part, Body Part pass complete; Questions about your Thoracis Spine/Chest was selected as the specific body part, Body Part pass complete; Questions about your Thoracis Spine/Chest was selected as the specific body part, Body Part pass complete; Questions about your Thoracis Spine/Chest was selected as the second bady type/region; Physical or Occupational therapy was selected as the second body type/region; Physical or Occupational therapy was selec			, , , , , , , , , , , , , , , , , , , ,	
impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema, Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; 4/1/2023	impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected at the first body type/gejon, Spine/Chest selected as the second body type/gejon, Spine/Chest was selected. The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; the enablitation is NOT related to a diagnosis of cancer; the enablitation is NOT related to a diagnosis of cancer; the enablitation is NOT related to a diagnosis of cancer; the enablitation is NOT related to a diagnosis of prophedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; more areas, each 15 minutes; gait physical therapy was requested. The health carrier is NOT New Hampshire Healthy Families; April 4/1/2023 4/1/2023 6/30/2023 Medicine Aproval training (includes stair climbing) Body Part passes complete; Perform Body Part selection; Perform Body Part selection; Perform Body Part selection; Perform Body Part selection; Perform Body Part for second pass is Lumbar Spine; 4/26/2023, No patient history in the past; 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest: selected as the specific body part; Umbar Spine equest; Questions about your Lumbar Spine equest; Questions about your Lumbar Spine equest; Questions about your Lumbar Spine expects; Questions about your Imbracic Spine/Chest request. Three or more visits unticipated; the anticipated of which or visits to other than 2; Therapy type is Rehabilitative; Two Body Part selected; Second Pass Starting; Requestor is not a fas; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes th				
Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; the rehabilitation is NOT related to a diagnosis of Lymphedema. Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; Physical physical therapy was requested; Physical phys	Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The related to related to the selected, Second Pass is the request. The reference the request cancer; The related to a diagnosis of the patient of th				
body type/region; Physical Therapy: Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of tymphedema; Physical or Occupational therapy was selected; Physical therapy was requested. The health carrier is NOT New Hampshire healthy Families; Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Physical therapy was requested; Physical Physical Therapy (Physical Therapy Physical Therapy Speech Therapy was requested; Physical Physical Therapy Physical Therapy Speech Therapy was not selected; Physical Therapy was not selected; Physical Therapy speech Therapy was not selected; Physical Therapy was not selected; Physical Therapy was not selected; Physical Therapy was not	body type/regions, Physical Therapys, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The selected, Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Apr. It was a selected, Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Apr. It was a selected, Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Apr. It was a selected, Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Apr. It was a selected, Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Apr. It was a selected, Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Apr. It was a selected, Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Apr. It was a selected, Physical Therapy was requested; The health carrier is NOT New Hampshire Healthy Pamilies; Apr. It was a selected, Physical Therapy was requested; The health carrier is NOT New Hampshire Pamilies; Apr. It was a selected, Physical Therapy was not selected, Physical or Occupational therapy was selected; Physical or Occupational therapy			·	
not in the future; The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical therapy was requested;	not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Decided to does or Occupational therapy was selected; Physical or Occu			· · · · · · · · · · · · · · · · · · ·	
rehabilitation is NOT related to a diagnosis of Lymphedema,; Physical or Occupational therapy was selected; Physical Therapy was requested; The heath carrier is NOT New Hampshire Healthy Families; Apr-Jun 6/30/2023 (Alpha Parity Physical Therapy was not selected; The occupation of Physical Therapy was not selected; The waluation of Occupational Advances of Physical Therapy, Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; Indicated on the United Sciences of Physical Therapy, Physical Therapy,	rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or				
therapy was selected; Physical or Occupational therapy was requested; Physical therapy was requested; P	therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does made sepech therapy for the member's plan; A/1/2023 Physical more areas, each 15 minutes; gait Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Apr. In Physical therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational the				
Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chirorpactic but does manage speech therapy for the member's plan; 4/1/2023 - Physical Physical more areas, each 15 minutes; gait Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Apr-Jun Physical therapy was requested; Physical therapy was requested 1 2023 2023 Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 4/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgial; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; Questions about your Lumbar Spine request; There anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2. Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; 4/1/2023 Physical more areas, each 15 minutes; gait Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Apr-Ju-Families; Apr-Ju-Famil				
97116 Therapeutic procedure, 1 or does not manage chiropractic but does manage speech therapy for the member's plan; 4/1/2023 - Physical Physical Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; 6/30/2023 Medicine Approval training (includes stair climbing) Physical therapy was requested; Physical therapy was requested Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 4/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; Questions about your Lumbar Spine requested as the second about your Lumbar Spine request.; Threa or more visits anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of v	9716 Therapeutic procedure, 1 or does not manage chiropractic but does manage speech therapy for the member's plan; 4/1/2023 Physical more areas, each 15 minutes; galt Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Apr-Ju 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 4/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest Spine			• • • • • • • • • • • • • • • • • • • •	
4/1/2023 - Physical more areas, each 15 minutes; gait Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Apr-Jun Physical therapy was requested; Physical therapy was requested 1 2023 2023 Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 4/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request; Three or more visits anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The number of visits is other than 2.; The pass selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	4/1/2023 - Physical more areas, each 15 minutes; gait Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Apr-Ju Families				
Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 4/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine request: ; Questions about your Lumbar Spine request: ; Questions about your request: ; There or more visits anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/Jumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Physical Therapy; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	Body Part passes complete; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 4/26/2023; No patient history in the past 90 days; Evaluation dates set set as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest selected as the specific body part; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits of the than 2. Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to horacic/Jumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to horacic/Jumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to horacic/Jumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the second body type/region; Physical or Occupational therapy was selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema., Physical or Occupational therapy was selected; Physical or Occupational therapy was select				
Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 4/26/202; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 4/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request.; Three or more visits anticipated, The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The past yet is Reabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected. The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cupational therapy was selected; Physical or Occupational therapy w	•	, , , ,		
Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 4/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request; Three or more visits anticipated, The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2. Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar into the with or without distal symptoms best describes the patient's clinical presentation; Severe best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 4/26/2023, No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairme	6/30/2023 4/1/2023 6/30/2023 Medicine Approval	training (includes stair climbing)	Physical therapy was requested; Physical therapy was requested	1 2023 2023
Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 4/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request; Three or more visits anticipated, The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2. Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar into the with or without distal symptoms best describes the patient's clinical presentation; Severe best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 4/26/2023, No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairme			Dade Dade access accessible Dade and Dade Dade aleating Dade and Dade aleating First	
second pass is Lumbar Spine; 4/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is of a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	second pass is Lumbar Spine; 4/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Inoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Oc				
dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The specific s	dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part pass complete; Questions about your Lumbar Spine request:; Questions about your Thoracic Spine/Chest request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational th				
specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Questions about your Thoracic Spine/Chest request; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does				
Questions about your Lumbar Spine request:; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or O			• • • • • • • • • • • • • • • • • • • •	
request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	request.; Three or more visits anticipated, The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does				
The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physica				
Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physi			• • • • • • • • • • • • • • • • • • • •	
lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does				
clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does			- · · · · · · · · · · · · · · · · · · ·	
without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cocupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does			·	
selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selec			clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or	
Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does				
, , , , , , , , , , , , , , , , , , , ,	The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does			7 11 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does			Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does			The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	or Occupational therapy was selected; Magellan does not manage chiropractic but does			to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
Occupational therapy was selected; Physical or Occupational therapy was selected; Physical				Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
or Occupational therapy was selected; Magellan does not manage chiropractic but does	97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health			or Occupational therapy was selected; Magellan does not manage chiropractic but does	
97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health			97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
145 14 10 10 11 11 11 11 11 11 11 11 11 11 11	4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical Apr-Ju	4/1/2023 - Physical	more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical Apr-Jun		6/30/2023 4/1/2023 6/30/2023 Medicine Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
		6/30/2023 4/1/2023 6/30/2023 Medicine Approval	training (includes stair climbing)	therapy was requested	1 2023 2023

Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 4/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was	
Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 4/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was	
second pass is Lumbar Spine; 4/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was	
dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was	
specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated, The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was	
Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was	
request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was	
The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was	
Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was	
lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was	
clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was	
without distal symptoms best describes the patient's clinical presentation; Spine/Chest was	
selected as the first body type/region; Spine/Chest selected as the second body type/region;	
Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future;	
The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
or Occupational therapy was selected; Magellan does not manage chiropractic but does	
97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health	
	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested 1 2023 2	2023
Redu Part 1999 of State 1999 of State 1999 and 1	
Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for	
second pass is Lumbar Spine; 4/28/2023; No patient history in the past 90 days; Evaluation	
dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the	
specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete;	
Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest	
request.; Three or more visits anticipated; The anticipated number of visits is other than 2.;	
The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body	
Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to	
lumbopelvic impairments with or without distal symptoms best describes the patient's	
clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or	
without distal symptoms best describes the patient's clinical presentation; Spine/Chest was	
selected as the first body type/region; Spine/Chest selected as the second body type/region;	
Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
or Occupational therapy was selected; Magellan does not manage chiropractic but does	
97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
	2023

				Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
				Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for	
				second pass is Lumbar Spine; 05/03/2023; No patient history in the past 90 days; Evaluation	
				dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the	
				specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete;	
				Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest	
				request.; Three or more visits anticipated; The anticipated number of visits is other than 2.;	
				The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2	
				Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass	
				Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments	
				with or without distal symptoms best describes the patient's clinical presentation; Severe	
				functional deficits due to thoracic/lumbar impairments with or without distal symptoms best	
				describes the patient's clinical presentation; Spine/Chest was selected as the first body	
				type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech	
				Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT	
				related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
				Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
				therapy was selected; Physical or Occupational therapy was selected; Physical or	
				Occupational therapy was selected; Magellan does not manage chiropractic but does	
			97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
				Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 05/08/2023; No patient history in the past; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region;	
				Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
				The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
				to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
				Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
				or Occupational therapy was selected; Magellan does not manage chiropractic but does	
	_,		97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023

4/1/2023 -	4/4/2022	Physical (20/2021 Mulisian		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 5/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested; Physical therapy was requested	1 2023 2023
					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 05/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The	
					rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
				97116 Therapeutic procedure, 1 or	does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 - 6/30/2023	4/1/2022	Physical 6/30/2023 Medicine	Approval	more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun 1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Wiedicine	Approval	training (includes stair climbing)	Physical therapy was requested; Physical therapy was requested	1 2023 2023

Body Part passes complete; Perform Body Part selection; Perform Body Part selection; Perform Body Part selection; Perform Body Part selection; Perform Body Part so Pass Selection; Perform Body Part							
Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; \$17/2023. No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part, Body Part pass complete; Questions about your Lumbar Spine request;; Questions about your Thoracic Spine/Chest request,; Three or more visits anticipated; The anticipated number of visits is other than 2; The anticipated number of visits is other than 2; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan 97116 Therapeutic procedure, 1 or does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Apr-Jun		44/2003			more areas, each 15 minutes; gait	Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 5/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	· ·
Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 5/17/2023. No patient history in the past 90 days; Eualuation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Questions about your Thoracic Spine/Chest request; Three or more visits anticipated; The anticipated number of visits is other than 2; The anticipated number of visits is other than 2; The anticipated number of visits is other than 2; The anticipated number of visits is other than 2.; The anticipated number of	6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested; Physical therapy was requested	1 2023 2023
second pass is Lumbar Spine; 5/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine request:; Questions about your Thoracic Spine/Chest Questions about your Lumbar Spine request:; Questions about your Thoracic Spine/Chest request; Three or more visits anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated sumber of visits is other than 2.; The anticipated sumber of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to Iumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Spine/Chest was selected as the second body type/region; Spine/Chest was selected as the first body type/region; Spine/Chest was selected as the second body type/region; Spine/Chest was selected as the second body type/region; Spine/Chest was selected as the second body type/region; Spine/Chest was not in							
dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated to a flag number of visits is other than 2.; The anticipated to a flag number of visits is other than 2.; The anticipated to a flag number of visits is other than 2.; The anticipated visit of unable deficits due to thoracic/lumber in other than 2.; The anticipated visit of visit is other than 2.; The anticipated visit of visit is other than 2.; The anticipated visit of visit is other than 2.; The an							
specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated number of visits is other than 2.; The							
Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical prese						· · · · · · · · · · · · · · · · · · ·	
request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan 97116 Therapeutic procedure, 1 or does not manage chiropractic but does manage speech therapy for the member's plan; 4/1/2023 - Physical more areas, each 15 minutes; gait Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Apr-Jun							
The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical o							
Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan 97116 Therapeutic procedure, 1 or does not manage chiropractic but does manage speech therapy for the member's plan; 4/1/2023 - Physical more areas, each 15 minutes; gait Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Apr-Jun							
deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan 97116 Therapeutic procedure, 1 or does not manage chiropractic but does manage speech therapy for the member's plan; 4/1/2023 - Physical more areas, each 15 minutes; gait Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Apr-Jun							
clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;						, , ,	
Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical Occupational therapy was selected; Physical or Occupational ther							
body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan 97116 Therapeutic procedure, 1 or does not manage chiropractic but does manage speech therapy for the member's plan; 4/1/2023 - Physical more areas, each 15 minutes; gait Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Apr-Jun						impairments with distal symptoms best describes the patient's clinical presentation;	
not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan 97116 Therapeutic procedure, 1 or does not manage chiropractic but does manage speech therapy for the member's plan; 4/1/2023 - Physical more areas, each 15 minutes; gait Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Apr-Jun						Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second	
rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan 97116 Therapeutic procedure, 1 or does not manage chiropractic but does manage speech therapy for the member's plan; 4/1/2023 - Physical more areas, each 15 minutes; gait Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Apr-Jun							
therapy was selected; Physical or Occupational therapy was selected; Magellan 97116 Therapeutic procedure, 1 or does not manage chiropractic but does manage speech therapy for the member's plan; 4/1/2023 - Physical more areas, each 15 minutes; gait Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Apr-Jun						· · · · · · · · · · · · · · · · · · ·	
Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan 97116 Therapeutic procedure, 1 or does not manage chiropractic but does manage speech therapy for the member's plan; 4/1/2023 - Physical more areas, each 15 minutes; gait Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Apr-Jun						· · · · · · · · · · · · · · · · · · ·	
97116 Therapeutic procedure, 1 or does not manage chiropractic but does manage speech therapy for the member's plan; 4/1/2023 - Physical more areas, each 15 minutes; gait Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Apr-Jun							
4/1/2023 - Physical more areas, each 15 minutes; gait Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Apr-Jun					97116 Therapeutic procedure 1 or		
	4/1/2023 -		Physical				Apr-lun
		4/1/2023	•	Approval			

4/1/2023 -	4/4/2022	Physical	Angraval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 5/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested; Physical therapy was requested	1 2023 2023
					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 05/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is	
					not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupatio	
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	Apr-Jun 1 2023 2023
-,00,2020	., _, _0_0	-, - 5, E0E0ca.cinc	pp. 0		,	1 2020 2020

4/1/2023 - 6/30/2023	4/1/2022	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine, 6/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hamps	Apr-Jun 1 2023 2023
0/30/2023	4/1/2023	b/30/2023 Medicine	Арргоvа	training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 6/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation;	1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	Apr-Jun 1 2023 2023

4/1/2023 -	A/4/2022	Physical	Aggregat	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 6/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; Physical or Occupational therapy was selected; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested.	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	1 2023 2023
					Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; 6/30/2023; No patient history in the past 90 days; Evaluation	
					dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the	
					specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest	
					request.; Three or more visits anticipated; The anticipated number of visits is other than 2.;	
					The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body	
					Parts selected; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's	
					clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar	
					impairments with distal symptoms best describes the patient's clinical presentation;	
					Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is	
					not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The	
					rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
				97116 Therapeutic procedure, 1 or	does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested; Physical therapy was requested	1 2023 2023

					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for	
					second pass is Lumbar Spine; Thoracic Spine/Chest selected as the specific body part;	
					Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about	
					your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; The	
					anticipated number of visits is other than 2.; The anticipated number of visits is other than	
					2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2;	
					Second Pass Starting; Mild or moderate functional deficits due to lumbopelvic impairments	
					without distal symptom best describes the patient's clinical presentation; Mild or moderate	
					functional deficits due to thoracic/lumbar impairments without distal symptoms best	
					describes the patient's clinical presentation; Spine/Chest was selected as the first body	
					type/region; Spine/Chest selected as the second body type/region; Three or more visits	
					anticipated; The previous auth did not address any body parts; Three or more visits	
					anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical	
					or Occupational therapy was selected; Physical or Occupational therapy was selected; The	
				97116 Therapeutic procedure, 1 or	member's plan does not require the collection of start and end dates; Previous auth data	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ¿Questions about your Thoracic Spine/Chest request.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent	
				97116 Therapeutic procedure, 1 or	request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates;	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was	Apr-Jun
1	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	requested; Physical therapy was requested	1 2023 2023
		,	P.P. S. S.	5	i i i i i i i i i i i i i i i i i i i	

Body Part passes complete; Perform Body Part selection; Perform Bod Pass; Second Pass check point; Body Part for first pass is Thoracic Spir	
second pass is not in options listed; 5/23/2023; No patient history in Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic as the specific body part; Body Part pass complete; Questions about y Spine/Chest request.; Three or more visits anticipated; The anticipate other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; selected - provide details on the top 2; Second Pass Starting; Request functional deficits due to thoracic/lumbar impairments with or withor describes the patient's clinical presentation; The requesting provider Therapy or Occupational Therapy; The patient was previously indepen now requires human assistance and/or an assistive device to walk anticipated number of visits is other than 2.; Spine/Chest was selected type/region; Gait, Balance and Falls was selected as the second body for second pass is Gait/Balance; Physical Therapy; Speech Therapy we evaluation date is not in the future; Physical Therapy was requested; NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of concer. The rehabilitation is NOT related Lymphedema.; Physical or Occupational therapy was selected; Physical Cherapy was selected; Physical or Occupational therapy was selected; Physical therapy was selected; Physical or Occupational therapy was selected; Physical therapy was selected; Physical or Occupational ther	the/Chest; Body Part for the past 90 days; Spine/Chest selected our Thoracic d d number of visits is 3+ Body Regions was or is not a fax; Severe at distal symptoms best is other than Physical indent with mobility and style freshold the first body type/region; Body Part is not selected; The The rehabilitation is d to a diagnosis of al or Occupational Physical or
97116 Therapeutic procedure, 1 or Occupational therapy was selected; Magellan does not manage chiro	practic but does
4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was	requested; The health Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families; Physical therapy was	requested 1 2023 2023
Body Part passes complete; Perform Body Part selection; Perform Bod Pass; Second Pass check point; Body Part for first pass is Thoracic Spir second pass is not in options listed; 6/14/2023; No patient history in Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic as the specific body part; Body Part pass complete; Questions about y Spine/Chest request.; Questions about y or Head/Neck request;; Thn anticipated; The anticipated number of visits is other than 2.; Therapy The anticipated number of visits is other than 2.; More than 2 Body Pawas selected - provide details on the top 2; Second Pass Starting; Req or moderate functional deficits due to cervical impariments with dista describes the patient's clinical presentation; Severe functional deficit thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/selected as the second body type/region; Body Part for second pass is Therapy; Speech Therapy was not selected; The evaluation date is not rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy or Occupational therapy was selected; Physical or Occupational therap	re/Chest; Body Part for the past 90 days; Spine/Chest selected our Thoracic the past 90 days; Type is Rehabilitative; Farts; 3+ Body Regions the past of the past
4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was	•
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested	1 2023 2023

					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for	
					second pass is not in options listed; 6/26/2023; No patient history in the past 90 days;	
					Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected	
					as the specific body part; Body Part pass complete; Questions about your Thoracic	
					Spine/Chest request.; Questions about your Head/Neck request:; Three or more visits	
					anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative;	
					The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass	
					Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical	
					impairments without distal symptoms best describes the patient's clinical presentation; Mild	
					• • • • • • • • • • • • • • • • • • • •	
					or moderate functional deficits due to thoracic/lumbar impairments without distal	
					symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the	
					first body type/region; Head/Neck selected as the second body type/region; Body Part for	
					second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The	
					evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
					cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
					or Occupational therapy was selected; Physical or Occupational therapy was selected;	
				97116 Therapeutic procedure, 1 or	Magellan does not manage chiropractic but does manage speech therapy for the member's	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Families; Physical therapy was requested; Physical therapy was requested	1 2023 2023
					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for	
					second pass is Shoulder; 4/19/2023; No patient history in the past 90 days; Evaluation dates	
					less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific	
					body part; Shoulder selected as the specific body part; Body Part pass complete; Questions	
					about your Thoracic Spine/Chest request.; Questions about your Shoulder request: ; Three	
					or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is	
					Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; Two Body	
					Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional	
					deficits without instability: constant symptoms and/or symptoms that are intensified with	
					activity with moderate loss of range of motion, strength, or ability to perform daily tasks	
					best describes the patient's clinical pre; Severe functional deficits due to thoracic/lumbar	
					impairments with or without distal symptoms best describes the patient's clinical	
					presentation; Spine/Chest was selected as the first body type/region; Upper Extremity	
					selected as the second body type/region; Physical Therapy; Speech Therapy was not	
					selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	
					diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
					selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
					was selected; Magellan does not manage chiropractic but does manage speech therapy for	
				97116 Therapeutic procedure, 1 or	the member's plan; Physical therapy was requested; The health carrier is NOT New	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Hampshire Healthy Families; Physical therapy was requested; Physical therapy was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	requested	1 2023 2023

Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Shoulder; 05/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the	
second pass is Shoulder; 05/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the	
dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the	
, , , , , , , , , , , , , , , , , , , ,	
specific body part; Shoulder selected as the specific body part; Body Part pass complete;	
Questions about your Thoracic Spine/Chest request.; Questions about your Shoulder	
request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.;	
Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than	
2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate	
objective and functional deficits without instability: sporadic symptoms with minimal to	
moderate loss of range of motion, strength, or ability to perform daily tasks best describes	
the patient's clinical presentation; Mild or moderate functional deficits due to	
thoracic/lumbar impairments with distal symptoms best describes the patient's clinical	
presentation; Spine/Chest was selected as the first body type/region; Upper Extremity	
selected as the second body type/region; Physical Therapy, Speech Therapy was not	
selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	
diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
Physical or Occupational therapy was selected; Physical or Occupational therapy was	
selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
was selected; Magellan does not manage chiropractic but does manage speech therapy for 97116 Therapeutic procedure, 1 or the member's plan; Physical therapy was requested; The health carrier is NOT New	
4/1/2023 - Physical more areas, each 15 minutes; gait Hampshire Healthy Families; Physical therapy was requested; Physical therapy was	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) requested	1 2023 2023
Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Shoulder; 6/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request; Questions about your Shoulder request: Three or more visits anticipated, The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was	
selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy was not selected; The extension date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema: Physical or Occupational therapy was selected:	
type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	
type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage	Apr-Jun

Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Hand; 5/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Wrist request: ; Thee or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2. Therapy	
Hand; 5/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Wrist request: ; Three or more visits anticipated	
in the past; Non-Surgical; Wrist selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated	
specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated	
Questions about your Wrist request: ; Three or more visits anticipated; The anticipated	
number of visits is other than 2 · The anticipated number of visits is other than 2 · Therany	
number of this is duted than 21, the unstablished of this is duted than 21, therapy	
type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax;	
Moderate objective and functional deficits: constant symptoms and/or symptoms that are	
intensified with activity with moderate loss of range of motion, strength, or ability to	
perform daily task best describes the patient's presentation; Moderate objective and	
functional deficits: constant symptoms and/or symptoms that are intensified with activity	
with moderate loss of range of motion, strength, or ability to perform daily tasks best	
describes the patient presentation; Upper Extremity was selected as the first body	
type/region; Upper Extremity selected as the second body type/region; Physical Therapy;	
Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
therapy was selected; Physical or Occupational therapy was selected; Physical or	
Occupational therapy was selected; Magellan does not manage chiropractic but does	
97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
	3 2023
Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is	
Hand; 6/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days	
in the past; Non-Surgical; Wrist selected as the specific body part; Hand selected as the	
specific body part; Body Part pass complete; Questions about your Hand request: ;	
Questions about your Wrist request: ; Three or more visits anticipated; The anticipated	
number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy	
type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax;	
Moderate objective and functional deficits: constant symptoms and/or symptoms that are	
intensified with activity with moderate loss of range of motion, strength, or ability to	
perform daily task best describes the patient's presentation; Moderate objective and	
functional deficits: constant symptoms and/or symptoms that are intensified with activity	
with moderate loss of range of motion, strength, or ability to perform daily tasks best	
describes the patient presentation; Upper Extremity was selected as the first body	
type/region; Upper Extremity selected as the second body type/region; Physical Therapy;	
Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
therapy was selected; Physical or Occupational therapy was selected; Physical or	
Occupational therapy was selected; Magellan does not manage chiropractic but does	
97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
	3 2023

					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is	
					Hand; Wrist selected as the specific body part; Hand selected as the specific body part; Body	
					Part pass complete; Questions about your Hand request: ; Questions about your Wrist	
					request: ; The anticipated number of visits is other than 2.; The anticipated number of visits	
					is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on	
					the top 2; Second Pass Starting; Mild objective and functional deficits: sporadic symptoms	
					with minimal loss of range of motion, strength, or ability to perform daily tasks best	
					describes the patient's presentation; Mild objective and functional deficits: sporadic	
					symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks	
					best describes the patient presentation; Upper Extremity was selected as the first body	
					type/region; Upper Extremity selected as the second body type/region; Three or more visits	
					anticipated; The previous auth did not address any body parts; Three or more visits	
					anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical	
					or Occupational therapy was selected; Physical or Occupational therapy was selected; The	
				97116 Therapeutic procedure, 1 or	member's plan does not require the collection of start and end dates; Previous auth data	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is	
					Lumbar Spine; 05/30/23; No patient history in the past 90 days; Evaluation dates less than	
					90 days in the past; Non-Surgical; Wrist selected as the specific body part; Lumbar Spine	
					selected as the specific body part; Body Part pass complete; Questions about your Lumbar	
					Spine request: ; Questions about your Wrist request: ; Three or more visits anticipated; The	
					anticipated number of visits is other than 2.; The anticipated number of visits is other than	
					2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor	
					is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal	
					symptoms best describes the patient's clinical presentation; Moderate objective and	
					functional deficits: constant symptoms and/or symptoms that are intensified with activity	
					with moderate loss of range of motion, strength, or ability to perform daily tasks best	
					describes the patient presentation; Upper Extremity was selected as the first body	
					type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech	
					Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT	
					related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
					Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Magellan does not manage chiropractic but does	
				97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023

					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is	
					Wrist; 5/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days	
					in the past; Non-Surgical; Wrist selected as the specific body part; Wrist selected as the	
					specific body part; Body Part pass complete; Questions about your Wrist request: ;	
					Questions about your Wrist request: ; Three or more visits anticipated; The anticipated	
					number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy	
					type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax;	
					Moderate objective and functional deficits: constant symptoms and/or symptoms that are	
					intensified with activity with moderate loss of range of motion, strength, or ability to	
					perform daily tasks best describes the patient presentation; Severe objective and functional	
					deficits: constant intense symptoms with severe loss of range of motion, strength, or ability	
					to perform daily tasks best describes the patient presentation; Upper Extremity was selected	
					as the first body type/region; Upper Extremity selected as the second body type/region;	
					Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
					The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
					to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
					or Occupational therapy was selected; Magellan does not manage chiropractic but does	
				97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
		, ,	••	0,	Body Part passes complete; Perform Body Part selection; Second Pass check point; Body Part	
					for second pass is not in options listed; 6/2/2023; No patient history in the past 90 days;	
					Evaluation dates less than 90 days in the past; Non-Surgical; Questions about your Thoracic	
					Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is	
					other than 2.; Therapy type is Rehabilitative; Second Pass Starting; Requestor is not a fax;	
					Severe functional deficits due to thoracic/lumbar impairments with or without distal	
					symptoms best describes the patient's clinical presentation; The requesting provider is other	
					than Physical Therapy or Occupational Therapy; The patient was NOT previously	
					independent with mobility and now requires human assistance and/or an assistive device to	
					walk and/or transfer; At least one of the following apply; Increase in frequency of falls,	
					Decline in transfers, bed mobility or transitional movements and/or Decline in independence	
					with mobility (walking or wheelchair mobility); The anticipated number of visits is other than	
					2.; Body Part for second pass is Gait/Balance; Physical Therapy; Speech Therapy was not	
					selected; The evaluation date is not in the future; Physical Therapy was requested; The	
					rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
				97116 Therapeutic procedure, 1 or	does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 -		Dhusiaal				A 1
	4/4/2022	Physical	A	more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun 1 2023 2023
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested	1 2023 2023
					Perform Body Part selection; First Pass; Body Part for first pass is Hand; 4/7/2023; No patient	
					history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical;	
					, , , , , , , , , , , , , , , , , , , ,	
					Hand selected as the specific body part; Thoracic Spine/Chest selected as the specific body	
					part; Body Part pass complete; Questions about your Hand request: ; Three or more visits	
					anticipated; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was	
					selected - provide details on the top 2; Requestor is not a fax; None of the above best	
					describes the patient's presentation; Upper Extremity was selected as the first body	
					type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech	
					Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT	
					related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
					Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Physical or	
				97116 Therapeutic procedure, 1 or	Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
					·	

				Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 03-27-2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific	
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Three or more visits anticipated; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Medicille	Approvar	training (includes stail clinibing)		1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 4/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/8/2023; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The hip is beingn treated.; None of the above best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cancer.; The rehabilitation is NOT related to a diagnosis of Cancer.; Physical or Occupational therapy was selected; Physical or Decupational therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 5/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cocupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 5/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The hip is beingn treated.; None of the above best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 06/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/25/2023; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The hip is beingn treated.; None of the above best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Dr. New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 6/16/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/15/2023; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The hip is beingn treated.; None of the above best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Concer.; The rehabilitation is NOT related to a diagnosis of Concer.; The rehabilitation is NOT related or Occupational therapy was selected; Physical or Occupational therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023

					Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 6/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	
4/1/2023 -		Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Families; Physical therapy was requested	1 2023 2023
4/1/2023 -		Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 6/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The hip is beingn treated.; None of the above best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of coccupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
4/1/2023 -		Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 6/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
4/1/2023 - 6/30/2023	A/4/2022	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Knee; 4/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request:; Three or more visits anticipated; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
					·	

				Perform Body Part selection; First Pass; Body Part for first pass is Knee; 4/10/2023; No	
				patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-	
				Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about	
				your Knee request: ; Three or more visits anticipated; Non-Surgical; Therapy type is	
				Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best	
				describes the patient's clinical presentation; Lower Extremity/Hip selected as the body	
				type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
				in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
				NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
			97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,	1.1.	5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5	Perform Body Part selection; First Pass; Body Part for first pass is Knee; 5/31/2023; No	
				patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-	
				Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about	
				your Knee request: ; Three or more visits anticipated; Non-Surgical; Therapy type is	
				Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best	
				describes the patient's clinical presentation; Lower Extremity/Hip selected as the body	
				type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
				in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
				NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
			97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -	Dhusiaal		· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , , ,	American
6/30/2023 4/1/2023	Physical Physical	A	more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun 1 2023 2023
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested Perform Body Part selection; First Pass; Body Part for first pass is Knee; 6/6/2023; No patient	1 2023 2023
				history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee	
				selected as the specific body part; Body Part pass complete; Questions about your Knee	
				request: ; Three or more visits anticipated; Non-Surgical; Therapy type is Rehabilitative; One	
				Body Part selected; Requestor is not a fax; None of the above best describes the patient's	
				clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical	
				Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
				rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
				diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
				Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
			97116 Therapeutic procedure, 1 or	does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested	2 2023 2023
				Perform Body Part selection; First Pass; Body Part for first pass is Knee; 6/14/2023; No	
				patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-	
				Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about	
				your Knee request: ; Three or more visits anticipated; Non-Surgical; Therapy type is	
				Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best	
				describes the patient's clinical presentation; Lower Extremity/Hip selected as the body	
				type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
				in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
				NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
			97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
, ,	.,,	11	0 (, ,, ,,	

				Perform Body Part selection; First Pass; Body Part for first pass is Knee; 6/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request:; Three or more visits anticipated; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cymphedema; Physical or Occupational therapy was selected;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
4/4/2022	a		97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -	Physical	Approval	more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun 1 2023 2023
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested Perform Body Part selection; First Pass; Body Part for first pass is Knee; 6/20/2023; No	1 2023 2023
				patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-	
				Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about	
				your Knee request: ; Three or more visits anticipated; Non-Surgical; Therapy type is	
				Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best	
				describes the patient's clinical presentation; Lower Extremity/Hip selected as the body	
				type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
				in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
				NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
			97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
				Perform Body Part selection; First Pass; Body Part for first pass is Knee; 6/27/2023; No	
				patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-	
				Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about	
				your Knee request: ; Three or more visits anticipated; Non-Surgical; Therapy type is	
				Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best	
				describes the patient's clinical presentation; Lower Extremity/Hip selected as the body	
				type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
				in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
				NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
			97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
				Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the	
				specific body part; Body Part pass complete; Questions about your Knee request: ; Neither	
				Pre-Op, Post-Op or Non-Surgical; More than 2 Body Parts; 3+ Body Regions was selected -	
				provide details on the top 2; Lower Extremity/Hip was selected as the first body type/region; Gait, Balance and Falls was selected as the second body type/region; Three or more visits	
				anticipated; The previous auth did not address any body parts; Three or more visits	
				anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical	
			97116 Therapeutic procedure, 1 or	or Occupational therapy was selected; Physical or Occupational therapy was selected; The	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	member's plan does not require the collection of start and end dates; Previous auth data	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	1 2023 2023
0,00,2020 4,1,2020	3,30,2023 Weaterile	ppi ovai	a annua (microaco stan cinnonia)	Techerous, type of habilitation – heriabilitative, i hydrau therapy was requested	1 2023 2023

					Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the	
					specific body part; Body Part pass complete; Questions about your Knee request: ; Neither	
					Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as	
					the body type/region; Three or more visits anticipated; The previous auth did not address	
					any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions	
				97116 Therapeutic procedure, 1 or	about the subsequent request: ; Physical or Occupational therapy was selected; The	
4/1/2023 -	. /. /	Physical		more areas, each 15 minutes; gait	member's plan does not require the collection of start and end dates; Previous auth data	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	29 2023 2023
					Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the	
					specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Neither Pre-Op, Post-Op or Non-Surgical; More than 2	
					Body Parts; 3+ Body Regions was selected - provide details on the top 2; Lower	
					Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as	
					the second body type/region; Three or more visits anticipated; The previous auth did not	
					address any body parts; Three or more visits anticipated; This is not a gold-card auth;	
					Questions about the subsequent request: ; Physical or Occupational therapy was selected;	
				97116 Therapeutic procedure, 1 or	Physical or Occupational therapy was selected; The member's plan does not require the	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	collection of start and end dates; Previous auth data retrieved, type of habilitation =	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Rehabilitative; Physical therapy was requested	1 2023 2023
			• • • • • • • • • • • • • • • • • • • •	5,		
					Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the	
					specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete;	
					Questions about your Knee request: ; Neither Pre-Op, Post-Op or Non-Surgical; Two Body	
					Parts selected; Lower Extremity/Hip was selected as the first body type/region; Lower	
					Extremity/Hip selected as the second body type/region; Three or more visits anticipated; The	
					previous auth did not address any body parts; Three or more visits anticipated; This is not a	
					gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy	
				97116 Therapeutic procedure, 1 or	was selected; Physical or Occupational therapy was selected; The member's plan does not	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	require the collection of start and end dates; Previous auth data retrieved, type of	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	habilitation = Rehabilitative; Physical therapy was requested	1 2023 2023
					Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 03/27/2023;	
					No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-	
					Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Therapy type	
					is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best	
					describes the patient's clinical presentation; Spine/Chest selected as the body type/region;	
					Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
					The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
					to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
				97116 Therapeutic procedure, 1 or	does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested	1 2023 2023
				5,	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 3/29/2023;	
					No patient history in the past 90 days; Evaluation dates less than 90 days in the past;	
					Surgical; 3/16/2023; Post-Op; Lumbar Spine selected as the specific body part; Body Part	
					pass complete; Questions about your Lumbar Spine request: ; Three or more visits	
					anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax;	
					None of the above best describes the patient's clinical presentation; Spine/Chest selected as	
					the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-	
					Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a	
					diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
					selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
				97116 Therapeutic procedure, 1 or	was selected; Magellan does not manage chiropractic but does manage speech therapy for	_
4/1/2023 -	. / . /	Physical		more areas, each 15 minutes; gait	the member's plan; Physical therapy was requested; The health carrier is NOT New	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Hampshire Healthy Families; Physical therapy was requested	1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 3/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 -		Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 3/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023 - 6/30/2023		Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 04/05/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023 Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 4/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 4/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 4/27/2023;	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 4/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 04/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cocupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023

				Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 5/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete;	
				Questions about your Lumbar Spine request: ; Three or more visits anticipated; Therapy type	
				is Rehabilitative; Two Body Parts selected; Requestor is not a fax; None of the above best	
				describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Physical Therapy; Speech	
				Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT	
				related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
				Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
				therapy was selected; Physical or Occupational therapy was selected; Physical or	
			97116 Therapeutic procedure, 1 or	Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
				Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 6/12/2023;	
				No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-	
				Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Therapy type	
				is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best	
				describes the patient's clinical presentation; Spine/Chest selected as the body type/region;	
				Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
				The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
				to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
				Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
			97116 Therapeutic procedure, 1 or	does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested	1 2023 2023
				Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 6/13/2023;	
				No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non- Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete;	
				Questions about your Lumbar Spine request: ; Three or more visits anticipated; Therapy type	
				is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best	
				describes the patient's clinical presentation; Spine/Chest selected as the body type/region;	
				Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
				The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
				to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
				Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
			97116 Therapeutic procedure, 1 or	does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested Porform Rody Part solution: First Pass, Rody Part for first pass is Lymbar Spino, 6/14/2022.	1 2023 2023
				Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 6/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-	
				Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete;	
				Questions about your Lumbar Spine request: ; Three or more visits anticipated; Therapy type	
				is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best	
				describes the patient's clinical presentation; Spine/Chest selected as the body type/region;	
				Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
				The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
				to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
				Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
4/4/2022	a		97116 Therapeutic procedure, 1 or	does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 -	Physical	A ======1	more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested	1 2023 2023

			Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 6/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-	
			Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete;	
			Questions about your Lumbar Spine request: ; Three or more visits anticipated; Therapy type	
			is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region;	
			Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
			The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
			to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
			Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
		97116 Therapeutic procedure, 1 or	does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 -	Physical	more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine Appr	roval training (includes stair climbing)	Physical therapy was requested	1 2023 2023
			Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 6/16/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-	
			Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete;	
			Questions about your Lumbar Spine request: ; Three or more visits anticipated; Therapy type	
			is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best	
			describes the patient's clinical presentation; Spine/Chest selected as the body type/region;	
			Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
			The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
			to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
		0744C Therenoutie assessed use 1 as	Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
4/1/2023 -	Physical	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
	6/30/2023 Medicine Appr	· · · · · · · · · · · · · · · · · · ·	Physical therapy was requested	1 2023 2023
1,01,010	-,,		,	
			Perform Body Part selection; First Pass; Body Part for first pass is not in options listed;	
			3/29/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
			past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type	
			is Rehabilitative; One Body Part selected; Requestor is not a fax; The requesting provider is	
			other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to	
			walk and/or transfer; None of the following apply; Increase in frequency of falls, Decline in	
			transfers, bed mobility or transitional movements and/or Decline in independence with	
			mobility (walking or wheelchair mobility); Gait, Balance and Falls selected as the body	
			type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was	
			not selected; The evaluation date is not in the future; Physical Therapy was requested; The	
			rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
		07446.71	diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
4/4/2022	Dhusiaal	97116 Therapeutic procedure, 1 or	Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	A
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine Appr	more areas, each 15 minutes; gait roval training (includes stair climbing)	does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Wedicitie Appl	training (includes stail climbing)	Filysical therapy was requested, The health carrier is NOT New Hampshire Healthy Families	1 2023 2023
			Perform Body Part selection; First Pass; Body Part for first pass is not in options listed;	
			4/6/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
			past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:;	
			Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected;	
			Requestor is not a fax; None of the above; Head/Neck selected as the body type/region;	
			Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected;	
			The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
			Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
		97116 Therapeutic procedure, 1 or	or Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical	more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
	6/30/2023 Medicine Appr		carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 4/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cocupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Wedicine	Approvai	training (includes stair climbing)	carrier is NOT New nampshire healthy ramines, Physical therapy was requested	1 2025 2025
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 04/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cocupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 4/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 5/4/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cocupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023 4	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 5/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cocupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 05/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4	 1/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 5/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; None of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4		Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 6/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request:; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosi of Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 6/8/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 06/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Requestor is not a fax; None of the above; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 6/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 4/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/30/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023

				Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 4/11/2023; No	
				patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical;	
				3/27/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete;	
				Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is	
				Rehabilitative; Post-Op; One Body Part selected; Requestor is not a fax; None of the above	
				best describes the patient's clinical presentation; Upper Extremity selected as the body	
				type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical;	
				The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
				cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
				Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
				or Occupational therapy was selected; Physical or Occupational therapy was selected;	
			97116 Therapeutic procedure, 1 or	Magellan does not manage chiropractic but does manage speech therapy for the member's	
4/1/2023 -	Physic	cal	more areas, each 15 minutes; gait	plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun
6/30/2023 4/1	1/2023 6/30/2023 Media	cine Approval	training (includes stair climbing)	Families; Physical therapy was requested	1 2023 2023
				Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 4/11/2023; No	
				patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical;	
				4/6/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete;	
				Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is	
				Rehabilitative; Post-Op; One Body Part selected; Requestor is not a fax; None of the above	
				best describes the patient's clinical presentation; Upper Extremity selected as the body	
				type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical;	
				The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
				cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
				Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
				or Occupational therapy was selected; Physical or Occupational therapy was selected;	
			97116 Therapeutic procedure, 1 or	Magellan does not manage chiropractic but does manage speech therapy for the member's	
4/1/2023 -	Physic	cal	more areas, each 15 minutes; gait	plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun
6/30/2023 4/1	·		training (includes stair climbing)	Families; Physical therapy was requested	1 2023 2023
			Ç.,	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 4/17/2023; No	
				patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-	
				Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions	
				about your Shoulder request: ; Three or more visits anticipated; Therapy type is	
				Rehabilitative; Non-Surgical; One Body Part selected; Requestor is not a fax; None of the	
				above best describes the patient's clinical presentation; Upper Extremity selected as the	
				body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is	
				not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The	
				rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
				therapy was selected; Physical or Occupational therapy was selected; Physical or	
			97116 Therapeutic procedure, 1 or	Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 -	Physic	al	more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1	•		training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
5,55,2525 .,	2,2020 0,00,2020			Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 4/24/2023; No	
				patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-	
				Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions	
				about your Shoulder request: ; Three or more visits anticipated; Therapy type is	
				Rehabilitative; Non-Surgical; One Body Part selected; Requestor is not a fax; None of the	
				above best describes the patient's clinical presentation; Upper Extremity selected as the	
				body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is	
				not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The	
				rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
				therapy was selected; Physical or Occupational therapy was selected; Physical or	
			97116 Therapeutic procedure, 1 or	Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 -	Physic	ral	more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1	•		training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
0/30/2023 4/1	1/2025 0/30/2023 Medic	ine Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023

				Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 4/28/2023; No	
				patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-	
				Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions	
				about your Shoulder request: ; Three or more visits anticipated; Therapy type is	
				Rehabilitative; Non-Surgical; One Body Part selected; Requestor is not a fax; None of the	
				above best describes the patient's clinical presentation; Upper Extremity selected as the	
				body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is	
				not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The	
				rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
				therapy was selected; Physical or Occupational therapy was selected; Physical or	
			97116 Therapeutic procedure, 1 or	Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
0,50,2023 1,1,2023 0,	,,50,2025 1110010110	, ippiorai	training (merades stair eminoring)	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 5/3/2023; No	1 2020 2020
				patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-	
				Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions	
				about your Shoulder request: ; Three or more visits anticipated; Therapy type is	
				Rehabilitative; Non-Surgical; One Body Part selected; Requestor is not a fax; None of the	
				above best describes the patient's clinical presentation; Upper Extremity selected as the	
				body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is	
				not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The	
				rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
				therapy was selected; Physical or Occupational therapy was selected; Physical or	
			97116 Therapeutic procedure, 1 or	Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023 6	3/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
				Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 5/19/2023; No	
				patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical;	
				3/30/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete;	
				Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is	
				Rehabilitative; Post-Op; One Body Part selected; Requestor is not a fax; None of the above	
				best describes the patient's clinical presentation; Upper Extremity selected as the body	
				type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical;	
				The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
				cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
				Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
				or Occupational therapy was selected; Physical or Occupational therapy was selected;	
			97116 Therapeutic procedure, 1 or	Magellan does not manage chiropractic but does manage speech therapy for the member's	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun
	6/30/2023 Medicine	Approval	training (includes stair climbing)	Families; Physical therapy was requested	1 2023 2023
0/30/2023 4/1/2023 0/	730/2023 Wiedicine	Approvai	training (includes stail climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 5/22/2023; No	1 2023 2023
				• • • • • • • • • • • • • • • • • • • •	
				patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non- Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions	
				•	
				about your Shoulder request: ; Three or more visits anticipated; Therapy type is	
				Rehabilitative; Non-Surgical; One Body Part selected; Requestor is not a fax; None of the	
				above best describes the patient's clinical presentation; Upper Extremity selected as the	
				body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is	
				not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The	
				rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
				therapy was selected; Physical or Occupational therapy was selected; Physical or	
			97116 Therapeutic procedure, 1 or	Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023 6	3/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
	V3UV3UD3 Medicine	Approval	training (includes stair climbing)	carrier is NOT. New Hampshire Healthy Families: Physical therapy was requested	1 2023 2023

					Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 5/23/2023; No	
					patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-	
					Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions	
					about your Shoulder request: ; Three or more visits anticipated; Therapy type is	
					Rehabilitative; Non-Surgical; One Body Part selected; Requestor is not a fax; None of the	
					above best describes the patient's clinical presentation; Upper Extremity selected as the	
					body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is	
					not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The	
					rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Physical or	
				97116 Therapeutic procedure, 1 or	Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	2 2023 2023
					Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 5/25/2023; No	
					patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-	
					Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions	
					about your Shoulder request: ; Three or more visits anticipated; Therapy type is	
					Rehabilitative; Non-Surgical; One Body Part selected; Requestor is not a fax; None of the	
					above best describes the patient's clinical presentation; Upper Extremity selected as the	
					body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is	
					not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The	
					rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Physical or	
				97116 Therapeutic procedure, 1 or	Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
					Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 6/14/2023; No	
					patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-	
					Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions	
					about your Shoulder request: ; Three or more visits anticipated; Therapy type is	
					Rehabilitative; Non-Surgical; One Body Part selected; Requestor is not a fax; None of the	
					above best describes the patient's clinical presentation; Upper Extremity selected as the	
					body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is	
					not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The	
					rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Physical or	
				97116 Therapeutic procedure, 1 or	Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
					Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 6/20/2023; No	
					patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-	
					Surgical; Body Part pass complete; Questions about your Shoulder request: ; One visit	
					anticipated; Therapy type is Rehabilitative; Neither Pre-Op, Post-Op or Non-Surgical;	
					Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation	
					date is not in the future; Physical or Occupational therapy was selected; Magellan does not	
				97116 Therapeutic procedure, 1 or	manage chiropractic but does manage speech therapy for the member's plan; Physical	
				37110 merapeutic procedure, 1 or	manage chiropractic but does manage speech therapy for the member 3 plan, i hysical	
4/1/2023 - 6/30/2023		Physical 6/30/2023 Medicine		more areas, each 15 minutes; gait	Therapy was selected; Physical therapy was requested; The health carrier is NOT New	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 6/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past, Surgical; 5/22/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 6/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request:; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	Apr-Jun 12 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Neither Pre-Op, Post-Op or Non-Surgical; Two Body Parts selected; Upper Extremity was selected as the first body type/region; Head/Neck selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request:; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Neither Pre-Op, Post-Op or Non-Surgical; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Upper Extremity was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 4/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Curpational therapy was selected; Physical or Occupational therapy was selected; Magellan	Apr-Jun 1 2023 2023
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Rehabilitative; Physical therapy was requested Perform Body Part selection; First Pass; Body Part for first pass is Thoracic Spine/Chest; 03/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected	1 2023 2023
4/1/2023 -	Physical	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Neither Pre-Op, Post-Op or Non-Surgical; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation =	Apr-Jun
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Neither Pre-Op, Post-Op or Non-Surgical; Two Body Parts selected; Upper Extremity was selected as the first body type/region; Spine/Chest selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request:; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	Apr-Jun 1 2023 2023

1.7.7	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested	1 2023 2023
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
				97116 Therapeutic procedure, 1 or	does not manage chiropractic but does manage speech therapy for the member's plan;	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
					to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
					Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
					best describes the patient's presentation; Upper Extremity selected as the body type/region;	
					activity with moderate loss of range of motion, strength, or ability to perform daily tasks	
					and functional deficits: constant symptoms and/or symptoms that are intensified with	
					than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective	
					visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other	
					body part; Body Part pass complete; Questions about your Elbow request: ; Three or more	
					Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific	
					point; Body Part for first pass is Elbow; 5/10/2023; No patient history in the past 90 days;	
					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested	1 2023 2023
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
				97116 Therapeutic procedure, 1 or	does not manage chiropractic but does manage speech therapy for the member's plan;	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
					to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
					The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
					Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
					best describes the patient's presentation; Upper Extremity selected as the body type/region;	
					activity with moderate loss of range of motion, strength, or ability to perform daily tasks	
					and functional deficits: constant symptoms and/or symptoms that are intensified with	
					than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective	
					visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other	
					body part; Body Part pass complete; Questions about your Elbow request: ; Three or more	
					Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific	
					point; Body Part for first pass is Elbow; 5/9/2023; No patient history in the past 90 days;	
0/30/2023	7/ 1/ 2023	5/ 55/ 2025 Wieukille	Approvai	daning (includes stall climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	1 2023 2023
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested, The health carrier is NOT New Hampshire healthy ranniles,	1 2023 2023
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
				97116 Therapeutic procedure, 1 or	does not manage chiropractic but does manage speech therapy for the member's plan;	
					to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was sele	
					The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
					Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
					best describes the patient's presentation; Upper Extremity selected as the body type/region;	
					activity with moderate loss of range of motion, strength, or ability to perform daily tasks	
					and functional deficits: constant symptoms and/or symptoms that are intensified with	
					than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective	
					visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other	
					body part; Body Part pass complete; Questions about your Elbow request: ; Three or more	
					Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific	
					point; Body Part for first pass is Elbow; 5/3/2023; No patient history in the past 90 days;	
					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	

4/1/2023 -		Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 5/16/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Apr -Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	requested	1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 5/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 05/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/27/2023; Post-Op; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of Cocupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
point; Body Part for first pass is Elbow; 6/8/2023; No patient history in the past 90 days	'
Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the spec	
body part; Body Part pass complete; Questions about your Elbow request: ; Three or m	
visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is oth	
than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate obje	ective
and functional deficits: constant symptoms and/or symptoms that are intensified with	
activity with moderate loss of range of motion, strength, or ability to perform daily tasl	
best describes the patient's presentation; Upper Extremity selected as the body type/ru	egion;
Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the fu	ıture;
The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT rel	ated
to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physica	al or
Occupational therapy was selected; Physical or Occupational therapy was selected; Ma	gellan
97116 Therapeutic procedure, 1 or does not manage chiropractic but does manage speech therapy for the member's plan;	;
4/1/2023 - Physical more areas, each 15 minutes; gait Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Fam	nilies; Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Physical therapy was requested	1 2023 2023
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
point; Body Part for first pass is Elbow; 06/09/2023; No patient history in the past 90 d	• •
Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the spec	
body part; Body Part pass complete; Questions about your Elbow request: ; Three or m	
visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is oth	
than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate obje	ective
and functional deficits: constant symptoms and/or symptoms that are intensified with	
activity with moderate loss of range of motion, strength, or ability to perform daily task	
best describes the patient's presentation; Upper Extremity selected as the body type/ru	
Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the fu	
The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT rel	
to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical	
Occupational therapy was selected; Physical or Occupational therapy was selected; Ma	
97116 Therapeutic procedure, 1 or does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 - Physical more areas, each 15 minutes; gait Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Fam	· ·
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Physical therapy was requested	1 2023 2023
Reference to the Control of the Cont	1.
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
point; Body Part for first pass is Elbow; 6/15/2023; No patient history in the past 90 day	· ·
Evaluation dates less than 90 days in the past; Surgical; 5/31/2023; Post-Op; Elbow sele	
as the specific body part; Body Part pass complete; Questions about your Elbow reques	· ·
Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number	
visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; S	
objective and functional deficits: constant intense symptoms with severe loss of range	
motion, strength, or ability to perform daily tasks best describes the patient's presenta	*
Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was to selected. Both On as Non-Surgical, The application data in not in the factors. The	vas
not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The	to a
rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	to a
diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	usional.
Occupational therapy was selected; Physical or Occupational therapy was	
97116 Therapeutic procedure, 1 or or Occupational therapy was selected; Magellan does not manage chiropractic but doe	
4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The he	·
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
point; Body Part for first pass is Elbow; 06/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 - Physical more areas, each 15 minutes; gait Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
	3 2023
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 6/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage selected; Physical or Occupational therapy was selected; Physical therapy was selected; Physical or Occup	Apr-Jun 3 2023
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 6/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/25/2023; Post-Op; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was selec	Apr-Jun 3 2023
0/30/2023 4/2/2023 0/30/2023 Medicine Approval training (includes stail childing) tarrier is NOT new trainips interferences, rhysical therapy was requested 1 2023	5 2025

					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Elbow; 6/29/2023; No patient history in the past 90 days;	
					Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific	
					body part; Body Part pass complete; Questions about your Elbow request: ; Three or more	
					visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other	
					than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	
					and functional deficits: constant intense symptoms with severe loss of range of motion,	
					strength, or ability to perform daily tasks best describes the patient's presentation; Upper	
					Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not	
					selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	
					,	
					diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
					selected; Physical or Occupational therapy was selected; Magellan does not manage	
				97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical therapy was	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	requested	1 2023 2023
					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Elbow; Elbow selected as the specific body part; Body Part	
					pass complete; Questions about your Elbow request: ; The anticipated number of visits is	
					other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional	
					deficits: constant symptoms and/or symptoms that are intensified with activity with	
					moderate loss of range of motion, strength, or ability to perform daily tasks best describes	
					the patient's presentation; Upper Extremity selected as the body type/region; Three or more	
					visits anticipated; The previous auth did not address any body parts; Three or more visits	
					anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical	
				97116 Therapeutic procedure, 1 or	or Occupational therapy was selected; The member's plan does not require the collection of	
4/1/2022		Dhusiaal		· · · · · · · · · · · · · · · · · · ·		A mar I sum
4/1/2023 -	. /. /2.22	Physical Physical		more areas, each 15 minutes; gait	start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested	1 2023 2023
					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Elbow; Elbow selected as the specific body part; Body Part	
					pass complete; Questions about your Elbow request: ; The anticipated number of visits is	
					other than 2.; One Body Part selected; No Second Pass; Severe objective and functional	
					deficits: constant intense symptoms with severe loss of range of motion, strength, or ability	
					to perform daily tasks best describes the patient's presentation; Upper Extremity selected as	
					the body type/region; Three or more visits anticipated; The previous auth did not address	
					any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions	
				97116 Therapeutic procedure, 1 or	about the subsequent request: ; Physical or Occupational therapy was selected; The	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	member's plan does not require the collection of start and end dates; Previous auth data	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	1 2023 2023
-,,		.,,		3, 111111111111111111111111111111111111	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Hand; 03/17/2023; No patient history in the past 90 days;	
					Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific	
					body part; Body Part pass complete; Questions about your Hand request: ; Three or more	
					visits anticipated; The anticipated number of visits is other than 2.; Therapy type is	
					Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe	
					objective and functional deficits: constant intense symptoms with severe loss of range of	
					motion, strength, or ability to perform daily tasks best describes the patient's presentation;	
					Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was	
					not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	
					diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
					selected; Physical or Occupational therapy was selected; Magellan does not manage	
				97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical therapy was	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	requested	1 2023 2023
.,,20	, -,	.,,	PP		- 4	

				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is Hand; 4/3/2023; No patient history in the past 90 days;	
				Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific	
				body part; Body Part pass complete; Questions about your Hand request: ; Three or more	
				visits anticipated; The anticipated number of visits is other than 2.; Therapy type is	
				Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild	
				objective and functional deficits: sporadic symptoms with minimal loss of range of motion,	
				strength, or ability to perform daily tasks best describes the patient's presentation; Upper	
				Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not	
				selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	
				diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				selected; Physical or Occupational therapy was selected; Magellan does not manage	
			97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical therapy was	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Apr-Jun
6/30/2023 4/1/	/2023 6/30/2023 Medicine	Approval	training (includes stair climbing)	requested	1 2023 2023
		•	•	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is Hand; 4/4/2023; No patient history in the past 90 days;	
				Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific	
				body part; Body Part pass complete; Questions about your Hand request: ; Three or more	
				visits anticipated; The anticipated number of visits is other than 2.; Therapy type is	
				Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe	
				objective and functional deficits: constant intense symptoms with severe loss of range of	
				motion, strength, or ability to perform daily tasks best describes the patient's presentation;	
				Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was	
				not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	
				diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				selected; Physical or Occupational therapy was selected; Magellan does not manage	
			97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical therapy was	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Apr-Jun
6/30/2023 4/1/	/2023 6/30/2023 Medicine	Approval	training (includes stair climbing)	requested	1 2023 2023
				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is Hand; 04/10/2023; No patient history in the past 90 days;	
				Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific	
				body part; Body Part pass complete; Questions about your Hand request: ; Three or more	
				visits anticipated; The anticipated number of visits is other than 2.; Therapy type is	
				Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe	
				objective and functional deficits: constant intense symptoms with severe loss of range of	
				motion, strength, or ability to perform daily tasks best describes the patient's presentation;	
				Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was	
				not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	
				diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				selected; Physical or Occupational therapy was selected; Magellan does not manage	
			97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical therapy was	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Apr-Jun
6/30/2023 4/1/	·	Approval	training (includes stair climbing)	requested	1 2023 2023
, ,	,,	PP	3 (

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 4/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02-06-2022; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's	
presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	Apr-Jun 1 2023 2023
of 2012023 4) 2023 Medicine Approval training (includes scal clinibing) carrier is NOT New Hampsine Healthy Fallilles, Physical therapy was requested	1 2023 2023
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 4/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/21/2023; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of tymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; Physical or Occu	Apr-Jun 1 2023 2023
Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosi or Cocupational therapy was selected; Physical or Occupational therapy was s	Apr-Jun 1 2023 2023

Perform Rody Part solicitors, Part 2012, 2013 and Solicitors, Perform Rody Part solicitors, Part Solicitors, Perform Rody Part solicitors, Part Solicitors, Perform Rody Part solicitors, Part Solicitors, Part Rodge Ro						
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Physical therapy was requested Approval training (includes stair climbing) Physical therapy was requested and alignosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation of Occupational therapy was selected; Physical or Occupational therapy was requested; Physical or offer first pass is Hand, 65/10/2023 Medicine Approval training (includes stair climbing) Physical offer first pass is Hand, 65/10/2023 Medicine Approval training (includes stair climbing) Physical offer first pass is Hand, 65/10/2023 Medicine Approval training (includes stair climbing) Physical offer first pass is Hand, 65/10/2023, No patient history in the past 90 days; Evaluation of the past 90 days; Evaluation of the past 90 days; Includes 10 days in the past; Symples, 200 days on the past 90 days; Evaluation of the past 90 days; Evaluation in Not related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of canc	4/1/2023 -	Physical			point; Body Part for first pass is Hand; 5/3/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan;	Apr-lun
Perform Body Part selection, Pirst Pass, Second Pass Second	1 ' '	·	Annroyal	, , ,	, , , , , , , , , , , , , , , , , , , ,	
point; Body Part for first pass is Hand; 05/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/19/2023; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request:; Three or more visits anticipated; The anticipated and umber of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical 97116 Therapeutic procedure, 1 or or Occupational therapy was selected; Magellan does not manage chiropractic but does 4/1/2023 - Physical more areas, each 15 minutes; gait on in the past you have selected; Physical therapy was requested; The health Apr-Jun	4/1/2023 -	Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 5/3/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/10/2023; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Occupational therapy was selected; Physical or Occupational therapy was selected	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families; Physical therapy was requested 1 2023 2023	4/1/2023 -	Physical			point; Body Part for first pass is Hand; 05/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/19/2023; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does	Apr-Jun
	6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	more areas, each 15 minutes; gait Approval training (includes stair climbing) 97116 Therapeutic procedure, 1 or	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 6/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Coccupational therapy was selected; Physical or Occupational therapy was	Apr-Jun 1 2023 2023
		97116 Therapeutic procedure, 1 or	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 05/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait Approval training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 05/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023

4/1/2023 - Physical	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 6/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/20/2023; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Ap	pproval training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
4/1/2023 - Physical 6/30/2023 4/1/2023 6/30/2023 Medicine Ap	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait pproval training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 06/16/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 2 2023 2023
4/1/2023 - Physical	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 06/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06-08-2023; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational thera	Apr-Jun
1	more areas, each 15 minutes; gait pproval training (includes stair climbing)	manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
0/30/2023 4/1/2023 0/30/2023 Wedicitie A	pprovat training (includes stail climbing)	carrier is NOT New Hampsine Heating Families, Frigsical dicrapy was requested	1 2023 2023

					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Hand; Hand selected as the specific body part; Body Part	
					pass complete; Questions about your Hand request: ; The anticipated number of visits is	
					other than 2.; One Body Part selected; No Second Pass; Mild objective and functional	
					deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to	
					perform daily tasks best describes the patient's presentation; Upper Extremity selected as	
					the body type/region; Three or more visits anticipated; The previous auth did not address	
					any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions	
				97116 Therapeutic procedure, 1 or	about the subsequent request: ; Physical or Occupational therapy was selected; The	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	member's plan does not require the collection of start and end dates; Previous auth data	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	1 2023 2023
					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Hand; Hand selected as the specific body part; Body Part	
					pass complete; Questions about your Hand request: ; The anticipated number of visits is	
					other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional	
					deficits: constant symptoms and/or symptoms that are intensified with activity with	
					moderate loss of range of motion, strength, or ability to perform daily task best describes	
					the patient's presentation; Upper Extremity selected as the body type/region; Three or more	
					visits anticipated; The previous auth did not address any body parts; Three or more visits	
					anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical	
				97116 Therapeutic procedure, 1 or	or Occupational therapy was selected; The member's plan does not require the collection of	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested	2 2023 2023
					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Hip/Pelvis; 03/07/2023; No patient history in the past 90	
					days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
					specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
					Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
					type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
					hip is beingn treated.; Moderate objective and functional deficits: constant symptoms	
					and/or symptoms that are intensified with activity with moderate loss of range of motion,	
					strength, or ability to perform daily tasks best describes the patient's presentation best	
					describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy;	
					Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
					is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
					Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Magellan does not	
				97116 Therapeutic procedure, 1 or	manage chiropractic but does manage speech therapy for the member's plan; Physical	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
		, ,	•		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Hip/Pelvis; 03/22/2023; No patient history in the past 90	
					days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
					specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
					Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
					type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
					hip is beingn treated.; Moderate objective and functional deficits: constant symptoms	
					and/or symptoms that are intensified with activity with moderate loss of range of motion,	
					strength, or ability to perform daily tasks best describes the patient's presentation best	
					describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy;	
					Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
					is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
					Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Magellan does not	
				97116 Therapeutic procedure, 1 or	manage chiropractic but does manage speech therapy for the member's plan; Physical	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
0/30/2023	-11/2023	0/30/2023 WEGICITE	Approvai	danning (molades stall climbing)	anciapy was requested	1 2023 2023

					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Hip/Pelvis; 4/3/2023; No patient history in the past 90 days;	
					Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
					specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
					Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
					type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
					Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including	
					bowel or bladder; Severe impairment in the ability to perform functional tasks due to	
					constipation, incontinence or pelvic organ prolapse best describes the patient's	
					presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy;	
					Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
					is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
					Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Magellan does not	
				97116 Therapeutic procedure, 1 or	manage chiropractic but does manage speech therapy for the member's plan; Physical	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Apr-Jun
6/30/2023 4/1	1/2023 6	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
0/30/2023 4/1	1,2023	0/30/2023 Wicalcine	прріочаі	training (includes stail elimbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	1 2023 2023
					point; Body Part for first pass is Hip/Pelvis; 04/03/2023; No patient history in the past 90	
					days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
					specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
					Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
					type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
					Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Mild to moderate	
					impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor	
					muscles, or trigger points that cause referred pain best describes the patient's presentation;	
					Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy	
					was not selected; The evaluation date is not in the future; The rehabilitation is NOT related	
					to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
					selected; Physical or Occupational therapy was selected; Magellan does not manage	
				97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical therapy was	
4/1/2022		Dhusiaal		• •		A 1
4/1/2023 -	4 /2022	Physical	A	more areas, each 15 minutes; gait	requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Apr-Jun
6/30/2023 4/1	1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	1 2023 2023
					point; Body Part for first pass is Hip/Pelvis; 4/5/2023; No patient history in the past 90 days;	
					Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
					Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
					type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
					hip is beingn treated.; Moderate objective and functional deficits: constant symptoms	
					and/or symptoms that are intensified with activity with moderate loss of range of motion,	
					strength, or ability to perform daily tasks best describes the patient's presentation best	
					describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy;	
					Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
					is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
					Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Magellan does not	
				97116 Therapeutic procedure, 1 or	manage chiropractic but does manage speech therapy for the member's plan; Physical	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Apr-Jun
6/30/2023 4/1	1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023

				97116 Therapeutic procedure, 1 or	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 4/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occ	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 4/6/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Severe impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles or trigger points that cause referred pain best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 4/8/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/5/2023; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation:; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cupphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was plant therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023

					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Hip/Pelvis; 04/10/2023; No patient history in the past 90	
					days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
					specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
					Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
					type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
					hip is beingn treated.; Moderate objective and functional deficits: constant symptoms	
					and/or symptoms that are intensified with activity with moderate loss of range of motion,	
					strength, or ability to perform daily tasks best describes the patient's presentation best	
					describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy;	
					Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
					is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
					Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Magellan does not	
				97116 Therapeutic procedure, 1 or	manage chiropractic but does manage speech therapy for the member's plan; Physical	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Hip/Pelvis; 04/10/2023; No patient history in the past 90	
					days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
					specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
					Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
					type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
					Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including	
					bowel or bladder; Severe impairment in the ability to perform functional tasks due to	
					constipation, incontinence or pelvic organ prolapse best describes the patient's	
					presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy;	
					Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
					is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
					Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Magellan does not	
				97116 Therapeutic procedure, 1 or	manage chiropractic but does manage speech therapy for the member's plan; Physical	
4 /4 /2022		Dhartest		· · · · · · · · · · · · · · · · · · ·		A I
4/1/2023 -	. /. /2022	Physical Physical		more areas, each 15 minutes; gait	therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Hip/Pelvis; 04/10/2023; No patient history in the past 90	
					days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
					specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
					Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
					type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
					Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Severe	
					impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor	
					muscles or trigger points that cause referred pain best describes the patient's presentation;	
					Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy	
					was not selected; The evaluation date is not in the future; The rehabilitation is NOT related	
					to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
					selected; Physical or Occupational therapy was selected; Magellan does not manage	
				97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical therapy was	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	requested	2 2023 2023
.,,	, _,	.,,	P P		- 4	

					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Hip/Pelvis; 04/11/2023; No patient history in the past 90	
					days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
					specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
					Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
					type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
					hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms	
					with severe loss of range of motion, strength, or ability to perform daily tasks best describes	
					the patient's presentation best describes the patient's presentation:; Lower Extremity/Hip	
					selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The	
					evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
					cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
				97116 Therapeutic procedure, 1 or	or Occupational therapy was selected, Physical of Occupational therapy was selected, Physical or Occupational therapy was selected.	
4/1/2023 -		Physical		· · ·	manage speech therapy for the member's plan; Physical therapy was requested; The health	A 1
6/30/2023	4/1/2022	6/30/2023 Medicine	Approval	more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Wedicine	Арргочаг	training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	1 2023 2023
					point; Body Part for first pass is Hip/Pelvis; 4/11/2023; No patient history in the past 90	
					days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
					specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
					Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
					type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
					Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including	
					bowel or bladder; Severe impairment in the ability to perform functional tasks due to	
					constipation, incontinence or pelvic organ prolapse best describes the patient's	
					presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy;	
					Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
					is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
					Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Magellan does not	
				97116 Therapeutic procedure, 1 or	manage chiropractic but does manage speech therapy for the member's plan; Physical	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Apr-Jun
6/30/2023	4/1/2022	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	2 2023 2023
0/30/2023	4/1/2023	0/30/2023 Wedicine	Арргочаг	training (includes stail climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	2 2023 2023
					point; Body Part for first pass is Hip/Pelvis; 04/11/2023; No patient history in the past 90	
					days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
					specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
					Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
					type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
					Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Severe	
					impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor	
					muscles or trigger points that cause referred pain best describes the patient's presentation;	
					Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy	
					was not selected; The evaluation date is not in the future; The rehabilitation is NOT related	
					to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
					selected; Physical or Occupational therapy was selected; Magellan does not manage	
				97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical therapy was	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	requested	1 2023 2023
3/30/2023	1112023	5,50,2025 WEGICITE	Approvai	a amin's (morades stail cililibilis)	requested	1 2023 2023

	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
	point; Body Part for first pass is Hip/Pelvis; 4/11/2023; No patient history in the past 90	
	days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
	specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
	Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
	type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
	Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Severe	
	impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor	
	muscles or trigger points that cause referred pain best describes the patient's presentation;	
	Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy	
	was not selected; The evaluation date is not in the future; The rehabilitation is NOT related	
	to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
	Physical or Occupational therapy was selected; Physical or Occupational therapy was	
	selected; Physical or Occupational therapy was selected; Magellan does not manage	
97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical therapy was	
4/1/2023 - Physical more areas, each 15 minutes; gait	requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing)	requested	2 2023 2023
	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
	point; Body Part for first pass is Hip/Pelvis; 04/11/2023; No patient history in the past 90	
	days; Evaluation dates less than 90 days in the past; Surgical; 03/24/2023; Post-Op;	
	Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your	
	Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is	
	other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	
	Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits:	
	constant symptoms and/or symptoms that are intensified with activity with moderate loss of	
	range of motion, strength, or ability to perform daily tasks best describes the patient's	
	presentation best describes th; Lower Extremity/Hip selected as the body type/region;	
	Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation	
	date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The	
	rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
	therapy was selected; Physical or Occupational therapy was selected; Physical or	
	Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
97116 Therapeutic procedure, 1 or	does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 - Physical more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing)	Physical therapy was requested	1 2023 2023
· · · · · · · · · · · · · · · · · · ·		
	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
	point; Body Part for first pass is Hip/Pelvis; 4/12/2023; No patient history in the past 90	
	days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
	specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
	Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
	type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
	hip is beingn treated.; Mild objective and functional deficits: sporadic symptoms with	
	minimal loss of range of motion, strength, or ability to perform daily tasks best describes the	
	patient's presentation best describes the patient's presentation; Lower Extremity/Hip	
	selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The	
	evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
	cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
	· · · · · · · · · · · · · · · · · · ·	
07116 Thoropoutis procedure 4 and	Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
97116 Therapeutic procedure, 1 or	or Occupational therapy was selected; Magellan does not manage chiropractic but does	5 1
4/1/2023 - Physical more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023

	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
	point; Body Part for first pass is Hip/Pelvis; 04/12/2023; No patient history in the past 90	
	days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
	specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
	Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
	type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
	hip is beingn treated.; Moderate objective and functional deficits: constant symptoms	
	and/or symptoms that are intensified with activity with moderate loss of range of motion,	
	strength, or ability to perform daily tasks best describes the patient's presentation best	
	describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy;	
	Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
	is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
	Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
	therapy was selected; Physical or Occupational therapy was selected; Magellan does not	
97116 Therapeutic procedure, 1 or	manage chiropractic but does manage speech therapy for the member's plan; Physical	
4/1/2023 - Physical more areas, each 15 minutes; gait	therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing)	therapy was requested	1 2023 2023
-,,	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	1 2020 2020
	point; Body Part for first pass is Hip/Pelvis; 4/12/2023; No patient history in the past 90	
	days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
	specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
	Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
	type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
	hip is beingn treated.; Moderate objective and functional deficits: constant symptoms	
	and/or symptoms that are intensified with activity with moderate loss of range of motion,	
	strength, or ability to perform daily tasks best describes the patient's presentation best	
	describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy;	
	Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
	is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
	Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
97116 Therapeutic procedure, 1 or	therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical	
		Ame I.um
4/1/2023 - Physical more areas, each 15 minutes; gait	therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing)	therapy was requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	1 2023 2023
	point; Body Part for first pass is Hip/Pelvis; 4/12/2023; No patient history in the past 90	
	days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
	specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
	Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
	type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
	Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including	
	bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks	
	due to constipation, incontinence or pelvic organ prolapse best describes the patient's	
	presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy;	
	Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
	is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
	Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
	therapy was selected; Physical or Occupational therapy was selected; Magellan does not	
97116 Therapeutic procedure, 1 or	manage chiropractic but does manage speech therapy for the member's plan; Physical	
4/1/2023 - Physical more areas, each 15 minutes; gait	therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing)	therapy was requested	1 2023 2023

					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Hip/Pelvis; 4/12/2023; No patient history in the past 90	
					days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
					specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
					Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
					type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
					Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including	
					bowel or bladder; Severe impairment in the ability to perform functional tasks due to	
					constipation, incontinence or pelvic organ prolapse best describes the patient's	
					presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy;	
					Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
					is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
					Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Magellan does not	
				97116 Therapeutic procedure, 1 or	manage chiropractic but does manage speech therapy for the member's plan; Physical	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Apr-Jun
	4/4/2022		Ammanual			1 2023 2023
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Hip/Pelvis; 4/13/2023; No patient history in the past 90	
					days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
					specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
					Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
					type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
					hip is beingn treated.; Moderate objective and functional deficits: constant symptoms	
					and/or symptoms that are intensified with activity with moderate loss of range of motion,	
					strength, or ability to perform daily tasks best describes the patient's presentation best	
					describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy;	
					Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
					is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
					Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Magellan does not	
				97116 Therapeutic procedure, 1 or	manage chiropractic but does manage speech therapy for the member's plan; Physical	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Hip/Pelvis; 04/14/2023; No patient history in the past 90	
					days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
					specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
					Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
					type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
					hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms	
					with severe loss of range of motion, strength, or ability to perform daily tasks best describes	
					the patient's presentation best describes the patient's presentation:; Lower Extremity/Hip	
					selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The	
					evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
					cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
				97116 Therapeutic procedure, 1 or	or Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
1 1	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	2 2023 2023
			Approvar	training (IIICIUUCS Stail CIIIIIDIIIg)	carrier is NOT New Hampshire Healthy Families, Fhysical therapy was requested	2 2023 2023

				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is Hip/Pelvis; 4/17/2023; No patient history in the past 90	
				days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
				specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
				Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
				type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
				hip is beingn treated.; Moderate objective and functional deficits: constant symptoms	
				and/or symptoms that are intensified with activity with moderate loss of range of motion,	
				strength, or ability to perform daily tasks best describes the patient's presentation best	
				describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy;	
				Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
				is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
				Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
				therapy was selected; Physical or Occupational therapy was selected; Magellan does not	
			97116 Therapeutic procedure, 1 or	manage chiropractic but does manage speech therapy for the member's plan; Physical	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
0,00,2020 1,2,2020	0,00,2020 11100101110	7 tpp: 0 tu:	training (mercaes stair amnonig)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	1 2023 2023
				point; Body Part for first pass is Hip/Pelvis; 4/18/2023; No patient history in the past 90	
				days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
				specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
				Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
				type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
				hip is beingn treated.; Moderate objective and functional deficits: constant symptoms	
				and/or symptoms that are intensified with activity with moderate loss of range of motion,	
				strength, or ability to perform daily tasks best describes the patient's presentation best	
				describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy;	
				Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
				is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
				Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
				therapy was selected; Physical or Occupational therapy was selected; Magellan does not	
			97116 Therapeutic procedure, 1 or	manage chiropractic but does manage speech therapy for the member's plan; Physical	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Wedicine	Арргочаг	training (includes stail climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	1 2023 2023
				point; Body Part for first pass is Hip/Pelvis; 4/18/2023; No patient history in the past 90	
				days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
				specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
				Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
				type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
				Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Severe	
				impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor	
				muscles or trigger points that cause referred pain best describes the patient's presentation;	
				Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy	
				was not selected; The evaluation date is not in the future; The rehabilitation is NOT related	
				to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
			0744671	selected; Physical or Occupational therapy was selected; Magellan does not manage	
. /. /2022	a		97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical therapy was	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	requested	1 2023 2023

				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is Hip/Pelvis; 04/18/2023; No patient history in the past 90	
				days; Evaluation dates less than 90 days in the past; Surgical; 04/15/2023; Post-Op;	
				Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your	
				Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is	
				other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	
				Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits:	
				constant symptoms and/or symptoms that are intensified with activity with moderate loss of	
				range of motion, strength, or ability to perform daily tasks best describes the patient's	
				presentation best describes th; Lower Extremity/Hip selected as the body type/region;	
				Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation	
				date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The	
				rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
				therapy was selected; Physical or Occupational therapy was selected; Physical or	
				Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
			07116 Thorangutic procedure 1 or	does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 -	Physical		97116 Therapeutic procedure, 1 or	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr.lup
	Physical Physical Modising	Approval	more areas, each 15 minutes; gait		Apr-Jun 1 2023 2023
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested	1 2023 2023
				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 4/20/2023; No patient history in the past 90	
				days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
				specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
				Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
				type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
				Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including	
				bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks	
				due to constipation, incontinence or pelvic organ prolapse best describes the patient's	
				presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy;	
				Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
				is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
				Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
				therapy was selected; Physical or Occupational therapy was selected; Magellan does not	
			97116 Therapeutic procedure, 1 or	manage chiropractic but does manage speech therapy for the member's plan; Physical	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is Hip/Pelvis; 04/20/2023; No patient history in the past 90	
				days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
				specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
				Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
				type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
				Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including	
				bowel or bladder; Severe impairment in the ability to perform functional tasks due to	
				constipation, incontinence or pelvic organ prolapse best describes the patient's	
				presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy;	
				Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
				is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
				Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
				therapy was selected; Physical or Occupational therapy was selected; Magellan does not	
			97116 Thorapoutic procedure 1 or	· · · · · · · · · · · · · · · · · · ·	
4/1/2023 -	Dhysical		97116 Therapeutic procedure, 1 or	manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Apr lum
	Physical Physical	Approval	more areas, each 15 minutes; gait		Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023

					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 04/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/18/2023; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits:	
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested;	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 04/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/19/2023; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 4/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation: Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023

				Doubeway Dayle, Doub coloration, Doubeway Dayle, Doub coloration, First Days, Cocond Days should	
				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is Hip/Pelvis; 4/24/2023; No patient history in the past 90	
				days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
				specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
				Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
				type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
				hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms	
				with severe loss of range of motion, strength, or ability to perform daily tasks best describes	
				the patient's presentation best describes the patient's presentation:; Lower Extremity/Hip	
				selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The	
				evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
				cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
				Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
			97116 Therapeutic procedure, 1 or	or Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2	•	Annroyal			1 2023 2023
0/30/2023 4/1/2	023 6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	1 2023 2023
				point; Body Part for first pass is Hip/Pelvis; 4/24/2023; No patient history in the past 90	
				days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
				specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
				Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
				type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
				Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including	
				bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks	
				due to constipation, incontinence or pelvic organ prolapse best describes the patient's	
				presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy;	
				Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
				is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
				Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
				therapy was selected; Physical or Occupational therapy was selected; Magellan does not	
			97116 Therapeutic procedure, 1 or	manage chiropractic but does manage speech therapy for the member's plan; Physical	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Apr-Jun
6/30/2023 4/1/2	•	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
0,00,2020 1,2/2	0/00/2020 Micaiomic	7.pp.o.c.	training (increases stail climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	1 2020 2020
				point; Body Part for first pass is Hip/Pelvis; 4/24/2023; No patient history in the past 90	
				days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
				specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
				Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
				type is Rehabilitative; One Body Part selected; No Second Pass; Reguestor is not a fax; The	
				Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including	
				, , , , ,	
				bowel or bladder; Severe impairment in the ability to perform functional tasks due to	
				constipation, incontinence or pelvic organ prolapse best describes the patient's	
				presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy;	
				Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
				is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
				Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
				therapy was selected; Physical or Occupational therapy was selected; Magellan does not	
			97116 Therapeutic procedure, 1 or	manage chiropractic but does manage speech therapy for the member's plan; Physical	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Apr-Jun
6/30/2023 4/1/2	023 6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023

Perform Body Part selection, Perform Body Part selection, Prist Pass; Second Pass check point; Body Part of Inficity April 2023. No pattern history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical, Hip/Pelvis selected as the specific body part, Body Part pass complete; Questions about your Pelvis/Hip request; Three or more visits anticipated, The anticipated number of visits is other than 2; Therapy type is Rehabilitative, for Deoly Part selection, No Second Pass, Secuels, No Second Pass, Secuels of No Takes The Application and Pass (and Secuel Pass of North Pass). The Pass of Pass (Application and Pass of Pas
days: Evaluation dates less than 90 days, in the past, Non-Surgical, Hip/Pelvis selected as the specific hody parts. Body Part pass completer, Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass, Requestor is not a fax, The Pelvis/Pelvis (Roto) being treated; The patient has Pelvis Part Sprachers or son a fax. The Pelvis/Pelvis (Roto) being treated; The patient has Pelvis Part Sprachers or muscles or trigger points that cause referred pain best diversible spresentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy, Speech Therapy was and selected; The evaluation date is not in the future, The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis or cancer; The rehabilitation is NOT related to a diagnosis or cancer; The rehabilitation is NOT related to a diagnosis or cancer; The rehabilitation is NOT related to a diagnosis or cancer; The rehabilitation is NOT related to a diagnosis or cancer; The rehabilitation is NOT related to a diagnosis or cancer; The rehabilitation is NOT related to a diagnosis or cancer; The rehabilitation is NOT related to a diagnosis or cancer; The rehabilitation is NOT related to a diagnosis or cancer; The rehabilitation is NOT related to a diagnosis or cancer; The rehabilitation is NOT related to a diagnosis or cancer; The repath therapy was selected. Physical decembers plan; Physical therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chioryactic bud does manage speech therapy to the member's plan; Physical therapy was selected; Physical or Companional
specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; : Three or more visits anticipated; maneer of visits is other and 2; Therapy type is Rehabilitative; One Body Part selected; No Second Pass, Requestor is not a fax; The Pelvis/Pelvis (Floro); Enote the patient has Pelvic Pain Syndrom; Severe Impairment in the ability to perform functional tasks due to short, light or tender pelvic floor muscles or trigger points that cause referred pain best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related and therapy was selected; Physical or Occupational therapy was
Three or more visits anticipated. The anticipated number of visits is other than 2; Therapy type is Rehabilitative; One Body Part selected, No Second Pass; Requestor is not a far; The Pelvis/Pelvic Floor is being treated; The patient has Pelvic Pain Syndrome; Severe impairment in the ability to perform functional tasks due to short, tight not render pelvic floor muscles or trigger points that cause referred pain best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Cancer.; The rehabilitation is NOT related to a diagnosis of Cancer. The rehabilitation is NOT related to a diagnosis of Lover Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy of the was not selected; The evaluation date in ont in the future; The rehabilitation is NOT related to a diagnosis of Cancer. The rehabilitation is NOT related to a diagnosis of Lover Extremity Hip selected as diagnosis of Cancer. The rehabilitation is NOT related to a diagnosis of Lover Extremity Hip selected as the selected, Physical or Occupational therapy was selected as the specific body part selected, No Second Pass; Requestor is not a fax; The hip is being treated, Moderate objective and functional deficits; constant symptoms and/or symptoms that are intensified with activity with moderate loss of ran
type is Rehabilitative; One Body Part selected; No Second Pass, Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Severe impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles or trigger points that cause referred pain best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy. Seech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The report manage chiropractic but does manage speech therapy for the member splan; Physical therapy was selected, Physical or Occupational therapy was selected. The North Hampshire Healthy Families; Physical therapy was selected, Physical or Occupational therapy was selected. The Pass of the member splan; Physical therapy was selected, Physical or Occupational therapy was selected as the specific body part selection; Perform Body Part selection; Perform Body Part selection; President part of the past North Pass of the Pass of the Pass of t
Pelvis/Pelvic Floor is being treated; The patient has Pelvic Pain Syndrome; Severe impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles or trigger points that cause referred pain best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy, Speech Therapy was not selected. The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of tymphedema; Physical or Occupational therapy was selected; The enablt cancer is NOT New Hampshire Healthy Familie; Physical therapy was foreign the path of the pat
impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles or trigger points that cause referred pain best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of tame; The rehabilitation is NOT related to a diagnosis of the diagnosis of the diagnosis of a di
muscles or trigger points that cause referred pain best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected. The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was
Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Magellan does not manage characteris was selected; Physical or Occupational therapy was selected; Magellan does not manage of third the selection of
was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Magellan does not manage specification to does manage speech therapy for the member's plan; Physical therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage speech therapy for the member's plan; Physical therapy was selected; Physical or Occupational therapy was selected; Physical Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical Occupa
to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational th
Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physi
selected; Physical or Occupational therapy was selected; Magellan does not manage 4/1/2023 - Physical more areas, each 15 minutes; gait requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was 4/1/2023 - 4/1/2023 - 6/30/2023 Medicine Approval training (includes stair climbing) Apr-Jun 6/30/2023 - 4/1/2023 - 6/30/2023 Medicine Approval training (includes stair climbing) Apr-Jun 6/30/2023 - 4/1/2023 - 6/30/2023 Medicine Approval training (includes stair climbing) Apr-Jun 6/30/2023 - 4/1/2023 - 6/30/2023 Medicine Approval training (includes stair climbing) Apr-Jun A
selected; Physical or Occupational therapy was selected; Magellan does not manage 4/1/2023 - Physical more areas, each 15 minutes; gait requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval Apr-Jun 6/30/2023 6/30/2023 Medicine Approval training (includes stair climbing) Apr-Jun 6/30/2023 6/30/2023 Medicine Approval training (includes stair climbing) Apr-Jun 6/30/2023 6/30/2023 Medicine Approval training (includes stair climbing) Apr-Jun 6/30/2023 6/30/2023 Medicine Approval training (includes stair climbing) Apr-Jun 6/30/2023 6/30/2023 Medicine Approval training (includes stair climbing) Apr-Jun 6/30/2023 6/30/2023 Medicine Approval training (includes stair climbing) Apr-Jun 6/30/2023 6/30/2023 Medicine Approval training (includes stair climbing) Apr-Jun 6/30/2023 6/30/2023 Medicine Approval training (includes stair climbing) Apr-Jun 6/30/2023 6/30/2023 Medicine Approval training (includes stair climbing) Apr-Jun 6/30/2023 6/30/20
97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait requested; The health carrier is NOT New Hampshire Healthy Families, Physical therapy was Apr-Jun requested (The health carrier is NOT New Hampshire Healthy Families, Physical therapy was placeted; The health carrier is NOT New Hampshire Healthy Families, Physical therapy was Apr-Jun requested (The health carrier is NOT New Hampshire Healthy Families, Physical therapy was pelected; The health carrier is NOT New Hampshire Healthy Families, Physical therapy was Apr-Jun requested (The health carrier is NOT New Hampshire Healthy Families, Physical therapy was Apr-Jun training (includes stair climbing) requested (The health carrier is NOT New Hampshire Healthy Families, Physical therapy was Apr-Jun training (Includes Stair climbing) requested (The health carrier is NOT New Hampshire Healthy Families, Physical therapy was Apr-Jun training (Includes Stair climbing) requested (The health carrier is NOT New Hampshire Healthy Families, Physical (Therapy was Apr-Jun training (Includes Stair climbing) requested (The health carrier is NOT New Hampshire Healthy Families, Physical (Therapy was Apr-Jun training (Includes Stair climbing) requested (The health carrier is NOT New Hampshire Healthy Families, Physical (Therapy was Apr-Jun training (Includes Stair climbing) requested (The health carrier is NOT New Hampshire Healthy Families, Physical (Therapy was selected; The health carrier is NOT New Hampshire Healthy Families, Physical (Apr-Jun training) (Includes Stair climbing) requested (The health carrier is NOT New Hampshire Healthy Families, Physical (Apr-Jun training) (Includes Stair climbing) requested (The health carrier is NOT New Hampshire Healthy Families, Physical (Apr-Jun training) (Includes Stair climbing) requested (The health carrier is NOT New Hampshire Healthy Families, Physical (Apr-Jun training) (Includes Stair Climbing) (Includes Stair Cli
4/1/2023 - Physical more areas, each 15 minutes; gait requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was Apr-Jun requested 1 2023 2023 Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 4/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Three or more visits anticipated; The anticipated number of visits is other than 2; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy for the member's plan; Physical 4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 4/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part selection; Perform Body Part selection; Pirst Pass; Pa
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 4/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis; Hip request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; Physical or Occupational therapy was selected; Physical or Occup
point; Body Part for first pass is Hip/Pelvis; 4/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema:, Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical 4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical
days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Three or more visits anticipated; The anticipated number of visits of the than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected;
specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deflicits: constant deflicits: constant deflicits: constant and/or symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Modes manage speech therapy for the member's plan; Physical 4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun
Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not 97116 Therapeutic procedure, 1 or manage chiropractic but does manage speech therapy for the member's plan; Physical 4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical
type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical 4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun
hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not 97116 Therapeutic procedure, 1 or manage chiropractic but does manage speech therapy for the member's plan; Physical 4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun
and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not 97116 Therapeutic procedure, 1 or manage chiropractic but does manage speech therapy for the member's plan; Physical 4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun
strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not 97116 Therapeutic procedure, 1 or manage chiropractic but does manage speech therapy for the member's plan; Physical 4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun
describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not 97116 Therapeutic procedure, 1 or manage chiropractic but does manage speech therapy for the member's plan; Physical 4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun
Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical 4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun
is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not 97116 Therapeutic procedure, 1 or manage chiropractic but does manage speech therapy for the member's plan; Physical 4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun
Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not 97116 Therapeutic procedure, 1 or manage chiropractic but does manage speech therapy for the member's plan; Physical 4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun
therapy was selected; Physical or Occupational therapy was selected; Magellan does not 97116 Therapeutic procedure, 1 or manage chiropractic but does manage speech therapy for the member's plan; Physical 4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun
97116 Therapeutic procedure, 1 or manage chiropractic but does manage speech therapy for the member's plan; Physical 4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun
4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun
$\frac{1}{2}$
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested 2 2023 2023
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check
point; Body Part for first pass is Hip/Pelvis; 04/25/2023; No patient history in the past 90
days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the
specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;
Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy
type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The
hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms
with severe loss of range of motion, strength, or ability to perform daily tasks best describes
the patient's presentation best describes the patient's presentation:; Lower Extremity/Hip
selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The
evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of
cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or
Occupational therapy was selected; Physical or Occupational therapy was selected; Physical
97116 Therapeutic procedure, 1 or or Occupational therapy was selected; Magellan does not manage chiropractic but does
97116 Therapeutic procedure, 1 or or Occupational therapy was selected; Magellan does not manage chiropractic but does 4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun

				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is Hip/Pelvis; 04/25/2023; No patient history in the past 90	
				days; Evaluation dates less than 90 days in the past; Surgical; 04/24/2023; Post-Op;	
				Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your	
				Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is	
				other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	
				Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits:	
				constant intense symptoms with severe loss of range of motion, strength, or ability to	
				perform daily tasks best describes the patient's presentation best describes the patient's	
				presentation:; Lower Extremity/Hip selected as the body type/region; Physical Therapy;	
				Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the	
				future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT	
				related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				selected; Physical or Occupational therapy was selected; Magellan does not manage	
			97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical therapy was	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	requested	1 2023 2023
				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is Hip/Pelvis; 04/26/2023; No patient history in the past 90	
				days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
				specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
				Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
				type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
				hip is beingn treated.; Moderate objective and functional deficits: constant symptoms	
				and/or symptoms that are intensified with activity with moderate loss of range of motion,	
				strength, or ability to perform daily tasks best describes the patient's presentation best	
				describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy;	
				Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
				is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
				Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
				therapy was selected; Physical or Occupational therapy was selected; Magellan does not	
			97116 Therapeutic procedure, 1 or	manage chiropractic but does manage speech therapy for the member's plan; Physical	
4/1/2023 -	Dhysical		more areas, each 15 minutes; gait	therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Apr-Jun
1 ' '	Physical	A			
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	1 2023 2023
				point; Body Part for first pass is Hip/Pelvis; 4/26/2023; No patient history in the past 90	
				days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
				specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
				Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
				type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
				hip is beingn treated.; Moderate objective and functional deficits: constant symptoms	
				and/or symptoms that are intensified with activity with moderate loss of range of motion,	
				strength, or ability to perform daily tasks best describes the patient's presentation best	
				describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy;	
				Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
				is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
				Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
				therapy was selected; Physical or Occupational therapy was selected; Magellan does not	
			97116 Therapeutic procedure, 1 or	manage chiropractic but does manage speech therapy for the member's plan; Physical	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
0,30,2023 4,1,2023	JJ JUJ ZUZJ IVICUICITIE	Approvai	danning (melades stall cliffibling)	пістару маз тециезіси	1 2023 2023

				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is Hip/Pelvis; 4/26/2023; No patient history in the past 90	
				days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
				specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
				Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
				type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
				Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including	
				bowel or bladder; Severe impairment in the ability to perform functional tasks due to	
				, , ,	
				constipation, incontinence or pelvic organ prolapse best describes the patient's	
				presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy;	
				Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
				is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
				Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
				therapy was selected; Physical or Occupational therapy was selected; Magellan does not	
			97116 Therapeutic procedure, 1 or	manage chiropractic but does manage speech therapy for the member's plan; Physical	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is Hip/Pelvis; 04/27/2023; No patient history in the past 90	
				days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
				specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
				Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
				type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
				hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms	
				with severe loss of range of motion, strength, or ability to perform daily tasks best describes	
				the patient's presentation best describes the patient's presentation:; Lower Extremity/Hip	
				selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The	
				evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
				, , , , , , , , , , , , , , , , , , ,	
				cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
			07467	Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
			97116 Therapeutic procedure, 1 or	or Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is Hip/Pelvis; 04/27/2023; No patient history in the past 90	
				days; Evaluation dates less than 90 days in the past; Surgical; 04/24/2023; Post-Op;	
				Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your	
				Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is	
				other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	
				Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits:	
				constant intense symptoms with severe loss of range of motion, strength, or ability to	
				perform daily tasks best describes the patient's presentation best describes the patient's	
				presentation:; Lower Extremity/Hip selected as the body type/region; Physical Therapy;	
				Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the	
				future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT	
				related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				selected; Physical or Occupational therapy was selected; Magellan does not manage	
			97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical therapy was	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	requested	1 2023 2023
0,30,2023 4,1,2023	0/30/2023 MEGICITE	Thhinnai	Ganning (merades stall cliffibling)	requested	1 2023 2023

					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Hip/Pelvis; 5/1/2023; No patient history in the past 90 days;	
					Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
					specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
					Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
					type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
					Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including	
					bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks	
					due to constipation, incontinence or pelvic organ prolapse best describes the patient's	
					presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy;	
					Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
					is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
					Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Magellan does not	
				97116 Therapeutic procedure, 1 or	manage chiropractic but does manage speech therapy for the member's plan; Physical	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	2 2023 2023
0,00,2020	., 1, 2025	0/00/2020 Wedicine	7.pp.oru.	training (morades stair emiliang)	and app mas requested	2 2020 2020
					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Hip/Pelvis; 05/02/2023; No patient history in the past 90	
					days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
					specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
					Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
					type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
					hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms	
					with severe loss of range of motion, strength, or ability to perform daily tasks best describes	
					the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip	
					selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The	
					evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
					cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
				97116 Therapeutic procedure, 1 or	or Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	1/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Wedicine	Approvar	training (includes stail climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	1 2023 2023
					point; Body Part for first pass is Hip/Pelvis; 5/2/2023; No patient history in the past 90 days;	
					Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
					specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
					Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
					type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
					Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including	
					bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks	
					due to constipation, incontinence or pelvic organ prolapse best describes the patient's	
					presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy;	
					Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
					is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
					Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Magellan does not	
				97116 Therapeutic procedure, 1 or	manage chiropractic but does manage speech therapy for the member's plan; Physical	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Apr. lup
6/30/2023	4/1/2022	6/30/2023 Medicine	Approval	· · · · · · · · · · · · · · · · · · ·		Apr-Jun 1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023

Perform body Part a features, in electricor, Perform Body Part a features, in electricor, Perform Body Part a features, in electron a travery in the past 30 days; Personal Party of the Personal Part							
Coulation date less than 90 days in the past, Non-Surgicit, High-Polis's selected as the speech Cody part Body and Sub-ord yor Polish Polish selected as the speech Cody part Body and Sub-ord yor Polish Polish request; Three or more visits anticipated, The authorized bad your preference of the sub-ord yor present present and star. The Polish/Polish Cody part selected, the patient has Polish Polish Cody part Sub-ord Polish Poli						•	
specific colory and pass completes. Cuestions about your Parkly/Fibr request; Three or more visits anticipated. The anticipated member of visits is other than 2. The raphy type is Rehabilistive. One Body Part selection, the Social Pass Repulsation is not a flag in the Province Parkly Parkly Refer to its burner. The path that Pack Pass Register is not a flag in the Province Parkly Parkly Refer to its burner. The path that Pack Pass Register, the path that Pack Register is not a flag in the Province Pack Pass Register. The path that cause refer red path bask describes the path that the path that describes the path that the path that describes the path that the path tha							
Three or more visits anticipated, the anticipated number of visits is nother than 2; Therapy type is Rehabilitative. One loop by assisteat, this decade abs. Requestor in and sar, The Public/Public Tools is being treated; The pattern has Petick Pain Syndrome; Server impairment in the ability of the pattern functional basis due to short, tight or interpret price floor muscles or trigger points that case referred pain best describes the patient's presentation; which is a discribed. The pattern functional basis due to short, tight or interpret price floor muscles or trigger points that case referred pain best describes the patient's presentation. NOT related to a diagnosis of unphotodera; Physical or Cocquational date in roll in the Lucius. The relabilitation in NOT related to a diagnosis of unphotodera; Physical or Cocquational date in roll in the Lucius. The relabilitation in NOT related to a diagnosis of unphotodera; Physical or Cocquational therapy was selected; Physical or Cocquational therapy was selected; Physical or Cocquational therapy was selected; Magelina does not manage choose a sea, each 15 minutes; part training (modules star climbrag). The health carrier is NOT New training the part was selected; Physical or Cocquational therapy was selected; Magelina does not manage choose a sea, each 15 minutes; part training (modules star climbrag). The health carrier is NOT New training the part of the						Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
type is Rehabilitative. One Body Parts selected. No Scond Pass, Requestor is not a fair, the Poblishi/Poble Fool to generate. The patient control, Secret impairment in the ability to perform functional tasks due to short, light or reader pelvic floor muscles or trigger ported. The patients of the ability to perform functional tasks due to short, light or reader pelvic floor muscles or trigger post discussed referred by the perform functional tasks due to short, light or reader pelvic floor muscles or trigger post, project as the short, light or reader pelvic floor muscles or trigger post, project and the ready was selected. Physical or Congatination with 70° related to the body type / region. Physical Therapy, Speech Thirmapy was selected. Physical or Congatination with 70° related to the selection of the selec						specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
Pelvis/Pevis Roaris being treated. The patient has Pevis Pavis An Syndrome, Severe impartment in the allow perform functions at the other performs the notate pelvis from muscles or trigger points that cause referred pain best describes the patient's presentation; Lower Extremity/Pepis Perform Regions processed to relate the adopting processed in the part of the period processed of the pe						Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
impairment in the ability to perform functional tasks due to short, gight or tender period. Floor muscles or trigged abs tel decreives the patient's presentation. Lower Externity/file selected as the body type/region; Physical Therapy. Specific Physical Therapy was not selected. Physical or Companional Therapy was selected, Physical or Companional Therapy was selected. Physical or Companional Therapy was selected, Physical or Companional Therapy was selected. Physical Therapy types is Rehabilitations, the Physical Therapy types is Rehabilitations and physical physical selected in the past 30 days; Explained Therapy was selected. Physical or Companional Therapy was selected, Physical or Companional Therapy was selected. Physical or Companional Therapy was selected. Physical or Companional Therapy was selected. Physical or Physical Therapy was selected. Physical or Physical Physical or Companional Therapy was selected. Physical or Companional Therapy was selected. Physical or						type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
muscles or trigger points that causer referred pain best describes the patients presentation; Lower Externsion, Devey Expension, Projection, Project in Prenary, Speech Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis or four members plan, Project and the selection of the company was not selected; The evaluation of their selection of the company was not selected; The valuation of their selection of the company was not selected; They follow of the company was selected; Physicial or Occupational therapy was selected; Ph						Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Severe	
Lower Externity/Hip selected as the body type/region Physical Therapy. Specch Therapy was not selected, Physical or Cocapational therapy was selected, Physical or Coc						impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor	
was not selected. The conduction date is not in the future. The rehabilitation is NOT related to a diagnosis of Lymphedema; a Physical or Occupational therapy was selected. Physical or Occupational therapy was requested. Page 120, 2013. Physical or Occupational therapy was requested. Page 120, 2013. Physical or Occupational therapy was requested. Physical or Occupational						muscles or trigger points that cause referred pain best describes the patient's presentation;	
to a diagnosis of concer. The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Coccupational therapy was selected. The North Mamphire Healthy Families, Physical therapy was selected. The North Mamphire Healthy Families, Physical therapy was selected. The North Mamphire Healthy Families, Physical therapy was selected. The North Mamphire Healthy Families, Physical therapy was selected. The Search Pass Shape Physical Physical Physical Control Pass Shape Physical						Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy	
Physical or Occupational therapy was selected, Physical or Occupational						was not selected; The evaluation date is not in the future; The rehabilitation is NOT related	
selected, Physical or Occupational therapy was selected, Magellan does not manage of chiropactic but does manage sent therapy for the member's plan; Physical thrapy was more area, each 15 minutes; galt requested, The health carrier is NOT New Hampshire Healthy Families, Physical thrapy was Apr-Jun (appeared), and the properties of the part						to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
selected, Physical or Occupational therapy was selected, Magellan does not manage of chiropactic but does manage sent therapy for the member's plan; Physical thrapy was more area, each 15 minutes; galt requested, The health carrier is NOT New Hampshire Healthy Families, Physical thrapy was Apr-Jun (appeared), and the properties of the part						Physical or Occupational therapy was selected; Physical or Occupational therapy was	
971.16 Therapeutic procedure, 1 or chiropractic but does manage speech therapy for the member's plan; Physical therapy was 1,0203 2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) requested 1,0203 2023 Medicine Approval training (includes stair climbing) requested 1,0203 2023 Medicine Approval training (includes stair climbing) Reform Body Part selection; Perform Body Part selection; First Pass, Second Pass scheck point; Body Part pass complete, Questions about your Pelvis/Phip request; Three or more wistis anticipated, the anticipated mumber of visits is other than 0,2 Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The his before the reduced before the part of the pass of the							
4/1/2023 Physical procedure, 1 or more areas, each 15 minutes; gait requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was Physical for Sign 2023 Medicine Approval training (includes stair climbing) requested selection. First Pass; Second Pass scheck pionit; Dody Part for first pass is Hill/Pelvis / Sign 2023. No patient history in the past 50 days; Evaluation dates less than 90 days; in the past 30 days; in the					97116 Therapeutic procedure, 1 or		
97116 Therapeutic procedure, 1 organization of Solo (2023 Medicine Approval training (Includes stair climbing) 1 2023 2023 Perform Body Part selection; Perform Body Part selection; Pirst Pass; Second Pass check point; Body Part for first pass is HighPebus; 5/13/2023. No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; HighPebus selected as the specific body part, Body Part pass complete; Questions about your Pebu/High request; Threap or more visits anoticipated; The anticipated number of visits is other than 2; Therap yips is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The high is being treated; Moderate objective and functional deficits; constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, reality to perform daily tasks bets describes the presentation date is not in the future; the rehabilitation is NOT related to a diagnosis of upon the future of the rehabilitation of the past of the future; the rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of upon the past of the pa	4/1/2023 -		Physical		• • •		Apr-Jun
Perform Body Part selection, Perform Body Par	1 ' '	4/1/2023	•	Approval			
point; Body Part for first; pass is Hij/Perkis; \$3/3023. No patient history in the past 90 days; let be past; Non-Surgical; Hij/Perkis selected as the specific body part; Body Part past; Non-Surgical; Hij/Perkis selected as the specific body part; Body Part pass; Non-Surgical; Hij/Perkis selected as the specific body part; Body Part pass; Non-Surgical; Hij/Perkis selected as the specific body part; Body Part pass; Non-Surgical; Hij/Perkis selected as the specific body part; Body Part pass; Non-Surgical; Hij/Perkis selected as the specific body part; Body Part pass; Non-Surgical; Personal; Hij/Perkis selected as the body type of visits is other than 2; Therapy type is Rehabilitation; Non-Strength, or ability to perform daily tasks best described in social range of motion, strength, or ability to perform daily tasks best described in the future; The rehabilitation is NOT related to a diagnosis of accept. The rehabilitation is NOT related to a diagnosis of accept. The rehabilitation is NOT related to a diagnosis of accept. The rehabilitation is NOT related to a diagnosis of accept. The rehabilitation is NOT related to a diagnosis of accept. The rehabilitation is NOT related to a diagnosis of accept. The rehabilitation is NOT related to a diagnosis of accept. The rehabilitation is NOT related to a diagnosis of accept. The rehabilitation is NOT related to a diagnosis of accept. The rehabilitation is NOT related to a diagnosis of accept. The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun therapy was requested. The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun therapy was requested. The health carrier is NOT New Hampshire healthy Families; Physical Apr-Jun therapy was requested. The health carrier is NOT New Hampshire healthy Families; Physical Apr-Jun therapy was requested. The health carrier is NOT New Hampshire healthy Families; Physical of Coupstional therapy was selected; Physical or Occupational therapy was requested. The anticipated number of visits is other than	2,00,2020	., 1, 2020	-, - 5, 2020	pp. 0.0.	g (acc stan similarity)	•	1 2020 2020
Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific hody parts both year parts complete; Questions about your Pelvis/Hip request; : Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected, No Secoral Pass, Requestor is not a fax; The hip is being treated. Moderate objective and functional deficits; constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's preentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer and therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected. Magellan does not manage chiorpractic but does manage speech therapy for the member's plan; Physical Apr-Jun (A/1/2023 4/1/2023 Medicine Approval training (includes stair climbing) therapy was requested: The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun (Body Part selection; Perform Body Part selection; Pirist Pass; Second Pass; Second Pass sheek point; Body Part for first pass is Hijn/Pelvis; 5/3/2023. No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical, Hijn/Pelvis selected as the specific body part; Body Part for first pass is Hijn/Pelvis; 5/3/2023. No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical, Hijn/Pelvis selected as the specific body part; Body Part for first pass is Hijn/Pelvis; 5/3/2023. No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical, Hijn/Pelvis selected as the specific body part; second Pass, Requestor is not a fa						·	
specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; : Three or more visits anticipated; mulner of visits is other than 2; Therapy type is Rehabilitative; One Body Part selected; No Second Pass, Requestor is not a fax; The hip is beingn treated; Moderate bolice and functional deflots: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Externsily/Hip selected as the body type/regon; Physical Therapy. Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical							
Three or more visits anticipated; The anticipated number of visits is other than 2; Therapy type is Rehabilitative; One Body Pars selected; No Second Pass: Requestor is not a far; The hip is beingn treated; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform ability in perform ability to perform ability in perform ability in perform ability to perform ab						, , , , , , , , , , , , , , , , , , ,	
type is Rehabilitative; One Body Part selected; No Second Pass, Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes. It tower Extremtly/lips selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosi of cancer, The rehabilitation is NOT related to a diagnosi of cancer, The rehabilitation is NOT related to a diagnosi of cancer, The rehabilitation is NOT related to a diagnosi of cancer, The rehabilitation is NOT related to a diagnosi of cancer, The rehabilitation is NOT related to a diagnosi of cancer, The rehabilitation is NOT related to a diagnosi of cancer, The rehabilitation is NOT related to a diagnosi of cancer, The rehabilitation is NOT related to a diagnosi of cancer, The rehabilitation is NOT related to a diagnosi of cancer, The rehabilitation is NOT related to a diagnosi of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to							
hip is beings treated; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation best describes the patient's presentation in the future. The rehabilitation is MOT related to a diagnosis of canneer.; The rehabilitation is NOT related to a diagnosis of Lymphedema. Physical or Occupational therapy was selected; Physical or Occupational therapy was requested. 4/1/2023 - Physical							
and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation of the patient's presentation is port of the member's plan; the patient's presentation of the patient's presentation is portioned the patient's presentation is not related to a diagnosis of cancer, the readbilitation is NOT related to a diagnosis of cancer, the readbilitation is NOT related to a diagnosis of cancer, the readbilitation is NOT related to a diagnosis of cancer, the readbilitation is NOT related to a diagnosis of cancer, the readbilitation is NOT related to a diagnosis of cancer, the readbilitation is NOT related to a diagnosis of cancer, the readbilitation is NOT related to a diagnosis of cancer, the readbilita						· · · · · · · · · · · · · · · · · · ·	
strength, or ability to perform daily tasks best describes the patient's presentation is NOT related to a diagnosis of Lymphedena; Physical or Occupational therapy was selected; Magelian does not manage chropractic but does manage speech therapy was selected; Magelian does not manage chiropractic but does manage speech therapy was selected; Magelian does not manage chiropractic but does manage speech therapy was selected; Physical or Occupational therapy was selected; Magelian does not manage chiropractic but does and prescribed the patient's presentation best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy, Speach Therapy was selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of anance; The rehabilitation is NOT related to a diagnosis of spruphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational							
describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of adignosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema, Physical or Occupational therapy was selected. Physical or Occupational therapy was selected, Physical or Occupational therapy was selected; Dhysical or Occupational therapy was selected; Dhysical or Occupational therapy was selected; behavior or occupational therapy was selected; behavior or or occupational therapy was selected; behavior or or occupational therapy was selected; behavior or occupational therapy was selected; behavior or occupational						, , ,	
Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema., Physical or Occupational therapy was selected; Physical Order occupational therapy was selected; Physical or Occupational therapy was selected; Physical therapy on some or occupational therapy was selected; Physical therapy on serverse or the page of the page							
is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Myselian does not manage chiropractic but does manage speech therapy for the member's plan; Physical 4/1/2023 Physical Modern Approval training (includes stair climbing) Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part selection; First Pass; Second Pass selected as the						, , , , , , , , , , , , , , , , , , ,	
Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does of the manage chiropractic but does of the manage chiropractic but does of Cocupational therapy was selected; Magellan does not manage chiropractic but does on the manage chiropractic but does on the manage chiropractic but does of Occupational therapy was selected; Physical or Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Physical therapy was selected; Physical or Occupational therapy was selected; Physical therapy was selected; Physical therapy was selected; Physical or Occupational therapy was selected; Physical or Physical or Occupational therapy was selected; Physical therapy was requested; The Path the Path Papun was equal to the path P							
therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical Apr-Jun 4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun 4/1/2023 - 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part spass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits other than 2; Therapy type is Rehabilitative; One Body Part selected; No Second Pass, Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested, The health Apr-Jun Apr-Jun							
97116 Therapeutic procedure, 1 or manage chiropractic but does manage speech therapy for the member's plan; Physical 4/1/2023 - Physical							
4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 5/3/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass, Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Second Pass, Requestor is not a fax; The hip is being threated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cocupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health Apr-Jun					0744C Therese with a read down 4 and	the state of the s	
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 5/3/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits: constraint intense symptoms with severe loss of range of motion, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation:; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical therapy was requested; The health Apr-Jun					· · · · · ·		
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 5/3/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation: Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy want selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cocupational therapy was selected; Physical or Occupational therapy was selected; Physical Occupational therapy was selected; Physical Or Occupational therap		. / . /	•		· · · · · · · · · · · · · · · · · · ·		· ·
point; Body Part for first pass is Hip/Pelvis; 5/3/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation:; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Interpated or Cocupational therapy was selected; Physical 97116 Therapeutic procedure, 1 or or Occupational therapy was selected; Physical noes not manage chiropractic but does 4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun	6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
point; Body Part for first pass is Hip/Pelvis; 5/3/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation:; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Interpated or Cocupational therapy was selected; Physical 97116 Therapeutic procedure, 1 or or Occupational therapy was selected; Physical noes not manage chiropractic but does 4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun							
Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation:; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical Occupational therapy was selected; Physical Occupational ther						, , , , , , , , , , , , , , , , , , ,	
specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation:; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical therapy was requested; The health Apr-Jun							
Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation:; Lower Extremity/Hip selected as the body type/region; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical therapy was requested; The health Apr-Jun						, , , , , , , , , , , , , , , , , , , ,	
type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation:; Lower Extremity/Hip selected as the body type/region; Physical Therapy, Speech Therapy wan to selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical therapy was requested; The health Apr-Jun							
hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation:; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical 97116 Therapeutic procedure, 1 or or Occupational therapy was selected; Magellan does not manage chiropractic but does 4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun							
with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation:; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical 97116 Therapeutic procedure, 1 or or Occupational therapy was selected; Magellan does not manage chiropractic but does 4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun							
the patient's presentation best describes the patient's presentation:; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical 97116 Therapeutic procedure, 1 or or Occupational therapy was selected; Magellan does not manage chiropractic but does 4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun							
selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical 97116 Therapeutic procedure, 1 or or Occupational therapy was selected; Magellan does not manage chiropractic but does 4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun							
evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical 97116 Therapeutic procedure, 1 or or Occupational therapy was selected; Magellan does not manage chiropractic but does 4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun						the patient's presentation best describes the patient's presentation:; Lower Extremity/Hip	
cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical 97116 Therapeutic procedure, 1 or or Occupational therapy was selected; Magellan does not manage chiropractic but does 4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun						selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The	
Occupational therapy was selected; Physical or Occupational therapy was selected; Physical 97116 Therapeutic procedure, 1 or or Occupational therapy was selected; Magellan does not manage chiropractic but does 4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun						evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
97116 Therapeutic procedure, 1 or or Occupational therapy was selected; Magellan does not manage chiropractic but does 4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun						cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun						Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
					97116 Therapeutic procedure, 1 or	or Occupational therapy was selected; Magellan does not manage chiropractic but does	
6/20/2022 4/1/2022 6/20/2022 Modicing Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Eamilies: Physical therapy was requested 1 2022 2022	4/1/2023 -		Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
1 2023 2023 4/1/2023 0/30/2023 Wedicine Approval italining (includes stail clinibing) carrier is NOT New Hallipsilite Healthy Fallinies, Filysical therapy was requested 1 2023 2023	6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023

					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Hip/Pelvis; 05/04/2023; No patient history in the past 90	
					days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
					specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
					Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
					type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
					hip is beingn treated.; Moderate objective and functional deficits: constant symptoms	
					and/or symptoms that are intensified with activity with moderate loss of range of motion,	
					strength, or ability to perform daily tasks best describes the patient's presentation best	
					describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy;	
					Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
					is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
					Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Magellan does not	
				97116 Therapeutic procedure, 1 or	manage chiropractic but does manage speech therapy for the member's plan; Physical	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
			•••	о т	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Hip/Pelvis; 5/4/2023; No patient history in the past 90 days;	
					Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
					specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
					Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
					type is Rehabilitative; One Body Part selected; No Second Pass; Reguestor is not a fax; The	
					hip is beingn treated.; Moderate objective and functional deficits: constant symptoms	
					and/or symptoms that are intensified with activity with moderate loss of range of motion,	
					strength, or ability to perform daily tasks best describes the patient's presentation best	
					describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy;	
					Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
					is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
					Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Magellan does not	
				97116 Therapeutic procedure, 1 or	manage chiropractic but does manage speech therapy for the member's plan; Physical	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
.,		.,,		, , , , , , , , , , , , , , , , , , ,		
					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Hip/Pelvis; 05/04/2023; No patient history in the past 90	
					days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
					specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
					Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
					type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
					hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms	
					with severe loss of range of motion, strength, or ability to perform daily tasks best describes	
					the patient's presentation best describes the patient's presentation:; Lower Extremity/Hip	
					selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The	
					evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
					cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
				97116 Therapeutic procedure, 1 or	or Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
.,,	, -,	., . ,,				

					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Hip/Pelvis; 5/4/2023; No patient history in the past 90 days;	
					Evaluation dates less than 90 days in the past; Surgical; 4/28/2023; Post-Op; Hip/Pelvis	
					selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip	
					request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.;	
					Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a	
					fax; The hip is beingn treated.; Moderate objective and functional deficits: constant	
					symptoms and/or symptoms that are intensified with activity with moderate loss of range of	
					motion, strength, or ability to perform daily tasks best describes the patient's presentation	
					best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy;	
					Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the	
					future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT	
					related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
					selected; Physical or Occupational therapy was selected; Magellan does not manage	
				97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical therapy was	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Apr-Jun
6/30/2023	4/1/2022	6/30/2023 Medicine	Annroyal	, , ,	requested, the health carrier is NOT New Hampshire Healthy Families, Physical therapy was	1 2023 2023
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	1 2023 2023
					point; Body Part for first pass is Hip/Pelvis; 05/04/2023; No patient history in the past 90	
					days; Evaluation dates less than 90 days in the past; Surgical; 05/01/2023; Post-Op;	
					Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your	
					Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is	
					other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	
					Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits:	
					constant intense symptoms with severe loss of range of motion, strength, or ability to	
					perform daily tasks best describes the patient's presentation best describes the patient's	
					presentation:; Lower Extremity/Hip selected as the body type/region; Physical Therapy;	
					Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the	
					future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT	
					related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
					selected; Physical or Occupational therapy was selected; Magellan does not manage	
				97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical therapy was	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	requested	1 2023 2023
					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Hip/Pelvis; 5/5/2023; No patient history in the past 90 days;	
					Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
					specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
					Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
					type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
					Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including	
					bowel or bladder; Severe impairment in the ability to perform functional tasks due to	
					constipation, incontinence or pelvic organ prolapse best describes the patient's	
					presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy;	
					Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
					is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
					Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Magellan does not	
				97116 Therapeutic procedure, 1 or	manage chiropractic but does manage speech therapy for the member's plan; Physical	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	2 2023 2023
0/30/2023	+/ 1/ 2U23	0/30/2023 MEGICITE	Approvai	daming (includes stall cliffbillg)	therapy was requested	2 2023 2023

					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 5/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/4/2023; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation:; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
					Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected.	
				97116 Therapeutic procedure, 1 or	Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
-,00,2020	., 1, 2020	-, - 5, 2020			Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	_ 2020 2020
					point; Body Part for first pass is Hip/Pelvis; 5/8/2023; No patient history in the past 90 days;	
					Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
					specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
					Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
					type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
					hip is beingn treated.; Moderate objective and functional deficits: constant symptoms	
					and/or symptoms that are intensified with activity with moderate loss of range of motion,	
					strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy;	
					Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
					is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
					Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Magellan does not	
				97116 Therapeutic procedure, 1 or	manage chiropractic but does manage speech therapy for the member's plan; Physical	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Hip/Pelvis; 05/08/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
					specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
					Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
					type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
					Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including	
					bowel or bladder; Severe impairment in the ability to perform functional tasks due to	
					constipation, incontinence or pelvic organ prolapse best describes the patient's	
					presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy;	
					Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
					is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
					Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
				97116 Therapeutic procedure, 1 or	therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	2 2023 2023
-/00/2020	., _,	-, - 5, 2020 meanine	pp.o.u.		and a production	_ 2020 2020

	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
	point; Body Part for first pass is Hip/Pelvis; 05/08/2023; No patient history in the past 90	
	days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
	specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
	Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
	type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
	Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Severe	
	impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor	
	muscles or trigger points that cause referred pain best describes the patient's presentation;	
	Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy	
	was not selected; The evaluation date is not in the future; The rehabilitation is NOT related	
	to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
	Physical or Occupational therapy was selected; Physical or Occupational therapy was	
	selected; Physical or Occupational therapy was selected; Magellan does not manage	
0741C T		
	herapeutic procedure, 1 or chiropractic but does manage speech therapy for the member's plan; Physical therapy was	
	eas, each 15 minutes; gait requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training	(includes stair climbing) requested	1 2023 2023
	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
	point; Body Part for first pass is Hip/Pelvis; 05/08/2023; No patient history in the past 90	
	days; Evaluation dates less than 90 days in the past; Surgical; 04/14/2023; Post-Op;	
	Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your	
	Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is	
	other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	
	Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits:	
	constant intense symptoms with severe loss of range of motion, strength, or ability to	
	perform daily tasks best describes the patient's presentation best describes the patient's	
	presentation:; Lower Extremity/Hip selected as the body type/region; Physical Therapy;	
	Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the	
	future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT	
	related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
	Physical or Occupational therapy was selected; Physical or Occupational therapy was	
	selected; Physical or Occupational therapy was selected; Magellan does not manage	
0741C T		
	herapeutic procedure, 1 or chiropractic but does manage speech therapy for the member's plan; Physical therapy was	A mar I mar
	eas, each 15 minutes; gait requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training	(includes stair climbing) requested	1 2023 2023
	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
	point; Body Part for first pass is Hip/Pelvis; 05/09/2023; No patient history in the past 90	
	days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
	specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
	Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
	type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
	hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms	
	with severe loss of range of motion, strength, or ability to perform daily tasks best describes	
	the patient's presentation best describes the patient's presentation:; Lower Extremity/Hip	
	selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The	
	evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
	cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
	Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
07116 Ti	herapeutic procedure, 1 or or Occupational therapy was selected; Magellan does not manage chiropractic but does	
	eas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
, ,	(includes stair climbing) carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training	(microues stail clinionig) Carrier is NOT new nampshire fleating ramilles; Physical therapy was requested	1 2023 2023

	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
	point; Body Part for first pass is Hip/Pelvis; 05/09/2023; No patient history in the past 90	
	days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
	specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
	Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
	type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
	Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Severe	
	impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor	
	muscles or trigger points that cause referred pain best describes the patient's presentation;	
	Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy	
	was not selected; The evaluation date is not in the future; The rehabilitation is NOT related	
	to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
	Physical or Occupational therapy was selected; Physical or Occupational therapy was	
	selected; Physical or Occupational therapy was selected; Magellan does not manage	
97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical therapy was	
4/1/2023 - Physical more areas, each 15 minutes; gait	requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing)	requested	1 2023 2023
0/30/2023 4/1/2023 0/30/2023 incutence Approval training (includes stail climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	1 2023 2023
	point; Body Part for first pass is Hip/Pelvis; 5/10/2023; No patient history in the past 90	
	days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
	specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
	Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
	type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
	hip is beingn treated.; Moderate objective and functional deficits: constant symptoms	
	and/or symptoms that are intensified with activity with moderate loss of range of motion,	
	strength, or ability to perform daily tasks best describes the patient's presentation best	
	describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy;	
	Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
	is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
	Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
07445 Thomas Albandaria	therapy was selected; Physical or Occupational therapy was selected; Magellan does not	
97116 Therapeutic procedure, 1 or	manage chiropractic but does manage speech therapy for the member's plan; Physical	
4/1/2023 - Physical more areas, each 15 minutes; gait	therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing)	therapy was requested	1 2023 2023
	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
	point; Body Part for first pass is Hip/Pelvis; 5/10/2023; No patient history in the past 90	
	days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
	specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
	Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
	type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
	Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including	
	bowel or bladder; Severe impairment in the ability to perform functional tasks due to	
	constipation, incontinence or pelvic organ prolapse best describes the patient's	
	presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy;	
	Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
	is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
	Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
	therapy was selected; Physical or Occupational therapy was selected; Magellan does not	
97116 Therapeutic procedure, 1 or	manage chiropractic but does manage speech therapy for the member's plan; Physical	
4/1/2023 - Physical more areas, each 15 minutes; gait	therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing)	therapy was requested	1 2023 2023

					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Hip/Pelvis; 5/11/2023; No patient history in the past 90	
					days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
					specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
					Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
					type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
					hip is beingn treated.; Moderate objective and functional deficits: constant symptoms	
					and/or symptoms that are intensified with activity with moderate loss of range of motion,	
					strength, or ability to perform daily tasks best describes the patient's presentation best	
					describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy;	
					Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
					is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
					Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Magellan does not	
				97116 Therapeutic procedure, 1 or	manage chiropractic but does manage speech therapy for the member's plan; Physical	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
					· ·	
					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Hip/Pelvis; 5/11/2023; No patient history in the past 90	
					days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
					specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
					Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
					type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
					hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms	
					· · · · · · · · · · · · · · · · · · ·	
					with severe loss of range of motion, strength, or ability to perform daily tasks best describes	
					the patient's presentation best describes the patient's presentation:; Lower Extremity/Hip	
					selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The	
					evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
					cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
				97116 Therapeutic procedure, 1 or	or Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Hip/Pelvis; 05/11/2023; No patient history in the past 90	
					days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
					specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
					Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
					type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
					Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including	
					bowel or bladder; Severe impairment in the ability to perform functional tasks due to	
					constipation, incontinence or pelvic organ prolapse best describes the patient's	
					presentation; Incontinence of pervicingal profapse best describes the patient's	
					, , , , , , , , , , , , , , , , , , ,	
					Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
					is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
					Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Magellan does not	
				97116 Therapeutic procedure, 1 or	manage chiropractic but does manage speech therapy for the member's plan; Physical	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
				3	., .	

Perform Body Part Excitation, Perform Body Part Excitation, Excitation, Perform Body Part Excitation, Excitation (1997), 127/2023, Perform Notice years, Nature Surpput, Registery to violated as the depth of the Part Excitation (1997), 1997,							
days, Evaluation dates less than 00 days in the past, Non-Sugilaci, high-plans selected as the specific flood ypart 100 ypart						Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
specific body part jeas completes. Clusterson about your Palicy-River Persists. If Three or more visits anticipated must character of visits anticipated must character of visits and the Palicy than the 2-three party type in Rehabilitative. One Rody Part selection, the Control Palicy River Persists. Persists of the Palicy River River Persists. Persists of the Palicy River River Persists. Persists of the Palicy River River River Persists. Persis						point; Body Part for first pass is Hip/Pelvis; 05/12/2023; No patient history in the past 90	
Three or more visits an inclination. The anticipated number of visits is other than 2; Therapy type is Rehabilitative. One loop of part selected, the General basis, representation (and fast) the control of the part of the						days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
type is Rehabilitative; One Body Parts sclerated, No Scond Pass, Requested is not a fix; The his is beings treated, in the second parts of the sec						specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
his is beings treated. Moderate objective and functional deficisc constant symptoms and/or symptoms terrespited with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the postery presentation best describes. It is come to be the property of the performance of the performance of the property of the performance of t						Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
and/or symploms that are interselled with activity with moderate loss of range of motion, strength, or ability pelected as the body type/region; Physical Therapy: Speech Therapy selected as the body type/region; Physical Therapy: Speech Therapy selected as the body type/region; Physical Therapy: Speech Therapy selected as the body type/region; Physical Therapy: Speech Therapy selected as the body type/region; Physical Therapy: Speech Therapy sea selected; The evaluation date is not in the future. The re-rehabilitation is NOT restreed to a diagnosis can be charged by selected as the threat of the future of the re-relation of the selection. Perform Rody for the member's plan, Physical of Cocupational threat the future of the responsibility. The responsibility of the member's plan, Physical of Cocupational threat						type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
strength, or ability to perform daily tasks best describes the patients' presentation best describes the Community of the patients' presentation of the following of carect, method in the future, The relabilitation in Not Technol to a disposition of carect, method in the future, the relabilitation is Not Technol to the patients' presentation of the strength of the patients of the community of the patients' presentation of the						hip is beingn treated.; Moderate objective and functional deficits: constant symptoms	
describes th, Lower Extremsly, Philips effected as the body type/region; Physical Thorapy. Speech Therapy of Seeded, The evaluation date is not in the future. The rehabilitation is NOT related to a diagnosis of carner; The rehabilitation is NOT related to a diagnosis of carner; The rehabilitation is NOT related to a diagnosis of carner; The rehabilitation is NOT related to a diagnosis of carner; The rehabilitation is NOT related to a diagnosis of carner; The rehabilitation is NOT related to a diagnosis of carner; The rehabilitation is NOT related to a diagnosis of carner; The rehabilitation is NOT related to a diagnosis of carner; The rehabilitation is NOT related to a diagnosis of carner; The rehabilitation is NOT related to a diagnosis of carner; The rehabilitation is NOT related to a diagnosis of carner; The rehabilitation of the page of the carner; The relation carner; The rehabilitation is NOT related to a diagnosis of carner; The rehabilitation is NOT related to a diagnosis of carner; The rehabilitation is NOT related to a diagnosis of carner; The rehabilitation of the page of the representation of the page of the page of the page of the representation of the page of the						and/or symptoms that are intensified with activity with moderate loss of range of motion,	
Speech Therapy was not solected. The evaluation of acts is not in the future. The rehabilitation is alignosis of an expert in evaluation of acts in soft related to a diagnosis of a care. The rehabilitation is NOT related to a diagnosis of a care. The rehabilitation is NOT related to a diagnosis of a care. The rehabilitation is NOT related to a diagnosis of sole of typical of Occupational therapy was selected, Magalina does not manage divinogracit but does manage speech therapy for the member's plan; Physical of Occupational therapy was selected, Magalina does not manage divinogracit but does manage speech therapy for the member's plan; Physical of Occupational therapy was requested. The sole of the properties (NOT level Hamps) was requested therapy was requested. The sole of the properties (NOT level Hamps) was requested to sole of properties (NOT level Hamps) was requested. The sole of the properties (NOT level Hamps) was requested to sole of properties (NOT level Hamps) was requested to a sole of properties (NOT level Hamps) was requested to specify the properties (NOT level Hamps) was requested to specify the properties (NOT level Hamps) was requested to specify the properties (NOT level Hamps) was requested to specify the properties of the properties of the properties (NOT level Hamps) was requested to specify the properties (NOT level Hamps) was requested to specify the properties (NOT level Hamps) was requested to specify the properties (NOT level Hamps) was requested as the body typergon, Physical memory of more areas, each 15 minutes; gat training (includes stair climbing) training (includes						strength, or ability to perform daily tasks best describes the patient's presentation best	
Speech Therapy was not solected. The evaluation of acts is not in the future. The rehabilitation is alignosis of an expert in evaluation of acts in soft related to a diagnosis of a care. The rehabilitation is NOT related to a diagnosis of a care. The rehabilitation is NOT related to a diagnosis of a care. The rehabilitation is NOT related to a diagnosis of sole of typical of Occupational therapy was selected, Magalina does not manage divinogracit but does manage speech therapy for the member's plan; Physical of Occupational therapy was selected, Magalina does not manage divinogracit but does manage speech therapy for the member's plan; Physical of Occupational therapy was requested. The sole of the properties (NOT level Hamps) was requested therapy was requested. The sole of the properties (NOT level Hamps) was requested to sole of properties (NOT level Hamps) was requested. The sole of the properties (NOT level Hamps) was requested to sole of properties (NOT level Hamps) was requested to a sole of properties (NOT level Hamps) was requested to specify the properties (NOT level Hamps) was requested to specify the properties (NOT level Hamps) was requested to specify the properties (NOT level Hamps) was requested to specify the properties of the properties of the properties (NOT level Hamps) was requested to specify the properties (NOT level Hamps) was requested to specify the properties (NOT level Hamps) was requested to specify the properties (NOT level Hamps) was requested as the body typergon, Physical memory of more areas, each 15 minutes; gat training (includes stair climbing) training (includes						describes th: Lower Extremity/Hip selected as the body type/region: Physical Therapy:	
is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of lymphogolar decoupational therapy was respected. Physical or Cocupational therapy was selected, Physical or Cocupational therapy was selected, Physical or Cocupational therapy was selected. Physical or Cocupational therapy was selected, Physical or Cocupational therapy was selected. Physical or Cocupational							
Lymphedema. Physical or Occupational therapy was selected. Physical or Occupational therapy was requested. The health actual in the past was requested. Physical or Occupational therapy was requested. Physical or Occupational ther							
therapy was selected, Physical or Cocupational therapy was selected, Magellan does not manages character by the member's place physical of 2002/2023 (A1/2023 6/30/2023 Medicine Aprival training (includes stair climbing) traini						,	
4/1/2023 - Physical operating of the Perspectic procedure, 1 or manage check therapy was requested. The halfscharrier is NOT lower than parties the part of the pa							
4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical 2 2023 2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested to the profit of the past ship/Perbis 5/12/2023. No patient history in the past 90 days; Evaluation date less than 90 days in the past, Non-Surgical, High/Pebs selected as the specific body part. Belof Part past complete, Questions about your Pebs/High request; Three or more visits anticipated; The anticipated number of visits is other than 2.1 Therapy visits belong the past the past the past the past three past the past three past the past three pa					97116 Therapeutic procedure 1 or	· · · · · · · · · · · · · · · · · · ·	
by 1/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) training (includes	4/1/2023 -		Physical		·		Δnr-lun
Perform Body Part selection, Perform Body Part selection, First Pass, Second Pass check point; Body Part for first pass is Hip/Pewis; 5/12/2023. No patient history in the past 90 days; Evaluation dates less than 90 days in the past. Non-Surgical; Hip/Pewis selected as the specific body part pass complete; Cuestions about your Pelhy-Alipre queuest; Three or more whits anticipated; The anticipated number of visits is other than 2. Therapy type is Rehabilitative, one Body Part selected; No Second Pass Requestor is not a fax. The hip is beingn treated, Moderate objective and functional defirits: constant symptoms and/or symptoms that activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Sermani/Hip selected as the body type-(gripo, Physical Hirapy; Speech Therapy was not selected; The evaluation date is not in the future. The rehabilitation is NOT related to a diagnosis of a concept. The rehabilitation is NOT related to a diagnosis of a concept. The rehabilitation is NOT related to a diagnosis of a concept. The rehabilitation is NOT related to a diagnosis of a concept. The rehabilitation is NOT related to a diagnosis of a concept in rehabilitation is NOT related to a diagnosis of a concept in rehabilitation is NOT related to a diagnosis of a concept in rehabilitation is NOT related to a diagnosis of a concept in rehabilitation is NOT related to a diagnosis of a concept in rehabilitation is NOT related to a diagnosis of a concept in rehabilitation is NOT related to a diagnosis of a concept in rehabilitation is NOT related to a diagnosis of a concept in rehability of the member's plan, Physical hereapy was requested. The patient has perfect the normal part of the member's plan, Physical hereapy was requested. The anticipated number of visits is other than 2. Therapy type Rehabilitative (proposed part pass completely) on patient history in the past 90 days; Evaluation dates inst than 40 part pass completely. So pat		1/2023 6/30/203		Annroval	· · · · · · · · · · · · · · · · · · ·		
point; Body Part for first pass is Hij/Pevlist; 5/12/20/33. No patient history in the past 90 days: Excitability after size six han 90 days in the past, Non-Sirgical; Hij/Pevlist selected as the specific body part; Body Part pass complete; Questions about your Pevlis/Hijr request; Three or more with san intelligented. The anticipated number of visits is other than 2. Therapy type is Rehabilitative; One Body Part selected. No Second Pass; Requestor is not a fax; The hijs is beingn't reseled; Moderate objective and functional deflots: constant symptoms and/or symptoms that activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes this, patient's performability and such with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's previously patient best or the future; The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of a cancer, The patient's part of the member's plan; Physical Apr-Jun therapy was requested. The health carrier is NOT new Hampship Healthy Families; Physical Therapy type is Rehabilitative. One Body Part selection; Pist Pass; Second Pass; Requestor is not a fax; The Peth	0/30/2023 4/1	1/2023 0/30/202	23 Medicine	Approvai	training (includes stail climbing)	• • • • • • • • • • • • • • • • • • • •	2 2023 2023
days, Evaluation dates less than 90 days in the past, Non-Surgical, Hip/Pekis selected as the specific body parts, Body Part pass complete. Questions about your Pekis/Hip request;: Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Sehabilitative. One Body Part selected; by Second Pass, Requestor is not a far, The hip is being treated, Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future. The rehabilitation is NOT related to a diagnosis of Lymphedema, Physical or Coupational therapy was selected. Physical or Occupational therapy was selected. Physical or Occupational therapy was selected. Physical or Occupational therapy was selected. Physical or the member's plan; Physical or Coupational therapy was selected. Physical or the member's plan; Physical or Occupational therapy was requested. Physical or Occupational therapy was requested to design or Physical or Occupational therapy was requested. Physical or Occupational therapy was selected. Physical or Occupational						•	
spedific body part; Body Part pass complete; Questions about your Pelvis/Hip request; Three or more visits anticipated, musher of visits is other than 2: Therapy type is Rehabilitative; One Body Part selection; No Second Pass. Requestor is not a fay; The hip is beings treated; Moderate objective and functional deficits; constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation best describes the control deficits; constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation in the future; the rehabilitation is NOT related to a diagnosis of active. The rehabilitation is NOT related to a diagnosis of active. The rehabilitation is NOT related to a diagnosis of active. The rehabilitation is NOT related to a diagnosis of active. The rehabilitation is NOT related to a diagnosis of active. The rehabilitation is NOT related to a diagnosis of active. The rehabilitation is NOT related to a diagnosis of active. The rehabilitation is NOT related to a diagnosis of active. The rehabilitation is NOT related to a diagnosis of active and the rehap was selected, Physical or Occupational therapy was requested. The health active is NOT New that manipative is the Physical or Occupational therapy was selected, Physical or Occupation, Industry in the past the Not Second Pass. Requestor is not a fax. The Pedical Physical or Occupational therapy was selected, Physical or Occupational therapy was selected, Physical or Occupational therapy was selected, Physical or Occupa							
Three or more visits anticipated. The anticipated number of visits is other than 2; Therapy type is Rehabilitative; One Body Part selected; No Socond Pass; Requestor is not a fax; The hip is beingn treated,; Moderate objective and functional deficits; constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation dates into in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested. 1 2023 2023 Perform Body Part selection; Perform Body Part selection; Pirits Pas; Second Pass; Requestor is not a fax; The Perform Body Part selection; Perform Body Part selected; No Secon							
the pipe is Rehabilitative; One Body Part selected; No Second Pass, Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes. It cover Extremtly/lip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not more areas, each 15 minutes; gat therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical of Jay 2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) 4/1/2023 - Physical of Jay 2024 Approval training (includes stair climbing) 4/1/2024 - Approval training (includes stair climbing) 5/2025 - Approval training (includes stair climbing) 5/2026 - Approval training (includes stair climbing) 5/2026 - Approval training (includes stair climbing) 5/2027 - Approval training (includes stair climbing) 5/2028 - Approval training (includes sta							
hip is being htreated; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation in the future; the rehabilitation is NOT related to a diagnosis of Lymphedemia, Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested. The patient has perfect the past, Non-Surgical; Hip/Peblus selected as the specific body part, Body Part pass complete; Questions about your Peblis/Hip request; Three or more visits anticipated; The patient has Peblic Floor Dysfunction, including bowel or bladder; Severe Impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical or not future; the rehabilitation is NOT related to a diagnosis of Lymphedemia, Physical or Occupational therapy							
and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of Lymphedema, Physical or Occupational therapy was selected; Physical or more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Manage Chiropractic but does manage speech therapy for the member's plan; Physical or Manage Chiropractic but does manage speech therapy for the member's plan; Physical or Manage Chiropractic but does manage speech therapy for the member's plan; Physical or Manage Chiropractic but does manage speech therapy for the member's plan; Physical Manage Chiropractic but does manage speech therapy for the member's plan; Physical Manage Chiropractic Dut does manage speech therapy was requested. The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun therapy was requested. The health carrier is NOT New Hampshire Healthy Families; Physical Developed Physical Pherapy was requested to the part of the past to do the past therapy was requested. The patient has peace to the past, Non-Surgical, Hip/Pelvis selected as the body type/region; Physical Therapy; Speech Harapy was selected; Manage Physical Presapy; Speech Harapy was selected; Physical Or Occupational therapy was selec							
strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient best predict body part; Body Part selection, Perform Body Part selection; First Pass; Second Pass Capables best part of first pass is Hip/Pelvis; 5/12/2033, No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; in Three or more visits anticipated; The anticipated number of visits is other than 2; Therapy type is Rehabilitative; One Body Part selected, No Second Pass; Requestor is not a fax; The Pelvis/Pelvis Floor is being treated; The patient has Pelvis Floor Dysfunction, including bowel or bladder; Severe impairment in the Bullity to perform functional tasks due to constipation, incontin							
describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of adagnosis of the adagnosis of adagnosis of adagnosis of the adagnosis of adagnosis of the adagnosis of the adagnosis of adagnosis of the adagnosis of adagnosis of the adagnosis of the adagnosis of adagnosis of the adagnosis of the adagnosis of adagnosis of the adagnosis of						, , ,	
Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema. Physical or Occupational therapy was selected; Physical or Occupational th							
is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested. 4/1/2023							
Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Mageilan does not manage chiropractic but does manage speech therapy for the member's plan; Physical 4/1/2023 - Physical Physical Medicine Approval Physical Medicine Approval Training (includes stair climbing) Apr-Jun therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun therapy was requested. The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun therapy was requested. The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun therapy was requested therapy was requested. The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun therapy was requested. The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun therapy was requested. The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun therapy was requested. The health carrier is NOT New Hampshire Healthy Families; Physical Physical Therapy was requested. The health carrier is NOT New Hampshire Healthy Families; Physical Physical Apr-Jun therapy was requested. The health carrier is NOT New Hampshire Healthy Families; Physical Physical Apr-Jun was requested. The patient has Pelvic Ploving Physical Physi							
therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical Apr-Jun 4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested. The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested. Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part pass is Hip/Pelvis; 5/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hips elected as the body type/Pegiognio, Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational							
97116 Therapeutic procedure, 1 or manage chiropractic but does manage speech therapy for the member's plan; Physical 4/1/2023 - Physical Physical Physical 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical 1 2023 2023 Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Peivis; 5/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Peivis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor to a strength of the past (Non-Surgical; Hip/Peivis selected as the specific body part; Body Part selected; No Second Pass; Requestor is Agr. The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolagose best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical 4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun							
4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun therapy was requested (The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun therapy was requested (The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun therapy was requested (The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical						· · · · · · · · · · · · · · · · · · ·	
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested 1 2023 2023 Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 5/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part, Body Part pass complete; Questions about your Pelvis/Hip request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse bet describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy for the member's plan; Physical 4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical							
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 5/12/2023, No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational th	1 1				· · · · · · · · · · · · · · · · · · ·		
point; Body Part for first pass is Hip/Pelvis; 5/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical 4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	6/30/2023 4/1	1/2023 6/30/202	23 Medicine	Approval	training (includes stair climbing)		1 2023 2023
days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Three or more visits anticipated; The anticipated number of visits is other than 2; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical or Physical or Physical or Physical or Physical or Dr. New Hampshire Healthy Families; Physical Apr-Jun						•	
specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physica							
Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not 97116 Therapeutic procedure, 1 or manage chiropractic but does manage speech therapy for the member's plan; Physical 4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun							
type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is not in the future; The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is not in the future; The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabi							
Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of concert.; The representation of the procedure, 1 or manage chiropractic but does manage speech therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical 4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun						· · · · · · · · · · · · · · · · · · ·	
bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Carpen or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical 4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun							
constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical 4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun							
presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not 97116 Therapeutic procedure, 1 or manage chiropractic but does manage speech therapy for the member's plan; Physical 4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun						bowel or bladder; Severe impairment in the ability to perform functional tasks due to	
Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not 97116 Therapeutic procedure, 1 or manage chiropractic but does manage speech therapy for the member's plan; Physical 4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun						constipation, incontinence or pelvic organ prolapse best describes the patient's	
is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not 97116 Therapeutic procedure, 1 or manage chiropractic but does manage speech therapy for the member's plan; Physical 4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun						· · · · · · · · · · · · · · · · · · ·	
Lymphedema.; Physical or Occupational therapy was selected; Magellan does not 97116 Therapeutic procedure, 1 or manage chiropractic but does manage speech therapy for the member's plan; Physical 4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun						Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
therapy was selected; Physical or Occupational therapy was selected; Magellan does not 97116 Therapeutic procedure, 1 or manage chiropractic but does manage speech therapy for the member's plan; Physical 4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun						is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
97116 Therapeutic procedure, 1 or manage chiropractic but does manage speech therapy for the member's plan; Physical 4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun						Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun						therapy was selected; Physical or Occupational therapy was selected; Magellan does not	
					97116 Therapeutic procedure, 1 or	manage chiropractic but does manage speech therapy for the member's plan; Physical	
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested 1 2023 2023	4/1/2023 -		Physical		more areas, each 15 minutes; gait	therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Apr-Jun
	6/30/2023 4/1	1/2023 6/30/202	23 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023

Perform Body Part selection, Perform Body Part selection, First Pass; Second Pass check point; Body Part selection, Perform Body Part selection, No patient history in the past 90 days; Evaluation date less than 90 days in the past Surplied, \$200,000 part; Body Part pass complete; Questions about your Pelvis/Hip request: Three or more visits anticipated: In entilization with the Past Surplied Performs Body Part selected, Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patients? Severe allotted Severes between Severes Severes Selected, Severe objectives and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patients? Severes and the severe loss of range of motion, strength, or ability to perform daily tasks best describes the patients? Severes and the severe loss of range of motion, strength, or ability to perform daily tasks best describes the patients? Severes and the severe loss of range of motion, strength, or ability to perform daily tasks best describes the patients? Severes and the severe loss of range of motion is NOT related to a diagnosis of Lymphedemas. Physical of Decognitional therapy was selected, Physical or of Cocquational therapy was selected, Physical or of Cocquational therapy was selected, Physical or Occupational therapy was requested of the selection, Physical or occupational therapy was requested. The health of a part of more areas, each 15 minutes; gat training (includes stair climbing) training includes stair climbing) training fineduses that of patients are selected, Physical or Occupational therapy was requested to what training fineduses that climbing training fineduses for the member's plan; Physical or Occupational therapy was re	4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 05/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Severe impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles or trigger points that cause referred pain best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of coccupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested.	Apr-Jun 1 2023 2023
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Carrier is NOT New Hampshire Healthy Families; Physical therapy was requested 1 2023 2023 Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 5/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgicial; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits; constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; the evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cuymphedema, Physical or Occupational therapy was selected; Physical or Occupational therapy for the member's plan; Physical 4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun					97116 Therapeutic procedure, 1 or	point; Body Part for first pass is Hip/Pelvis; 5/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/8/2023; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation:; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 5/15/2023, No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupa	4/1/2023 -		Physical		· · · · · · · · · · · · · · · · · · ·		Apr-Jun
point; Body Part for first pass is Hip/Pelvis; 5/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not 97116 Therapeutic procedure, 1 or manage chiropractic but does manage speech therapy for the member's plan; Physical 4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	, , , , ,	1 2023 2023
15 CONTINUES AND CONTINUES Approved training lineludge stair elimbing) therapy was requested	1		,		more areas, each 15 minutes; gait	point; Body Part for first pass is Hip/Pelvis; 5/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	

				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is Hip/Pelvis; 5/15/2023; No patient history in the past 90	
				days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
				specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
				Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
				type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
				Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Mild to moderate	
				impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor	
				muscles, or trigger points that cause referred pain best describes the patient's presentation;	
				Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy	
				was not selected; The evaluation date is not in the future; The rehabilitation is NOT related	
				to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				selected; Physical or Occupational therapy was selected; Magellan does not manage	
		971	7116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical therapy was	
4/1/2023 -	Physical		ore areas, each 15 minutes; gait	requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Apr-Jun
6/30/2023 4/1/	· ·		aining (includes stair climbing)	requested	1 2023 2023
0/30/2023 4/1/	72023 0/30/2023 Wicalcine	Approvat trui	anning (merades stati enright)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	1 2023 2023
				point; Body Part for first pass is Hip/Pelvis; 05/16/2023; No patient history in the past 90	
				days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
				specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
				Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
				type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
				hip is beingn treated.; Moderate objective and functional deficits: constant symptoms	
				and/or symptoms that are intensified with activity with moderate loss of range of motion,	
				strength, or ability to perform daily tasks best describes the patient's presentation best	
				describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy;	
				Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
				is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
				Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
				therapy was selected; Physical or Occupational therapy was selected; Magellan does not	
		071	7116 Therapeutic procedure, 1 or	manage chiropractic but does manage speech therapy for the member's plan; Physical	
4/1/2023 -	Physical		ore areas, each 15 minutes; gait	therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Anr lun
6/30/2023 4/1/	· ·		· · ·		Apr-Jun 1 2023 2023
6/30/2023 4/1/	/2023 6/30/2023 Medicine	Approval trai	aining (includes stair climbing)	therapy was requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	1 2023 2023
				point; Body Part for first pass is Hip/Pelvis; 5/16/2023; No patient history in the past 90	
				days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
				specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
				Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
				type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
				Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including	
				bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks	
				, , ,	
				due to constipation, incontinence or pelvic organ prolapse best describes the patient's	
				presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy;	
				Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
				is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
				Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
			MAC The serve th	therapy was selected; Physical or Occupational therapy was selected; Magellan does not	
4/4/2022	Die 1		7116 Therapeutic procedure, 1 or	manage chiropractic but does manage speech therapy for the member's plan; Physical	A
4/1/2023 -	Physical (2022 Marking		ore areas, each 15 minutes; gait	therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Apr-Jun
6/30/2023 4/1/	/2023 6/30/2023 Medicine	Approval trai	aining (includes stair climbing)	therapy was requested	1 2023 2023

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 5/16/2023; No patient history in the past yo days; Evaluation dates less than 90 days in the past; Surgical; 5/10/2033, Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Three or more visits anticipated number of visits is other than 2; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT re
days; Evaluation dates less than 90 days in the past; Surgical; 5/10/2023; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; Three or more visits anticipated; The anticipated multiposted number of visits is to sther than 2; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of coccupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occu
selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; Three or more visits anticipated, The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Cancer; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physica
request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage 4/1/2023 - Physical more areas, each 15 minutes; gait 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 5/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the
request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage 4/1/2023 - Physical more areas, each 15 minutes; gait 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 5/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the
Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema, Physical or Occupational therapy was selected; Physical or Occupatio
fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; P
symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hipst-open or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of Cymphedema.; Physical or Occupational therapy was selected; Phys
motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was
best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage speech therapy for the member's plan; Physical therapy was 4/1/2023 - Physical more areas, each 15 minutes; gait requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was fo/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 5/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the
Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Coccupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage 97116 Therapeutic procedure, 1 or chiropractic but does manage speech therapy for the member's plan; Physical therapy was 4/1/2023 - Physical more areas, each 15 minutes; gait requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 5/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the
future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage 97116 Therapeutic procedure, 1 or chiropractic but does manage speech therapy for the member's plan; Physical therapy was 4/1/2023 - Physical more areas, each 15 minutes; gait requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was April 6/30/2023 Alaccine Approval training (includes stair climbing) Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 5/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the
related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage 97116 Therapeutic procedure, 1 or chiropractic but does manage speech therapy for the member's plan; Physical therapy was 4/1/2023 - Physical more areas, each 15 minutes; gait requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was April 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 5/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the
Physical or Occupational therapy was selected; Physical ther
Physical or Occupational therapy was selected; Physical ther
selected; Physical or Occupational therapy was selected; Magellan does not manage 4/1/2023 - Physical more areas, each 15 minutes; gait requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was Aproval training (includes stair climbing) Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 5/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the
97116 Therapeutic procedure, 1 or chiropractic but does manage speech therapy for the member's plan; Physical therapy was 4/1/2023 - Physical more areas, each 15 minutes; gait requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was April 6/30/2023 Medicine Approval training (includes stair climbing) Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 5/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the
4/1/2023 - Physical more areas, each 15 minutes; gait requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was Api requested (The health carrier is NOT New Hampshire Healthy Families; Physical therapy was Api requested 1 2023 202 202 202 202 202 202 202 202 20
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 5/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 5/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the
point; Body Part for first pass is Hip/Pelvis; 5/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the
point; Body Part for first pass is Hip/Pelvis; 5/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the
days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the
specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;
Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy
type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The
hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms
with severe loss of range of motion, strength, or ability to perform daily tasks best describes
the patient's presentation best describes the patient's presentation:; Lower Extremity/Hip
selected as the body type/region; Physical Therapy, Speech Therapy was not selected; The
evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of
cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or
Occupational therapy was selected; Physical or Occupational therapy was selected; Physical
97116 Therapeutic procedure, 1 or or Occupational therapy was selected; Magellan does not manage chiropractic but does
4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families; Physical therapy was requested 1 2023 202
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check
point; Body Part for first pass is Hip/Pelvis; 5/17/2023; No patient history in the past 90
days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the
specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;
Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy
type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The
Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including
bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks
due to constipation, incontinence or pelvic organ prolapse best describes the patient's
presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy;
Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation
is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of
Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational
therapy was selected; Physical or Occupational therapy was selected; Magellan does not
97116 Therapeutic procedure, 1 or manage chiropractic but does manage speech therapy for the member's plan; Physical
4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested 1 2023 202

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 5/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
Three of more visits anticipated number of visits is other than 2., Therapy	
type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including	
bowel or bladder; Severe impairment in the ability to perform functional tasks due to	
constipation, incontinence or pelvic organ prolapse best describes the patient's	
presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy;	
Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
therapy was selected; Physical or Occupational therapy was selected; Magellan does not	
97116 Therapeutic procedure, 1 or manage chiropractic but does manage speech therapy for the member's plan; Physical	
4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested	2 2023 2023
9/30/2023 Wedictine Approval daming includes stall climbing Perform Body Part selection; First Pass; Second Pass check	_ 1010 2020
point; Body Part for first pass is Hip/Pelvis; 5/17/2023; No patient history in the past 90	
days: Evaluation date less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Mild to moderate	
impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor	
muscles, or trigger points that cause referred pain best describes the patient's presentation;	
Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy	
was not selected; The evaluation date is not in the future; The rehabilitation is NOT related	
to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
Physical or Occupational therapy was selected; Physical or Occupational therapy was	
selected; Physical or Occupational therapy was selected; Magellan does not manage	
97116 Therapeutic procedure, 1 or chiropractic but does manage speech therapy for the member's plan; Physical therapy was	
4/1/2023 - Physical more areas, each 15 minutes; gait requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Apr-Jun
	1 2023 2023
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) requested	1 2023 2023
Defens Data Data destina Defens Data Data destina Data Data destina	
Perform Body Part selection; First Pass; Second Pass check	
point; Body Part for first pass is Hip/Pelvis; 5/18/2023; No patient history in the past 90	
days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms	
with severe loss of range of motion, strength, or ability to perform daily tasks best describes	
the patient's presentation best describes the patient's presentation:; Lower Extremity/Hip	
selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The	
evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	
evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does	
evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	Apr-Jun 1 2023 2023

				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is Hip/Pelvis; 05/18/2023; No patient history in the past 90	
				days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
				specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
				Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
				type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
				Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including	
				bowel or bladder; Severe impairment in the ability to perform functional tasks due to	
				constipation, incontinence or pelvic organ prolapse best describes the patient's	
				presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy;	
				Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
				is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
				Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
				therapy was selected; Physical or Occupational therapy was selected; Magellan does not	
			97116 Therapeutic procedure, 1 or	manage chiropractic but does manage speech therapy for the member's plan; Physical	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
, ,	, ,	P.P. W. W.	0 (Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is Hip/Pelvis; 5/18/2023; No patient history in the past 90	
				days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
				specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
				Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
				type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
				Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including	
				bowel or bladder; Severe impairment in the ability to perform functional tasks due to	
				constipation, incontinence or pelvic organ prolapse best describes the patient's	
				presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy;	
				Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
				is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
				Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
				therapy was selected; Physical or Occupational therapy was selected; Magellan does not	
			97116 Therapeutic procedure, 1 or	manage chiropractic but does manage speech therapy for the member's plan; Physical	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Wedicine	Арргочаг	training (includes stail climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	1 2023 2023
				point; Body Part for first pass is Hip/Pelvis; 5/18/2023; No patient history in the past 90	
				days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
				specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
				Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
				type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
				Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Severe	
				impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor	
				muscles or trigger points that cause referred pain best describes the patient's presentation;	
				Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy	
				was not selected; The evaluation date is not in the future; The rehabilitation is NOT related	
				,	
				to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
			0711C Therene whi	selected; Physical or Occupational therapy was selected; Magellan does not manage	
4/1/2022	Bloomton I		97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical therapy was	A 1.
4/1/2023 -	Physical	A	more areas, each 15 minutes; gait	requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	requested	1 2023 2023

				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is Hip/Pelvis; 05/19/2023; No patient history in the past 90	
				days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
				specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
				Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
				type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
				Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including	
				bowel or bladder; Severe impairment in the ability to perform functional tasks due to	
				constipation, incontinence or pelvic organ prolapse best describes the patient's	
				presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy;	
				, , , , , , , , , , , , , , , , , , , ,	
				Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
				is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
				Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
				therapy was selected; Physical or Occupational therapy was selected; Magellan does not	
			97116 Therapeutic procedure, 1 or	manage chiropractic but does manage speech therapy for the member's plan; Physical	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is Hip/Pelvis; 5/19/2023; No patient history in the past 90	
				days; Evaluation dates less than 90 days in the past; Surgical; 5/17/2023; Post-Op; Hip/Pelvis	
				selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip	
				request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.;	
				Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a	
				fax; The hip is beingn treated.; Moderate objective and functional deficits: constant	
				symptoms and/or symptoms that are intensified with activity with moderate loss of range of	
				motion, strength, or ability to perform daily tasks best describes the patient's presentation	
				best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy;	
				Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the	
				future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT	
				related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
			07446 There we still a second on 1	selected; Physical or Occupational therapy was selected; Magellan does not manage	
. /. /	_,		97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical therapy was	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	requested	1 2023 2023
				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is Hip/Pelvis; 5/22/2023; No patient history in the past 90	
				days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
				specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
				Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
				type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
				Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including	
				bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks	
				due to constipation, incontinence or pelvic organ prolapse best describes the patient's	
				presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy;	
				Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
				is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
				Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
				therapy was selected; Physical or Occupational therapy was selected; Magellan does not	
			97116 Therapeutic procedure, 1 or	manage chiropractic but does manage speech therapy for the member's plan; Physical	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)		1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Medicifie	Approvai	Ganning (Includes stall cliffbling)	therapy was requested	1 2023 2023

4/1/2023 -	4/4/2022	Physical	Aggregati	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 5/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation:; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Annroval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 5/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families: Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families: Physical therapy was requested.	Apr-Jun 1 2023 2023
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing) 97116 Therapeutic procedure, 1 or	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 5/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical	1 2023 2023
4/1/2023 -		Physical		more areas, each 15 minutes; gait	therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023

				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is Hip/Pelvis; 5/23/2023; No patient history in the past 90	
				days; Evaluation dates less than 90 days in the past; Surgical; 3/13/2023; Post-Op; Hip/Pelvis	
				selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip	
				request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.;	
				Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a	
				fax; The hip is beingn treated.; Moderate objective and functional deficits: constant	
				symptoms and/or symptoms that are intensified with activity with moderate loss of range of	
				motion, strength, or ability to perform daily tasks best describes the patient's presentation	
				best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy;	
				Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the	
				future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT	
				related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				selected; Physical or Occupational therapy was selected; Magellan does not manage	
			97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical therapy was	
4/1/2023 -	Dhysical		· · · · · · · · · · · · · · · · · · ·	requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Anr lun
	Physical Physical	A	more areas, each 15 minutes; gait		Apr-Jun 1 2023 2023
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	requested	1 2023 2023
				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is Hip/Pelvis; 05/24/2023; No patient history in the past 90	
				days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
				specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
				Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
				type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
				hip is beingn treated.; Moderate objective and functional deficits: constant symptoms	
				and/or symptoms that are intensified with activity with moderate loss of range of motion,	
				strength, or ability to perform daily tasks best describes the patient's presentation best	
				describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy;	
				Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
				is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
				Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
				therapy was selected; Physical or Occupational therapy was selected; Magellan does not	
			97116 Therapeutic procedure, 1 or	manage chiropractic but does manage speech therapy for the member's plan; Physical	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is Hip/Pelvis; 5/25/2023; No patient history in the past 90	
				days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
				specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
				Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
				type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
				hip is beingn treated.; Moderate objective and functional deficits: constant symptoms	
				and/or symptoms that are intensified with activity with moderate loss of range of motion,	
				strength, or ability to perform daily tasks best describes the patient's presentation best	
				describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy;	
				Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
				is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
				Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
			0744 C. Th	therapy was selected; Physical or Occupational therapy was selected; Magellan does not	
4/4/2022	81		97116 Therapeutic procedure, 1 or	manage chiropractic but does manage speech therapy for the member's plan; Physical	
4/1/2023 -	Physical Physical		more areas, each 15 minutes; gait	therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023

					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Hip/Pelvis; 5/25/2023; No patient history in the past 90	
					days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
					specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
					Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
					type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
					Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including	
					bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks	
					due to constipation, incontinence or pelvic organ prolapse best describes the patient's	
					presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy;	
					Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
					is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
					Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
				0744671	therapy was selected; Physical or Occupational therapy was selected; Magellan does not	
				97116 Therapeutic procedure, 1 or	manage chiropractic but does manage speech therapy for the member's plan; Physical	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Hip/Pelvis; 05/25/2023; No patient history in the past 90	
					days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
					specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
					Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
					type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
					Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including	
					bowel or bladder; Severe impairment in the ability to perform functional tasks due to	
					constipation, incontinence or pelvic organ prolapse best describes the patient's	
					presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy;	
					Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
					is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
					Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Magellan does not	
				97116 Therapeutic procedure, 1 or	manage chiropractic but does manage speech therapy for the member's plan; Physical	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Apr-Jun
6/30/2023	4/1/2022	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Wedicine	Арргочаг	training (includes stail climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	1 2023 2023
					point; Body Part for first pass is Hip/Pelvis; 5/25/2023; No patient history in the past 90	
					days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
					specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
					Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
					type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
					Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including	
					bowel or bladder; Severe impairment in the ability to perform functional tasks due to	
					constipation, incontinence or pelvic organ prolapse best describes the patient's	
					presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy;	
					Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
					is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
					Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Magellan does not	
				97116 Therapeutic procedure, 1 or	manage chiropractic but does manage speech therapy for the member's plan; Physical	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023

	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
	point; Body Part for first pass is Hip/Pelvis; 5/26/2023; No patient history in the past 90	
	days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
	specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
	Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
	type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
	hip is beingn treated.; Moderate objective and functional deficits: constant symptoms	
	and/or symptoms that are intensified with activity with moderate loss of range of motion,	
	strength, or ability to perform daily tasks best describes the patient's presentation best	
	describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy;	
	, , , , , , , , , , , , , , , , , , , ,	
	Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
	is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
	Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
	therapy was selected; Physical or Occupational therapy was selected; Magellan does not	
97116 Therapeutic procedure, 1 or	manage chiropractic but does manage speech therapy for the member's plan; Physical	
4/1/2023 - Physical more areas, each 15 minutes; gait	therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing)	therapy was requested	1 2023 2023
	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
	point; Body Part for first pass is Hip/Pelvis; 05/26/2023; No patient history in the past 90	
	days; Evaluation dates less than 90 days in the past; Surgical; 04/28/2023; Post-Op;	
	Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your	
	Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is	
	other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	
	Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits:	
	constant symptoms and/or symptoms that are intensified with activity with moderate loss of	
	range of motion, strength, or ability to perform daily tasks best describes the patient's	
	presentation best describes th; Lower Extremity/Hip selected as the body type/region;	
	Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation	
	date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The	
	rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
	therapy was selected; Physical or Occupational therapy was selected; Physical or	
	Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
07445 Theorem the manufacture of the		
97116 Therapeutic procedure, 1 or	does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 - Physical more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing)	Physical therapy was requested	1 2023 2023
	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
	point; Body Part for first pass is Hip/Pelvis; 05/30/2023; No patient history in the past 90	
	days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
	specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
	Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
	type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
	Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including	
	bowel or bladder; Severe impairment in the ability to perform functional tasks due to	
	constipation, incontinence or pelvic organ prolapse best describes the patient's	
	presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy;	
	Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
	is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
	Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
	therapy was selected; Physical or Occupational therapy was selected; Magellan does not	
97116 Therapeutic procedure, 1 or	manage chiropractic but does manage speech therapy for the member's plan; Physical	
4/1/2023 - Physical more areas, each 15 minutes; gait	therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing)	therapy was requested. The health carrier is NOT New Hampshire Healthy Families, Physical	1 2023 2023
0/30/2023 4/1/2023 0/30/2023 Medicine Approval Halling (Includes stall climbing)	therapy was requested	1 2023 2023

					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Hip/Pelvis; 5/30/2023; No patient history in the past 90	
					days; Evaluation dates less than 90 days in the past; Surgical; 5/24/2023; Post-Op; Hip/Pelvis	
					selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip	
					request:; Three or more visits anticipated; The anticipated number of visits is other than 2.;	
					Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a	
					fax; The hip is beingn treated.; Moderate objective and functional deficits: constant	
					symptoms and/or symptoms that are intensified with activity with moderate loss of range of	
					motion, strength, or ability to perform daily tasks best describes the patient's presentation	
					best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy;	
					Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the	
					future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT	
					related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
					selected; Physical or Occupational therapy was selected; Magellan does not manage	
				97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical therapy was	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	requested	1 2023 2023
					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Hip/Pelvis; 05/31/2023; No patient history in the past 90	
					days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
					specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
					Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
					type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
					hip is beingn treated.; Mild objective and functional deficits: sporadic symptoms with	
					minimal loss of range of motion, strength, or ability to perform daily tasks best describes the	
					patient's presentation best describes the patient's presentation:; Lower Extremity/Hip	
					selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The	
					evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
					cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
				97116 Therapeutic procedure, 1 or	or Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Hip/Pelvis; 5/31/2023; No patient history in the past 90	
					days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
					specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
					Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
					type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
					hip is beingn treated.; Moderate objective and functional deficits: constant symptoms	
					and/or symptoms that are intensified with activity with moderate loss of range of motion,	
					strength, or ability to perform daily tasks best describes the patient's presentation best	
					describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy;	
					Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
					is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
					Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
				0741C Therepoutie presedure 4	therapy was selected; Physical or Occupational therapy was selected; Magellan does not	
4/4/2022		Dh		97116 Therapeutic procedure, 1 or	manage chiropractic but does manage speech therapy for the member's plan; Physical	
4/1/2023 -	4/4/2022	Physical	A	more areas, each 15 minutes; gait	therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	2 2023 2023

				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 05/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
4/1/2023 - 6/30/2023 4/1/20	Physical 23 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/20	Physical 23 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 5/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/23/2023; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested. The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/20	Physical 23 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/01/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023

Perform Body Part selection; Perform Body Part selection; First Pass;	Second Pass check
point; Body Part for first pass is Hip/Pelvis; 6/2/2023; No patient hist	ory in the past 90 days;
Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelv	ris selected as the
specific body part; Body Part pass complete; Questions about your P	elvis/Hip request: ;
Three or more visits anticipated; The anticipated number of visits is o	other than 2.; Therapy
type is Rehabilitative; One Body Part selected; No Second Pass; Requ	estor is not a fax; The
hip is beingn treated.; Moderate objective and functional deficits: co	
and/or symptoms that are intensified with activity with moderate lo	ss of range of motion,
strength, or ability to perform daily tasks best describes the patient's	presentation best
describes th; Lower Extremity/Hip selected as the body type/region;	·
Speech Therapy was not selected; The evaluation date is not in the fu	
is NOT related to a diagnosis of cancer.; The rehabilitation is NOT rel.	ated to a diagnosis of
Lymphedema.; Physical or Occupational therapy was selected; Physic	_
therapy was selected; Physical or Occupational therapy was selected	·
97116 Therapeutic procedure, 1 or manage chiropractic but does manage speech therapy for the memb	_
4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire He	
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested	1 2023 2023
ojoojitato ojoojitato ojoojitato kalkiinis (minatoosian amang)	1 2020 2020
Perform Body Part selection; Perform Body Part selection; First Pass;	Second Pass check
point; Body Part for first pass is Hip/Pelvis; 6/2/2023; No patient hist	
Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelv	
specific body part; Body Part pass complete; Questions about your P	
Three or more visits anticipated; The anticipated number of visits is o	
type is Rehabilitative; One Body Part selected; No Second Pass; Requ	
hip is beingn treated.; Severe objective and functional deficits: const	· · · · · · · · · · · · · · · · · · ·
with severe loss of range of motion, strength, or ability to perform d.	* *
the patient's presentation best describes the patient's presentation:	
selected as the body type/region; Physical Therapy, Speech Therapy	** *
evaluation date is not in the future; The rehabilitation is NOT related	The state of the s
cancer.; The rehabilitation is NOT related to a diagnosis of Lymphede	•
Occupational therapy was selected; Physical or Occupational therapy	
97116 Therapeutic procedure, 1 or or Occupational therapy was selected; Magellan does not manage ch	
4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was	·
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families; Physical therapy was	• •
O/30/2023 Wedicine Approval training (includes stall climbing) Perform Body Part selection; First Part Select	•
point; Body Part for first pass is Hip/Pelvis; 06/02/2023; No patient h	
days; Evaluation dates less than 90 days in the past; Non-Surgical; Hi	
specific body part; Body Part pass complete; Questions about your P	• •
Three or more visits anticipated; The anticipated number of visits is	
type is Rehabilitative; One Body Part selected; No Second Pass; Requ	
Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysf	The state of the s
bowel or bladder; Severe impairment in the ability to perform function	, 3
constipation, incontinence or pelvic organ prolapse best describes th	
presentation; Neonthierice of penne of gain protapse best describes the presentation; Lower Extremity/Hip selected as the body type/region,	
Speech Therapy was not selected; The evaluation date is not in the fu	
	·
is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to the	-
Lymphedema.; Physical or Occupational therapy was selected; Physical or	
therapy was selected; Physical or Occupational therapy was selected	
97116 Therapeutic procedure, 1 or manage chiropractic but does manage speech therapy for the memb	
4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire He	ealthy Families; Physical Apr-Jun 2 2023 2023
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested	

				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is Hip/Pelvis; 6/2/2023; No patient history in the past 90 days;	
				Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
				specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
				Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
				type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
				Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including	
				bowel or bladder; Severe impairment in the ability to perform functional tasks due to	
				constipation, incontinence or pelvic organ prolapse best describes the patient's	
				presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy;	
				Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
				is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
				Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
				therapy was selected; Physical or Occupational therapy was selected; Magellan does not	
			97116 Therapeutic procedure, 1 or	manage chiropractic but does manage speech therapy for the member's plan; Physical	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
	. ,	• • •	о .	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is Hip/Pelvis; 6/5/2023; No patient history in the past 90 days;	
				Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
				specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
				Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
				type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
				hip is beingn treated.; Moderate objective and functional deficits: constant symptoms	
				and/or symptoms that are intensified with activity with moderate loss of range of motion,	
				strength, or ability to perform daily tasks best describes the patient's presentation best	
				describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy;	
				Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
				is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
				Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
				therapy was selected; Physical or Occupational therapy was selected; Magellan does not	
			97116 Therapeutic procedure, 1 or	manage chiropractic but does manage speech therapy for the member's plan; Physical	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	2 2023 2023
1,10,100	-,,				
				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is Hip/Pelvis; 6/5/2023; No patient history in the past 90 days;	
				Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
				, , , , , , , , , , , , , , , , , , , ,	
				specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
				Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
				type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
				hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms	
				with severe loss of range of motion, strength, or ability to perform daily tasks best describes	
				the patient's presentation best describes the patient's presentation:; Lower Extremity/Hip	
				selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The	
				evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
				cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
				Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
			97116 Therapeutic procedure, 1 or	or Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
0/30/2023 4/1/2023	0/30/2025 Wieulcine	Approvai	training (includes stail climbilig)	carrier is NOT New nampshire nearing rannings, Physical therapy was requested	1 2023 2023

				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is Hip/Pelvis; 06/05/2023; No patient history in the past 90	
				days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
				specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
				Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
				type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
				Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including	
				bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks	
				due to constipation, incontinence or pelvic organ prolapse best describes the patient's	
				presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy;	
				Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
				is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
				Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
				therapy was selected; Physical or Occupational therapy was selected; Magellan does not	
			97116 Therapeutic procedure, 1 or	manage chiropractic but does manage speech therapy for the member's plan; Physical	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
, , , , ==			<u> </u>	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is Hip/Pelvis; 6/5/2023; No patient history in the past 90 days;	
				Evaluation dates less than 90 days in the past; Non-Surgical, Hip/Pelvis selected as the	
				specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
				Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
				type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
				Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including	
				bowel or bladder; Severe impairment in the ability to perform functional tasks due to	
				constipation, incontinence or pelvic organ prolapse best describes the patient's	
				presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy;	
				Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
				is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
				Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
				therapy was selected; Physical or Occupational therapy was selected; Magellan does not	
			97116 Therapeutic procedure, 1 or	manage chiropractic but does manage speech therapy for the member's plan; Physical	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	2 2023 2023
0,00,2020 1,2,2020	0/00/2020 Micarenic	7.pp.oru.	training (merades stair emissing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	2 2023 2023
				point; Body Part for first pass is Hip/Pelvis; 6/6/2023; No patient history in the past 90 days;	
				Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
				specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
				Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
				type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
				Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including	
				bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks	
				due to constipation, incontinence or pelvic organ prolapse best describes the patient's	
				presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy;	
				Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
				is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
				Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
				therapy was selected; Physical or Occupational therapy was selected; Magellan does not	
			97116 Therapeutic procedure, 1 or	manage chiropractic but does manage speech therapy for the member's plan; Physical	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested. The health carrier is NOT New Hampshire Healthy Families, Physical	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Wiedicine	Approvai	training (includes stail climbing)	trierapy was requested	1 2023 2023

					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Hip/Pelvis; 06/07/2023; No patient history in the past 90	
					days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
					specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
					Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
					type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
					hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms	
					with severe loss of range of motion, strength, or ability to perform daily tasks best describes	
					the patient's presentation best describes the patient's presentation:; Lower Extremity/Hip	
					selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The	
					evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
					cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
				97116 Therapeutic procedure, 1 or	or Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2022	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Wedicine	Approvai	training (includes stail climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	1 2023 2023
					point; Body Part for first pass is Hip/Pelvis; 06/07/2023; No patient history in the past 90	
					days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
					· · · · · · · · · · · · · · · · · · ·	
					specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
					Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
					type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
					Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Mild to moderate	
					impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor	
					muscles, or trigger points that cause referred pain best describes the patient's presentation;	
					Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy	
					was not selected; The evaluation date is not in the future; The rehabilitation is NOT related	
					to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
					selected; Physical or Occupational therapy was selected; Magellan does not manage	
				97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical therapy was	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	requested	1 2023 2023
					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Hip/Pelvis; 6/8/2023; No patient history in the past 90 days;	
					Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
					specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
					Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
					type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
					Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including	
					bowel or bladder; Severe impairment in the ability to perform functional tasks due to	
					constipation, incontinence or pelvic organ prolapse best describes the patient's	
					presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy;	
					Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
					is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
					Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Magellan does not	
				97116 Therapeutic procedure, 1 or	manage chiropractic but does manage speech therapy for the member's plan; Physical	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
0/30/2023	7/1/2023	0/30/2023 MEUICITE	Approvai	training (includes stail climbing)	therapy was requested	1 2023 2023

					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 6/8/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Severe impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles or trigger points that cause referred pain best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was	
				97116 Therapeutic procedure, 1 or	selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	requested	1 2023 2023
4/1/2023 -		Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 6/9/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation:; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Ju n
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
	, -,		P 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	97116 Therapeutic procedure, 1 or	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical	
4/1/2023 - 6/30/2023	4/1/2022	Physical 6/30/2023 Medicine	Approval	more areas, each 15 minutes; gait training (includes stair climbing)	therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Apr-Jun 1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Wiedicine	Approvai	training (includes stair climbing)	therapy was requested	1 2023 2023

		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
		point; Body Part for first pass is Hip/Pelvis; 06/12/2023; No patient history in the past 90	
		days; Evaluation dates less than 90 days in the past; Surgical; 06/07/2023; Post-Op;	
		Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your	
		Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is	
		other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	
		Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits:	
		constant intense symptoms with severe loss of range of motion, strength, or ability to	
		perform daily tasks best describes the patient's presentation best describes the patient's	
		presentation:; Lower Extremity/Hip selected as the body type/region; Physical Therapy;	
		Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the	
		future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT	
		related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
		Physical or Occupational therapy was selected; Physical or Occupational therapy was	
		selected; Physical or Occupational therapy was selected; Magellan does not manage	
	97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical therapy was	
4/1/2023 - Physical	more areas, each 15 minutes; gait	requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Appro	oval training (includes stair climbing)	requested	1 2023 2023
		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
		point; Body Part for first pass is Hip/Pelvis; 6/13/2023; No patient history in the past 90	
		days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
		specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
		Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
		type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
		hip is beingn treated.; Mild objective and functional deficits: sporadic symptoms with	
		minimal loss of range of motion, strength, or ability to perform daily tasks best describes the	
		patient's presentation best describes the patient's presentation;; Lower Extremity/Hip	
		selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The	
		evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
		cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
	07416 Thoronoutic procedure 1 or		
4/1/2023 - Physical	97116 Therapeutic procedure, 1 or	or Occupational therapy was selected; Magellan does not manage chiropractic but does	Anr lun
	more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun 1 2023 2023
6/30/2023 4/1/2023 6/30/2023 Medicine Appro	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
		point; Body Part for first pass is Hip/Pelvis; 06/13/2023; No patient history in the past 90	
		days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
		specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
		Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
		type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
		hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms	
		with severe loss of range of motion, strength, or ability to perform daily tasks best describes	
		the patient's presentation best describes the patient's presentation; Lower Extremity/Hip	
		selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The	
		evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
		cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
		Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
	97116 Therapeutic procedure, 1 or	or Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 - Physical	more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Appro		carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
-,, -320 ., 2, 2020 0, 30, 2020 Wedleric Appre	Caming (morages stail climbing)	carrier same meaning manner, running, rhysical dierupy was requested	1 2023 2023

	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check
	point; Body Part for first pass is Hip/Pelvis; 06/13/2023; No patient history in the past 90
	days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the
	specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;
	Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy
	type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The
	Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including
	bowel or bladder; Severe impairment in the ability to perform functional tasks due to
	constipation, incontinence or pelvic organ prolapse best describes the patient's
	presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy;
	Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation
	is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of
	Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational
	therapy was selected; Physical or Occupational therapy was selected; Magellan does not
97116 Therap	eutic procedure, 1 or manage chiropractic but does manage speech therapy for the member's plan; Physical
·	ach 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Ju
	des stair climbing) therapy was requested 1 2023 2023
, , , , , , , , , , , , , , , , , , ,	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check
	point; Body Part for first pass is Hip/Pelvis; 6/13/2023; No patient history in the past 90
	days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the
	specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;
	Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy
	type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The
	Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including
	bowel or bladder; Severe impairment in the ability to perform functional tasks due to
	constipation, incontinence or pelvic organ prolapse best describes the patient's
	presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy;
	Speech Therapy was not selected. The evaluation date is not in the future; The rehabilitation
	is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of
	Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational
	therapy was selected; Physical or Occupational therapy was selected; Magellan does not
97116 Therar	seutic procedure, 1 or manage chiropractic but does manage speech therapy for the member's plan; Physical
·	ach 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Ju
	ides stair climbing) therapy was requested 1 2023 2023
0/30/2023 4/1/2023 0/30/2023 Medicine Approval training (micro	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check
	point; Body Part for first pass is Hip/Pelvis; 6/14/2023; No patient history in the past 90
	days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the
	specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;
	Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy
	type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The
	hip is beingn treated.; Moderate objective and functional deficits: constant symptoms
	and/or symptoms that are intensified with activity with moderate loss of range of motion,
	strength, or ability to perform daily tasks best describes the patient's presentation best
	describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy;
	Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation
	is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of
	Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational
	therapy was selected; Physical or Occupational therapy was selected; Magellan does not
·	neutic procedure, 1 or manage chiropractic but does manage speech therapy for the member's plan; Physical
11.1	ach 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Ju
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (inclu	des stair climbing) therapy was requested 1 2023 2023

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
renorm body rait selection, renorm body rait selection, first rass, second rass check	
point; Body Part for first pass is Hip/Pelvis; 6/14/2023; No patient history in the past 90	
days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms	
with severe loss of range of motion, strength, or ability to perform daily tasks best describes	
the patient's presentation best describes the patient's presentation:; Lower Extremity/Hip	
selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The	
evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
97116 Therapeutic procedure, 1 or or Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
	1 2023 2023
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
point; Body Part for first pass is Hip/Pelvis; 6/14/2023; No patient history in the past 90	
days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Mild to moderate	
impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor	
muscles, or trigger points that cause referred pain best describes the patient's presentation;	
Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy	
was not selected; The evaluation date is not in the future; The rehabilitation is NOT related	
to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
Physical or Occupational therapy was selected; Physical or Occupational therapy was	
selected; Physical or Occupational therapy was selected; Magellan does not manage	
97116 Therapeutic procedure, 1 or chiropractic but does manage speech therapy for the member's plan; Physical therapy was	
4/1/2023 - Physical more areas, each 15 minutes; gait requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Apr-Jun
	1 2023 2023
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
point; Body Part for first pass is Hip/Pelvis; 6/14/2023; No patient history in the past 90	
days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Severe	
impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor	
muscles or trigger points that cause referred pain best describes the patient's presentation;	
Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy	
was not selected; The evaluation date is not in the future; The rehabilitation is NOT related	
to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
Physical or Occupational therapy was selected; Physical or Occupational therapy was	
selected; Physical or Occupational therapy was selected; Magellan does not manage	
97116 Therapeutic procedure, 1 or chiropractic but does manage speech therapy for the member's plan; Physical therapy was	
4/1/2023 - Physical more areas, each 15 minutes; gait requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) requested	1 2023 2023

		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
		point; Body Part for first pass is Hip/Pelvis; 6/14/2023; No patient history in the past 90	
		days; Evaluation dates less than 90 days in the past; Surgical; 6/12/2023; Post-Op; Hip/Pelvis	
		selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip	
		request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.;	
		Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a	
		fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense	
		symptoms with severe loss of range of motion, strength, or ability to perform daily tasks	
		best describes the patient's presentation best describes the patient's presentation; Lower	
		Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not	
		selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation	
		is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
		Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
		therapy was selected; Physical or Occupational therapy was selected; Physical or	
	97116 Therapeutic procedure, 1 or	Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 - Physical	more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
,	Approval training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
6/30/2023 4/1/2023 6/30/2023 Medicine	Approval training (includes stail climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	1 2025 2025
		point; Body Part for first pass is Hip/Pelvis; 6/15/2023; No patient history in the past 90	
		days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
		specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
		Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
		type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
		hip is beingn treated.; Moderate objective and functional deficits: constant symptoms	
		and/or symptoms that are intensified with activity with moderate loss of range of motion,	
		strength, or ability to perform daily tasks best describes the patient's presentation best	
		describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
		is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
	07446 Theorem with a record one of a re	therapy was selected; Physical or Occupational therapy was selected; Magellan does not	
4/4/2022	97116 Therapeutic procedure, 1 or	manage chiropractic but does manage speech therapy for the member's plan; Physical	A I
4/1/2023 - Physical	more areas, each 15 minutes; gait	therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine	Approval training (includes stair climbing)	therapy was requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	1 2023 2023
		point; Body Part for first pass is Hip/Pelvis; 06/15/2023; No patient history in the past 90	
		days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
		specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
		Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
		type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
		Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Severe	
		impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor	
		muscles or trigger points that cause referred pain best describes the patient's presentation;	
		Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy	
		was not selected; The evaluation date is not in the future; The rehabilitation is NOT related	
		to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
		Physical or Occupational therapy was selected; Physical or Occupational therapy was	
	0744CTb.	selected; Physical or Occupational therapy was selected; Magellan does not manage	
	97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical therapy was	
4/1/2023 - Physical	more areas, each 15 minutes; gait	requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine	Approval training (includes stair climbing)	requested	1 2023 2023

	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
	point; Body Part for first pass is Hip/Pelvis; 6/15/2023; No patient history in the past 90	
	days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
	specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
	Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
	type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
	Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Severe	
	impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor	
	muscles or trigger points that cause referred pain best describes the patient's presentation;	
	Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy	
	, , , , , , , , , , , , , , , , , , ,	
	was not selected; The evaluation date is not in the future; The rehabilitation is NOT related	
	to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
	Physical or Occupational therapy was selected; Physical or Occupational therapy was	
	selected; Physical or Occupational therapy was selected; Magellan does not manage	
97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical therapy was	
4/1/2023 - Physical more areas, each 15 minutes; gait	requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing)	requested	1 2023 2023
	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
	point; Body Part for first pass is Hip/Pelvis; 6/16/2023; No patient history in the past 90	
	days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
	specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
	Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
	type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
	hip is beingn treated.; Moderate objective and functional deficits: constant symptoms	
	and/or symptoms that are intensified with activity with moderate loss of range of motion,	
	strength, or ability to perform daily tasks best describes the patient's presentation best	
	describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy;	
	Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
	is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
	Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
	therapy was selected; Physical or Occupational therapy was selected; Magellan does not	
97116 Therapeutic procedure, 1 or	manage chiropractic but does manage speech therapy for the member's plan; Physical	
4/1/2023 - Physical more areas, each 15 minutes; gait	therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing)	therapy was requested	1 2023 2023
0/30/2023 4/1/2023 O/30/2023 Medicine Approval training (includes stail climbing)	therapy was requested	1 2023 2023
	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
	point; Body Part for first pass is Hip/Pelvis; 6/16/2023; No patient history in the past 90	
	days; Evaluation dates less than 90 days in the past; Surgical; 6/12/2023; Post-Op; Hip/Pelvis	
	selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip	
	request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.;	
	Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a	
	fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense	
	symptoms with severe loss of range of motion, strength, or ability to perform daily tasks	
	best describes the patient's presentation best describes the patient's presentation:; Lower	
	Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not	
	selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation	
	is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
	Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
	therapy was selected; Physical or Occupational therapy was selected; Physical or	
97116 Therapeutic procedure, 1 or	Occupational therapy was selected; Magellan does not manage chiropractic but does	
• • • • • • • • • • • • • • • • • • • •		Apr lun
4/1/2023 - Physical more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023

4/1/2023 -		Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 6/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Apr-Jun
1 1		•	_	· · · · · · · · · · · · · · · · · · ·		
4/1/2023 - 6/30/2023 4		Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 6/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4,	1/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 6/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/14/2023; Post-Op; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation:; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cocupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023

					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Hip/Pelvis; 06/20/2023; No patient history in the past 90	
					days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
					specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
					Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
					type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
					hip is beingn treated.; Moderate objective and functional deficits: constant symptoms	
					and/or symptoms that are intensified with activity with moderate loss of range of motion,	
					strength, or ability to perform daily tasks best describes the patient's presentation best	
					describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy;	
					Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
					is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
					Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Magellan does not	
				97116 Therapeutic procedure, 1 or	manage chiropractic but does manage speech therapy for the member's plan; Physical	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Hip/Pelvis; 6/20/2023; No patient history in the past 90	
					days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
					specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
					Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
					type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
					hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms	
					with severe loss of range of motion, strength, or ability to perform daily tasks best describes	
					the patient's presentation best describes the patient's presentation;; Lower Extremity/Hip	
					selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The	
					evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
					cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
				07116 Thorangutic procedure 1 or	or Occupational therapy was selected; Physical of Occupational therapy was selected, Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/4/2022		Dhartest		97116 Therapeutic procedure, 1 or	, , , , , , , , , , , , , , , , , , , ,	A 1
4/1/2023 -	4/4/2022	Physical	A	more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
					Perform Body Part Selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Hip/Pelvis; 6/20/2023; No patient history in the past 90	
					days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
					specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
					Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
					type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
					Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including	
					bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks	
					due to constipation, incontinence or pelvic organ prolapse best describes the patient's	
					presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy;	
					Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
					is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
					Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Magellan does not	
				97116 Therapeutic procedure, 1 or	manage chiropractic but does manage speech therapy for the member's plan; Physical	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
3/30/2023	., 1, 2023	5,55,2525 WICHIEL	ppi ovai	a.a (morades stair eminority)	and apy was requested	1 2023 2023

				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is Hip/Pelvis; 06/20/2023; No patient history in the past 90	
				days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
				specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
				Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
				type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
				Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Severe	
				impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor	
				muscles or trigger points that cause referred pain best describes the patient's presentation;	
				Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy	
				was not selected; The evaluation date is not in the future; The rehabilitation is NOT related	
				to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
			07116 Theremoutic precedure 1 or	selected; Physical or Occupational therapy was selected; Magellan does not manage	
. /. /2022	51 · 1		97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical therapy was	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Apr-Jun
6/30/2023 4/1/2	2023 6/30/2023 Medicine	Approval	training (includes stair climbing)	requested	1 2023 2023
				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is Hip/Pelvis; 6/20/2023; No patient history in the past 90	
				days; Evaluation dates less than 90 days in the past; Surgical; 06/13/2023; Post-Op;	
				Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your	
				Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is	
				other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	
				Requestor is not a fax; The hip is beingn treated.; Moderate objective and functional deficits:	
				constant symptoms and/or symptoms that are intensified with activity with moderate loss of	
				range of motion, strength, or ability to perform daily tasks best describes the patient's	
				presentation best describes th; Lower Extremity/Hip selected as the body type/region;	
				Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation	
				date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The	
				rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
				therapy was selected; Physical or Occupational therapy was selected; Physical or	
				Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
			97116 Therapeutic procedure, 1 or	does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 -	Dhusiaal		· · · · · · · · · · · · · · · · · · ·		Ame I.m
	Physical Physical	A	more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023 4/1/2	2023 6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested	1 2023 2023
				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is Hip/Pelvis; 6/21/2023; No patient history in the past 90	
				days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
				specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
				Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
				type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
				hip is beingn treated.; Moderate objective and functional deficits: constant symptoms	
				and/or symptoms that are intensified with activity with moderate loss of range of motion,	
				strength, or ability to perform daily tasks best describes the patient's presentation best	
				describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy;	
				Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
				is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
				Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
				therapy was selected; Physical or Occupational therapy was selected; Magellan does not	
			97116 Therapeutic procedure, 1 or	manage chiropractic but does manage speech therapy for the member's plan; Physical	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Apr-Jun
6/30/2023 4/1/2	•	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
3,30,2023 4/1/2	0/30/2023 Wiedicine	, ipprovai	a.a (merades stan eminorily)	and app was requested	1 2023 2023

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 06/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema, Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested or Occupational therapy was requested to does manage speech therapy for the member's plan; Physical therapy was requested. 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 6/26/2023; No patient history in the past 90	
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	Apr-Jun
	1 2023 2023
days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The hip is beingn treated.; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical Occupational therapy was selected; Physical or Occupational therapy was selected; Physical Occupational therapy was selected; Phy	Apr-Jun 1 2023 2023
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Carrier is NOT New Hampshire Healthy Families; Physical therapy was requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass; Second Pass Second Pass; Requested; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested	Apr-Jun 1 2023 2023

Perform Body Print selection. Feet Share, Second Past shed aparts body perform Body Print selection. Feet Share, Second Past shed aparts body perform Body Print selection. Feet Share, Second Past shed aparts body perform Body Print selection. Feet Share, Second Past shed days. Including Share, Science Share,							
specific hody part parts completing. Questions about your Probusylin prequest; Three or more visits anticipated, making the antiquest of making the antiquest of making the activities of the probusyling o						• • • • • • • • • • • • • • • • • • • •	
Three or more visits anticipated: The articipated number of visits to ther than 2. Therapy type is finabilitative on the participated number of visits to ther than 2. Therapy type is finabilitative on the participated and the participated number of visits to the face. The hijs is being treated, 5 Severe objective and functional deficits, constant interiors symptoms with severe loss of routine, strength, or additive perform deally to perform deally to perform deally to select describes the patient's presentation. Lower Extraordy/rip selected as the body perform Perior Perior performs posed therapy was selected. The control of the patient's presentation to the control of the patient's presentation, cover Extraordy/rip selected as the body perform Perior Perior perior perior perior period period of Cocupational therapy was selected. Physical of Cocupational therapy was selected, Physical of Cocupational therapy was requested. The health carrier is NOT New Hamphine health's presentation. Fertile selection Period						days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
type is Rehabilitative; One Body Past selected, No Second Pass, Requestor is not a fac. The hip is being metal one bedy heart selected, and the selected of the control deficits constraint interes symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; control deficits constraint interes symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; control describes are ability to perform daily tasks best describes the patient's presentation; control describes are ability to perform daily tasks best describes the patient's presentation; presentation in the patient presentation is NOT related to a diagnosis of lymphedema, Physical therapy was not selected; the development of the control of the control of the control of the patient of						specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
his p. beings treated, 2, Severo Objective and functional deficition constant intense symptoms with severe less of motion, strength, or all type of model light type perform adjusts best describes the patient's proxemation best describes the patient's proxemation. Even the patient's proxemation best describes the patient's proxemation. Even the patient's proxemation best describes the patient's proxemation. Even the patient is patient's proxemation. Even the patient is patient's proxemation. Even the patient is patient's patient between the patient patient is patient's patient between the patient patient is patient's patient between the patient's patient between						Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
with severe loss of range of motion, strength, or ability to perform daily tasks best described the patient's presentation; lower Extensity/lip selected as the book typo/region Physical Interpretation to the fourth in the Interpretation of the fourth in						type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
the patient's presentation best describes the patient's presentations; Lower Extremity/Hip selected as the body-perigon, Physical Hearpy, Spench Therapy, Spench Therapy was selected, The Velocition of Coccupational Merapy was selected, Physical or Occupational Merapy was selected, Physical						hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms	
selected as the body type/region; Physical Therapy, Speech Therapy was not selected; The evaluation date in the future. The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is not related to a diagnosis of cancer, The re						with severe loss of range of motion, strength, or ability to perform daily tasks best describes	
evaluation date is not in the future. The rehabilitation is NOT related to a diagnosis of company demanders of the part of the						the patient's presentation best describes the patient's presentation:; Lower Extremity/Hip	
cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested. 4/1/2023						selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The	
Occupational therapy was selected, Physical or Occupational therapy was selected, Physical or Occupational therapy was selected, Magellan does not manage chiopropartic but does more areas, each 15 minutes; gat more areas, each 15 minutes; gat more areas, each 15 minutes; gat carrier is NOT New Hampshire Healthy Familiae; Physical therapy was requested; The health Apr-Jun carrier is NOT New Hampshire Healthy Familiae; Physical therapy was requested; The health Apr-Jun carrier is NOT New Hampshire Healthy Familiae; Physical therapy was requested; The health Apr-Jun carrier is NOT New Hampshire Healthy Familiae; Physical or Occupational therapy was requested; The health Apr-Jun carrier is NOT New Hampshire Healthy Familiae; Physical or Occupational therapy was requested; The health Apr-Jun carrier is NOT New Hampshire Healthy Familiae; Physical or Occupational Healthy Physical or Occupational Healthy was selected. Physical or Occupational Healthy was selected, Physical or Occupational Healthy was selected. Physical or Occupational Healthy was selected, Physical or Occupational Healthy was selected. Physical or Occup						evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
971.16 Therapeutic procedure, 1 or Occupational therapy was selected. Magellan does not manage chiropractic but does 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families; Physical therapy was requested. 1 2023 2023 Perform Body Part selection, Pietr 28x5. Second Pass Acheck points. 60x9 Part Selection, Pietr 28x5. Second Pass Acheck points. 60x9 Part Selection, Pietr 28x5. Second Pass Acheck points. 60x9 Part Selection, Pietr 28x5. Second Pass Acheck points. 60x9 Part Selection, Pietr 28x5. Second Pass Acheck points. 60x9 Part Selection, Pietr 28x5. Second Pass Acheck points. 60x9 Part Selection, Pietr 28x5. Second Pass Acheck points. 60x9 Part selection, Pietr 28x5. Second Pass Acheck points. 60x9 Part selection, Pietr 28x5. Second Pass Acheck points. 60x9 Part selection, Pietr 28x5. Second Pass Acheck points. 60x9 Part selection, Pietr 28x5. Second Pass Acheck points. 60x9 Part selection, Pietr 28x5. Requestor is not a faw. The Pelvis/Pietr 20x Pietr 20x						cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
### April 1997 Physical Provided Prov						Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families, Physical therapy was requested 1 2023 2023 Perform Body Part selection, Fertor Body Part selected as the specific body part, Body Part pass complete, Questions about your Pelvis/Hip request; There or more visits anticipated, The anticipated number of visits is tother than 2, Therapy type is Rehabilitation, one Body Part selected, Physical or Occupational Herapy was selected, Physical or Occupational Herapy was selected, Physical or Part Selection, Perform Body Part selection of the Selection					97116 Therapeutic procedure, 1 or	or Occupational therapy was selected; Magellan does not manage chiropractic but does	
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point. Body Part for first pass in HighPeiss (277,202.3). No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; HighPeiss's selected as the specific body part; Body Part pass complete; Questions about your believes; Three or more stills anticipated; The anticipated number of visits is other than 2; Therapy type is Rehabilitative; One Body Part selection; No Second Pass; Requestor is not a fax. The Pelvis/Pelvis Floor is being treated; The patient has Pelvis Floor Dysfunction, including bowel or hadder. Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvis organ prolapse best describes the patient's presentation; Lower Extremity/lips selected as the body type/Geging-Physical Therapy; Speech Thorapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of therapy was requested. The health carrier is NOT New Hampshire Healthy Families, Physical of perform fully Parts described, Perform Body Part selection, Perform Body Parts selected, Physical or Occupational therapy was selected; Physical or Occupatio	4/1/2023 -		Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
point, Body Part for first pass is Hig/Perkis, 6/27/2023. No patient history in the past 90 days, Evaluation dates less than 90 days in the past, hons "cytically, Hig/Perkis Selected as the specific body part; Body Part pass complete; Questions about your Perkis/Hip request; Three or more visits an intigrated: The anticipated number of visits is other than 2, Therapy type is Rehabilitative, One Body Part selected; No Second Pass; Requestor is not a fax; the Perkis/Perkis Policy to Hadder, Mild to moderate impairment in the ability to perform functional tasks due to constipation, incomtinence or perkic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type-(pellor, Physical Therapy; Speech Therapy was not selected; The evaluation dates in ort in the future; The rehabilitation is NOT related to a diagnosis of a construction of the physical or Occupational therapy was selected; Physical or Occupational therapy was requested. 4/1/2023	6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
days; Evaluation dates less than 90 days in the past, Non-Surgical, Hip/Pewis selected as the specific body part; Body Part pass complete; Questions about your Pewis/ipi request; : Three or more visits anticipated; The anticipated number of visits is other than 2; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a far; The Pelvis/Pelvis floris is being treated, The patient has Pelvis Group rollage best describes the patient's presentation; Lower Extremity/Hip selected as the Body type/region; Physical Therapy; Speech Therapy was not selected; the evaluation date is not in the future. The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected, Physical or Occupational therapy was selected. Physical or Occupational therapy was selected; Physical or Occupational therapy wa						Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
specific body part; Body Part pass complete; Questions about your Pelvis/Hip request; Three or more visits is other and 2; Therepy type is Rehabilitative; One Body Part selected; No Second Pass. Requestor is not a fay; The Pelvis/Pelvis (Flora) being treated; The patient has Pelvis (Flora Optional), incominence or pelvis or gan prolapse best describes the patient's presentation. Lower Extremity/Hip selected as the body type/legion Physical Therapy. Speech Therapy was selected. Physical or Occupational therapy was selected; The enablitation is NOT related to a diagnosis of across. "The rehabilitation is NOT related to a diagnosis of across." The rehabilitation is NOT related to a diagnosis of across. "The rehabilitation is NOT related to a diagnosis of across." The rehabilitation is NOT related to a diagnosis of across. "The rehabilitation is NOT related to a diagnosis of across." The rehabilitation is NOT related to a diagnosis of across. "The rehabilitation is NOT related to a diagnosis of across." The rehabilitation is NOT related to a diagnosis of across. "The rehabilitation is NOT related to a diagnosis of across." The rehabilitation is NOT related to a diagnosis of across. "The rehabilitation is NOT related to a diagnosis of across." The rehabilitation is NOT related to a diagnosis of across. "The rehabilitation is NOT related to a diagnosis of across." The rehabilitation is NOT related to a diagnosis of across. "The rehabilitation is NOT related to a diagnosis of across." The rehabilitation is NOT related to a diagnosis of across. "The rehabilitation is NOT related to a diagnosis of across." The rehabilitation is NOT related to a diagnosis of across. "The rehabilitation is NOT related to a diagnosis of across." The rehabilitation is NOT related for the selection price of the remarks and the response of the response o						point; Body Part for first pass is Hip/Pelvis; 6/27/2023; No patient history in the past 90	
Three or more visits anticipated, The anticipated, The anticipated, The anticipated number of visits is other than 2; Therapy type is Rehabilitative; One Body Part selected; No Socond Pass; Requester is not a fax. The Pelvis/Pelvic Floor is being treated; The patient has Pelvic Floor Dysfunction, including bowel or biadder, Mild to moderate impairment in the ability to perform functional tasks due to consultation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Fig selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; No Second Pass; Requestor is not a fax. The Pelvis/Phir Physical or Occupational therapy was selected; No Second Pass; Requestor is not a fax. The Physical Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; No Second Pass; Requestor is not a fax. The Physical Physical or Occupational therapy was selected; Physical or Occupational therapy was selected						days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
type is Rehabilitative; One Body Part selected; No Second Pass, Requestor is not a fax; The Pelvis/Pelvic Floor is being treated; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was selected; Physical or Occupational therapy was requested; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested or occupational therapy was requested. Physical or Occupational therapy was requested or occupational therapy was selected; Physical or Occupational therapy was requested. Application of the path therapy for the member's plan; Physical Apr-Jun therapy was requested. The path carrier is NOT New Hampshire Healthy families; Physical Apr-Jun therapy was requested. The path carrier is NOT new Hampshire the history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part for first pass complete; Questions about voyme Pelvis/Hip request; Three or more visits anticipated number of visits is other than 2. Therapy type is Rehabilitative. One Body Part selected; No Second Pass; Requested is the past you prevised in propher of the past you previse the patient's presentation; Lower Extremity/Hip selected as the body type/region, Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occup						specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
Pelvis/Pelvic Floor is being treated; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy. Speech Therapy was not selected; The evaluation date is not in the future; the rehabilitation is NOT related to a diagnosis of a Lymphedema. Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical or Occupational therapy was requested; The health carrier is NOT New Hamphire Palathy Families; Physical or Occupational therapy was requested. The health carrier is NOT New Hamphire Healthy Families; Physical or Occupational therapy was requested. The health carrier is NOT New Hamphire Palathy Families; Physical or Occupational therapy was requested. The health carrier is NOT New Hamphire Palathy Families; Physical or Occupational therapy was requested. The health carrier is NOT New Hamphire Palathy Families; Physical or Occupational therapy was requested. The health carrier is NOT New Hamphire Palathy Families; Physical or Occupational therapy was requested. The past election; Perform Body Part selection; Pirist Pass; Second Pass check point; Body Part for first pass is Hije/Pelvis; 6/27/2023. No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hij/Pelvis selected as the specific body part; Body Part pass complete, Questions about your Pelvis/Pip request; Three or more visits anticipated; The anticipated number of visits is other than 2; Therapy type is Rehabilitative; One Body Part selected, No Second Pass; Requestor is not a fax; The Pelvis/Pel						Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
bowel or bladder, Mild to moderate impairment in the ability to perform functional tasks due to constituation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer and the rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer and the rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Magellan does not the representation of the path of th						type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema, Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested. The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested. The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested. The selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 6/27/2023; No patient history in the past No Augustal Apr-Jun 6/30/2023 Medicine Apr-Jun 6/30/2023 Me						Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including	
presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of a concupational therapy was selected; Physical or Occupational therapy was selected; Physical						bowel or bladder; Mild to moderate impairment in the ability to perform functional tasks	
Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cupational therapy was selected; Physical or Occupational therapy was selected; The evaluation of the part of the par						due to constipation, incontinence or pelvic organ prolapse best describes the patient's	
is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or						presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy;	
Lymphedema.; Physical or Occupational therapy was selected; Physical or						Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical 4/1/2023 Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested 4/1/2023 Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is 1hip/Pelvis; 6/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Three or more visits anticipated; The anticipated number of visits is other than 2; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvis/Felvor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of calculation and the specific procedure, 1 or manage chiropractic but does manage speech therapy for the member's plan; Physical 4/1/2023 - Physical or Decupational therapy the member's plan; Physical Apr-Jun						is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
97116 Therapeutic procedure, 1 or manage chiropractic but does manage speech therapy for the member's plan; Physical 4/1/2023 Physical 6/30/2023 Physical Apr-Jun 6/30/2023 Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hilp/Pelvis; 6/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hilp/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolages best describes the patient'S presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of a clargency is cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of a cancer; The rehabilitation is NOT related to a diagnosis of an ange sheropractic but does manage speech therapy for the member's plan; Physical 4/1/2023 - Physical or occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical						Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested therapy was requested. Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part selection; Perform Body Part selection; Perform Body Part selection; Perform Body Part selection; Perform Body Part selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupation						therapy was selected; Physical or Occupational therapy was selected; Magellan does not	
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested Perform Body Part selection; First Pass; Second Pass check point; Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 6/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Three or more visits anticipated, The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated,: The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy for the member's plan; Physical or Occupatio					97116 Therapeutic procedure, 1 or	manage chiropractic but does manage speech therapy for the member's plan; Physical	
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hijp/Pelvis; 6/27/2023. No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hijp/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Three or more visits anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational thera	4/1/2023 -		Physical		more areas, each 15 minutes; gait	therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Apr-Jun
point; Body Part for first pass is Hip/Pelvis; 6/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical 4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical 4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun						Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not 97116 Therapeutic procedure, 1 or manage chiropractic but does manage speech therapy for the member's plan; Physical 4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun						point; Body Part for first pass is Hip/Pelvis; 6/27/2023; No patient history in the past 90	
Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical Apr-Jun 4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun						days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical 4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun						specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Clymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical 4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun						Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cumphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical 4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun						type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not 97116 Therapeutic procedure, 1 or manage chiropractic but does manage speech therapy for the member's plan; Physical 4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun						Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including	
presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not 97116 Therapeutic procedure, 1 or manage chiropractic but does manage speech therapy for the member's plan; Physical 4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun						bowel or bladder; Severe impairment in the ability to perform functional tasks due to	
Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not 97116 Therapeutic procedure, 1 or manage chiropractic but does manage speech therapy for the member's plan; Physical 4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun						constipation, incontinence or pelvic organ prolapse best describes the patient's	
is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not 97116 Therapeutic procedure, 1 or manage chiropractic but does manage speech therapy for the member's plan; Physical 4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun						presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy;	
Lymphedema.; Physical or Occupational therapy was selected; Magellan does not 97116 Therapeutic procedure, 1 or manage chiropractic but does manage speech therapy for the member's plan; Physical 4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun						Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
therapy was selected; Physical or Occupational therapy was selected; Magellan does not 97116 Therapeutic procedure, 1 or manage chiropractic but does manage speech therapy for the member's plan; Physical 4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun						is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
97116 Therapeutic procedure, 1 or manage chiropractic but does manage speech therapy for the member's plan; Physical 4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun						Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun						therapy was selected; Physical or Occupational therapy was selected; Magellan does not	
					97116 Therapeutic procedure, 1 or	manage chiropractic but does manage speech therapy for the member's plan; Physical	
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested 1 2023 2023	4/1/2023 -		Physical		more areas, each 15 minutes; gait	therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Apr-Jun
	6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023

					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Hip/Pelvis; 06/28/2023; No patient history in the past 90	
					days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
					specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
					Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
					type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
					hip is beingn treated.; Moderate objective and functional deficits: constant symptoms	
					and/or symptoms that are intensified with activity with moderate loss of range of motion,	
					strength, or ability to perform daily tasks best describes the patient's presentation best	
					describes th; Lower Extremity/Hip selected as the body type/region; Physical Therapy;	
					Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
					is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
					Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Magellan does not	
				97116 Therapeutic procedure, 1 or	manage chiropractic but does manage speech therapy for the member's plan; Physical	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
	. ,			3.	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Hip/Pelvis; 6/28/2023; No patient history in the past 90	
					days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
					specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
					Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
					type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
					Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including	
					bowel or bladder; Severe impairment in the ability to perform functional tasks due to	
					constipation, incontinence or pelvic organ prolapse best describes the patient's	
					presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy;	
					Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
					is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
					Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Magellan does not	
				97116 Therapeutic procedure, 1 or	manage chiropractic but does manage speech therapy for the member's plan; Physical	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
,		.,,		, , , , , , , , , , , , , , , , , , ,	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Hip/Pelvis; 6/29/2023; No patient history in the past 90	
					days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
					specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
					Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
					type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
					· · · · · · · · · · · · · · · · · · ·	
					Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including	
					bowel or bladder; Severe impairment in the ability to perform functional tasks due to	
					constipation, incontinence or pelvic organ prolapse best describes the patient's	
					presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy;	
					Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
					is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
					Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Magellan does not	
				97116 Therapeutic procedure, 1 or	manage chiropractic but does manage speech therapy for the member's plan; Physical	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
, ,	, -,	.,,	PP			

				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Hip/Pelvic;	
				06/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
				past; Non-Surgical; Hip/Pelvis selected as the specific body part; Hip/Pelvis selected as the	
				specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
				Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated	
				number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected;	
				Second Pass Starting; Requestor is not a fax; The hip is beingn treated.; The Pelvis/Pelvic	
				Floor is being treated.; Severe objective and functional deficits: constant intense symptoms	
				with severe loss of range of motion, strength, or ability to perform daily tasks best describes	
				the patient's presentation best describes the patient's presentation:; The patient has None	
				of the above; Lower Extremity/Hip was selected as the first body type/region; Lower	
				Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy	
				was not selected; The evaluation date is not in the future; The rehabilitation is NOT related	
				to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
				was selected; Magellan does not manage chiropractic but does manage speech therapy for	
			97116 Therapeutic procedure, 1 or	the member's plan; Physical therapy was requested; The health carrier is NOT New	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	Hampshire Healthy Families; Physical therapy was requested; Physical therapy was	Apr-Jun
6/30/2023 4/1/20	23 6/30/2023 Medicine	Approval	training (includes stair climbing)	requested	1 2023 2023
				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Knee; Hip/Pelvis	
				selected as the specific body part; Knee selected as the specific body part; Body Part pass	
				complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ;	
				The anticipated number of visits is other than 2.; Neither Pre-Op, Post-Op or Non-Surgical;	
				More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second	
				Pass Starting; The hip is beingn treated.; Severe objective and functional deficits: constant	
				intense symptoms with severe loss of range of motion, strength, or ability to perform daily	
				tasks best describes the patient's presentation best describes the patient's presentation:;	
				Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip	
				selected as the second body type/region; Three or more visits anticipated; The previous auth	
				did not address any body parts; Three or more visits anticipated; This is not a gold-card auth;	
				Questions about the subsequent request: ; Physical or Occupational therapy was selected;	
			97116 Therapeutic procedure, 1 or	Physical or Occupational therapy was selected; The member's plan does not require the	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	collection of start and end dates; Previous auth data retrieved, type of habilitation =	Apr-Jun
6/30/2023 4/1/20	23 6/30/2023 Medicine	Approval	training (includes stair climbing)	Rehabilitative; Physical therapy was requested; Physical therapy was requested	1 2023 2023
				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part;	
				Body Part pass complete; Questions about your Pelvis/Hip request: ; The anticipated number	
				of visits is other than 2.; One Body Part selected; No Second Pass; The hip is beingn treated.;	
				Mild objective and functional deficits: sporadic symptoms with minimal loss of range of	
				motion, strength, or ability to perform daily tasks best describes the patient's presentation	
				best describes the patient's presentation:; Lower Extremity/Hip selected as the body	
				type/region; Three or more visits anticipated; The previous auth did not address any body	
				parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the	
			97116 Therapeutic procedure, 1 or	subsequent request: ; Physical or Occupational therapy was selected; The member's plan	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	does not require the collection of start and end dates; Previous auth data retrieved, type of	Apr-Jun
6/30/2023 4/1/20	23 6/30/2023 Medicine	Approval	training (includes stair climbing)	habilitation = Rehabilitative; Physical therapy was requested	1 2023 2023

	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
	point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part;	
	Body Part pass complete; Questions about your Pelvis/Hip request: ; The anticipated number	
	of visits is other than 2.; One Body Part selected; No Second Pass; The hip is beingn treated.;	
	Moderate objective and functional deficits: constant symptoms and/or symptoms that are	
	intensified with activity with moderate loss of range of motion, strength, or ability to	
	perform daily tasks best describes the patient's presentation best describes th; Lower	
	Extremity/Hip selected as the body type/region; Three or more visits anticipated; The	
	previous auth did not address any body parts; Three or more visits anticipated; This is not a	
	gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy	
97116 Therapeutic procedure, 1 or	was selected; The member's plan does not require the collection of start and end dates;	
4/1/2023 - Physical more areas, each 15 minutes; gait	Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing)	requested	3 2023 2023
	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
	point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part;	
	Body Part pass complete; Questions about your Pelvis/Hip request: ; The anticipated number	
	of visits is other than 2.; One Body Part selected; No Second Pass; The Pelvis/Pelvic Floor is	
	being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to	
	moderate impairment in the ability to perform functional tasks due to constipation,	
	incontinence or pelvic organ prolapse best describes the patient's presentation; Lower	
	Extremity/Hip selected as the body type/region; Three or more visits anticipated; The	
	previous auth did not address any body parts; Three or more visits anticipated; This is not a	
	gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy	
97116 Therapeutic procedure, 1 or	was selected; The member's plan does not require the collection of start and end dates;	
4/1/2023 - Physical more areas, each 15 minutes; gait	Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing)	requested	1 2023 2023
	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
	point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part;	
	Body Part pass complete; Questions about your Pelvis/Hip request: ; The anticipated number	
	of visits is other than 2.; One Body Part selected; No Second Pass; The Pelvis/Pelvic Floor is	
	being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe	
	impairment in the ability to perform functional tasks due to constipation, incontinence or	
	pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip	
	selected as the body type/region; Three or more visits anticipated; The previous auth did not	
	address any body parts; Three or more visits anticipated; This is not a gold-card auth;	
97116 Therapeutic procedure, 1 or	Questions about the subsequent request: ; Physical or Occupational therapy was selected;	
4/1/2023 - Physical more areas, each 15 minutes; gait	The member's plan does not require the collection of start and end dates; Previous auth data	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing)	retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	1 2023 2023
	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
	point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part;	
	Body Part pass complete; Questions about your Pelvis/Hip request: ; The anticipated number	
	of visits is other than 2.; One Body Part selected; No Second Pass; The Pelvis/Pelvic Floor is	
	being treated.; The patient has Pelvic Pain Syndrome; Mild to moderate impairment in the	
	ability to perform functional tasks due to short, tight or tender pelvic floor muscles, or	
	trigger points that cause referred pain best describes the patient's presentation; Lower	
	Extremity/Hip selected as the body type/region; Three or more visits anticipated; The	
	previous auth did not address any body parts; Three or more visits anticipated; This is not a	
	gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy	
97116 Therapeutic procedure, 1 or	was selected; The member's plan does not require the collection of start and end dates;	
4/1/2023 - Physical more areas, each 15 minutes; gait	Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing)	requested	3 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Severe impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles or trigger points that cause referred pain best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	Apr-Jun 1 2023 2023
0/30/2023 4/1/2023	6/30/2023 Medicine	Approvai	training (includes stair climbing)	retrieved, type of nabilitation = kenabilitative; Physical therapy was requested	1 2023 2023
			97116 Therapeutic procedure, 1 or	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/30/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Dagellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was	2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	more areas, each 15 minutes; gait training (includes stair climbing)	requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Wedicifie	Approvai	Ganning (Includes stall Cliffbling)	requesteu	1 2023 2023

Profession Body Parts of Est against Nove - (1972) A 1970-223 Physical Profession Body Parts of Est against Nove - (1972) A 1970-223 Physical Profession Body Parts of Est against Nove - (1972) A 1970-223 Physical Profession Body Parts of Est against Nove - (1972) A 1970-223 Physical Profession Body Parts of Est against Nove - (1972) A 1970-223 Physical Profession Body Parts Service - (1							
41/2023 - Physical Physical (armange speech therapy for the member's plan; Physical therapy was requested; The health 6/30/203 Medicine Approval training (includes stair climbing) (armange speech therapy for the member's plan; Physical therapy was requested 1 2023 2023 2023 2023 2023 2023 2023 20						point; Body Part for first pass is Knee; 4/3/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) 6/30/2023 Advisors of the Mampshire Healthy Families, Physical therapy was requested 1 2023 2023 Perform Body Part selection, Perform Body Parts selection, First Pass, Second Pass check point, Body Part for first pass is knew 4/4/2023, No patient history in the past 50 days; Evaluation dates less than 90 days in the past; Non-Surgical, New Seelected as the specific body part; Body Part past complete; Questions about your Knee request; Three or more visits undiquent control that is not the fact with the part of the past	1						
Perform Body Part selection, Perform Education, Per	1	. /. /	•		, , , ,		
point, Body Part for first pass is Knee; 44/2023. No patient history in the past 90 days; Evaluation dates less than 90 days in the past, Non-Surgical, Knee selected as the specific body part, Body Part pass complete; Questions about your Knee request; Three or more visits annihilated. The anticipated, The anticipated number of visits is other than 2, Non-Surgical, Therapy type is Rehabilitative, the Body Part selected; No Second Pass, Requestor is not a fax, Mild objective and functional deflicts: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describe the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy speech therapy was not selected; The evaluation date is not in the future. The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation of Evaluation and selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical does not manage children as the past of	6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)		1 2023 2023
Evaluation dates less than 90 days in the past, Non-Surgical, Knee selected as the specific body part; Body Part pass completes, Questions about voy Knee request; Three or more visits anticipated, The anticipated number of visits is other than 2, Non-Surgical; Threap or more visits anticipated, The anticipated number of visits is other than 2, Non-Surgical; Threap or more visits anticipated, The anticipated number of visits is other than 2, Non-Surgical; Threap or motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Externity/Hip selected as the body type/regon, Physical Threap, Speech Threapy was not selected. The evaluation date is not in the future. The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of companies of the selected. Physical or Occupational therapy was selected. Physical or Occupational therapy was selected. Angeland oses not manage of hipportation and the selection of the selection							
body part, Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; the anticipated number of visits is other than 2; Non-Surgical; Therapy type is Rehabilitative; One Body Part selection, Second Pass; Requestor is not a fax; Mild objective and functional deficits. sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected. The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of symphedema; Physical recognised therapy was selected. Physical or Occupational therapy was selected; Physical therapy was selected; Physical therapy was selected; Physical therapy was selected; Physical							
visits anticipated, mumber of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical ImPragry, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, the rehabilitation is NOT related to a diagnosis of cancer, the rehabilitation is NOT related to a diagnosis of cancer, the rehabilitation is NOT related to a diagnosis of cancer, the rehabilitation is NOT related to a diagnosis of cancer, the rehabilitation is NOT related to a diagnosis of cancer, the rehabilitation is NOT related to a diagnosis of cancer, the rehabilitation is NOT related to a diagnosis of cancer, the rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer, the rehabilitation is NOT related to a diagnosis of cancer; the rehabilitation is NOT related to a diagnosis of cancer; the rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a di							
objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosi of cancer; The rehabilitation is NOT related to a diagnosi of ander; The rehabilitation is NOT related to a diagnosi of a diagnosi of the diagnosi of a diagnosi is NOT related to a diagnosi of a diagnosi of the physical or Occupational therapy was selected; Physical or Occupational therapy was select							
strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Company of the member's plan; Physical therapy was selected; Physical or the member's plan; Physical therapy was selected; Physical or Solvanous or the member's plan; Physical therapy was selected; Physical or Solvanous or the member's plan; Physical therapy was selected; Physical or Occupational therapy was selected; Physical therapy was selected; Physical or Solvanous or the member's plan; Physical therapy was selected; Physical or Solvanous or the member's plan; Physical therapy was selected; Physical or Solvanous or the member's plan; Physical therapy was selected; Physical or Solvanous or the member's plan; Physical therapy was selected; Physical or Solvanous or the member's plan; Physical therapy was selected; Physical or Occupational therapy was selected; Physical or Oc						type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild	
Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of carner; The rehabilitation is NOT related to a						objective and functional deficits: sporadic symptoms with minimal loss of range of motion,	
was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; The health Apr-Jun						· · · · · · · · · · · · · · · · · · ·	
to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical Occupational thera						, , , , , , , , , , , , , , , , , , ,	
Physical or Occupational therapy was selected; Physical does not manage speet therapy for the member's plan; Physical therapy was 4/1/2023 Physical Ph						· · · · · · · · · · · · · · · · · · ·	
selected; Physical or Occupational therapy was selected; Magellan does not manage 4/1/2023 Physical Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/04/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part selection; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does Physical Ph							
97116 Therapeutic procedure, 1 or chiropractic but does manage speech therapy for the member's plan; Physical therapy was 4/1/2023 Physical Medicine Aproval training (includes stair climbing) requested requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was Apr-Jun 1 2023 2023 Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/04/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part space; Cuestions about your Knee requests: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy, was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; The health Apr-Jun							
4/1/2023 - Physical more areas, each 15 minutes; gait requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/04/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of tymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical Therapy selected; Physical Therapy is selected; Physical Therapy is selected; Physical therapy was requested; The health Apr-Jun					97116 Therapeutic procedure, 1 or	, , , , , , , , , , , , , , , , , , , ,	
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/04/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Threapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Threapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of funding the selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiorpractic but does 4/1/2023 - Physical Physical Medical Physical Threapy for the member's plan; Physical therapy was requested; The health Apr-Jun	4/1/2023 -		Physical		• • •		Apr-Jun
point; Body Part for first pass is Knee; 04/04/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical 97116 Therapeutic procedure, 1 or or Occupational therapy was selected; Magellan does not manage chiropractic but does 4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun		4/1/2023	•	Approval	, , , , ,		·
point; Body Part for first pass is Knee; 04/04/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical 97116 Therapeutic procedure, 1 or or Occupational therapy was selected; Magellan does not manage chiropractic but does 4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun					<u> </u>	<u> </u>	
Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cocupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occ						· · · · · · · · · · · · · · · · · · ·	
body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical 97116 Therapeutic procedure, 1 or or Occupational therapy was selected; Magellan does not manage chiropractic but does 4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun							
visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical 97116 Therapeutic procedure, 1 or or Occupational therapy was selected; Magellan does not manage chiropractic but does 4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun						· · · · · · · · · · · · · · · · · · ·	
type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical therapy was selected; Physical therapy was selected; Physical or Occupational th							
Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Ccupational therapy was selected; Physical or Occupational therapy was selected; Physical thera						• • • • • • • • • • • • • • • • • • • •	
intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical therapy was selected; Physical or Occupational therapy was selected; Physical therapy was selected; Physical therapy was selected; Magellan does not manage chiropractic but does 4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun							
perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does 4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun						, , , , , , , , , , , , , , , , , , , ,	
selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical 97116 Therapeutic procedure, 1 or or Occupational therapy was selected; Magellan does not manage chiropractic but does 4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun						,	
evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does 4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun							
Occupational therapy was selected; Physical or Occupational therapy was selected; Physical 97116 Therapeutic procedure, 1 or or Occupational therapy was selected; Magellan does not manage chiropractic but does 4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun						7 11 2 2 7 7 11 11 11 11 11	
97116 Therapeutic procedure, 1 or or Occupational therapy was selected; Magellan does not manage chiropractic but does 4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun						cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun						Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
	1						
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families; Physical therapy was requested 1 2023 2023			•		· · · · · · · · · · · · · · · · · · ·		·
	6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023

				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is Knee; 4/4/2023; No patient history in the past 90 days;	
				Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific	
				body part; Body Part pass complete; Questions about your Knee request: ; Three or more	
				visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy	
				type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	
				Moderate objective and functional deficits: constant symptoms and/or symptoms that are	
				intensified with activity with moderate loss of range of motion, strength, or ability to	
				perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip	
				selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The	
				evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
				cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
				Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
			97116 Therapeutic procedure, 1 or	or Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2	•	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	2 2023 2023
0/30/2023 4/1/2	2023 6/30/2023 Medicine	Арргочаг	training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	2 2023 2023
				point; Body Part for first pass is Knee; 04/04/2023; No patient history in the past 90 days;	
				Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific	
				body part; Body Part pass complete; Questions about your Knee request: ; Three or more	
				visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy	
				type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	
				Severe objective and functional deficits: constant intense symptoms with severe loss of	
				range of motion, strength, or ability to perform daily tasks best describes the patient's	
				clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical	
				Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
				rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
				diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
				Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
			97116 Therapeutic procedure, 1 or	does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023 4/1/2	•	Approval	training (includes stair climbing)	Physical therapy was requested	1 2023 2023
0,00,2020 .,2,2	0/00/2020 Medicine	7.pp.014.	training (merades starr emiliang)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	1 2020 2020
				point; Body Part for first pass is Knee; 4/4/2023; No patient history in the past 90 days;	
				Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific	
				body part; Body Part pass complete; Questions about your Knee request: ; Three or more	
				visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy	
				type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	
				Severe objective and functional deficits: constant intense symptoms with severe loss of	
				range of motion, strength, or ability to perform daily tasks best describes the patient's	
				clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical	
				Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
				rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
				diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
				Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
			97116 Therapeutic procedure, 1 or	does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023 4/1/2	2023 6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested	1 2023 2023

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions do you would be a completed to the past of the pa	
point; Body Part for first pass is Knee; 4/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more	
Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more	
body part; Body Part pass complete; Questions about your Knee request: ; Three or more	
visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy	
type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	
Moderate objective and functional deficits: constant symptoms and/or symptoms that are	
intensified with activity with moderate loss of range of motion, strength, or ability to	
perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip	
selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The	
evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
97116 Therapeutic procedure, 1 or or Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families; Physical therapy was requested 1	2023 2023
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
point; Body Part for first pass is Knee; 4/5/2023; No patient history in the past 90 days;	
Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific	
body part; Body Part pass complete; Questions about your Knee request: ; Three or more	
visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy	
type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	
Severe objective and functional deficits: constant intense symptoms with severe loss of	
range of motion, strength, or ability to perform daily tasks best describes the patient's	
clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical	
Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
97116 Therapeutic procedure, 1 or does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 - Physical more areas, each 15 minutes; gait Physical therapy was requested; The health Carrier is NOT New Hampshire Healthy Families;	Apr-Jun
	2023 2023
9/30/2023 West calculated Approval training (includes 3cm climbing) Perform Body Part selection; First Pass; Second Pass check	.023 2023
point; Body Part for first pass is Knee; 4/6/2023; No patient history in the past 90 days;	
Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific	
body part; Body part; Body part; Body part pass complete; Questions about your Knee request: ; Three or more	
visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy	
type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild	
objective and functional deficits: sporadic symptoms with minimal loss of range of motion,	
strength, or ability to perform daily tasks best describes the patient's clinical presentation;	
Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy	
was not selected; The evaluation date is not in the future; The rehabilitation is NOT related	
to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
Physical or Occupational therapy was selected; Physical or Occupational therapy was	
selected; Physical or Occupational therapy was selected; Magellan does not manage	
97116 Therapeutic procedure, 1 or chiropractic but does manage speech therapy for the member's plan; Physical therapy was	
4/1/2023 - Physical more areas, each 15 minutes; gait requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Apr-Jun
	2023 2023

4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/06/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/6/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or NoT New Hampshire Healthy Families; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/07/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023

				97116 Therapoutic procedure 1 or	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
4/1/2022		plt		97116 Therapeutic procedure, 1 or	or Occupational therapy was selected; Magellan does not manage chiropractic but does	A 1
4/1/2023 -	4/4/2022	Physical	A	more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 -		Physical		97116 Therapeutic procedure, 1 or	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The health was pages to the page of the	Anr.lin
	4/4/2022	Physical	A	more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023

	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
	point; Body Part for first pass is Knee; 4/10/2023; No patient history in the past 90 days;	
	Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific	
	body part; Body Part pass complete; Questions about your Knee request: ; Three or more	
	visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy	
	type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	
	Severe objective and functional deficits: constant intense symptoms with severe loss of	
	range of motion, strength, or ability to perform daily tasks best describes the patient's	
	clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical	
	Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
	rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
	diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
	Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
97116 Therapeutic procedure, 1 or	does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 - Physical more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing)	Physical therapy was requested	2 2023 2023
	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
	point; Body Part for first pass is Knee; 4/11/2023; No patient history in the past 90 days;	
	Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific	
	body part; Body Part pass complete; Questions about your Knee request: ; Three or more	
	visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy	
	type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	
	Moderate objective and functional deficits: constant symptoms and/or symptoms that are	
	intensified with activity with moderate loss of range of motion, strength, or ability to	
	perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip	
	selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The	
	evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
	cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
	Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
97116 Therapeutic procedure, 1 or	or Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 - Physical more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	3 2023 2023
	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
	point; Body Part for first pass is Knee; 04/11/2023; No patient history in the past 90 days;	
	Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific	
	body part; Body Part pass complete; Questions about your Knee request: ; Three or more	
	visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy	
	type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	
	Severe objective and functional deficits: constant intense symptoms with severe loss of	
	range of motion, strength, or ability to perform daily tasks best describes the patient's	
	clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical	
	Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
	rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
	diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
	Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
97116 Therapeutic procedure, 1 or	does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 - Physical more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing)	Physical therapy was requested	1 2023 2023

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2:, Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Connective Management.
Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage
97116 Therapeutic procedure, 1 or chiropractic but does manage speech therapy for the member's plan; Physical therapy was
1/2023 - Physical more areas, each 15 minutes; gait requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was Apr-Jur
30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) requested 1 2023 2023
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check
point; Body Part for first pass is Knee; 4/12/2023; No patient history in the past 90 days;
Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific
body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy
type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;
Moderate objective and functional deficits: constant symptoms and/or symptoms that are
intensified with activity with moderate loss of range of motion, strength, or ability to
perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip
selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of
cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or
Occupational therapy was selected; Physical or Occupational therapy was selected; Physical
97116 Therapeutic procedure, 1 or or Occupational therapy was selected; Magellan does not manage chiropractic but does
1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jur
30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families; Physical therapy was requested 1 2023 2023 Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check
point; Body Part for first pass is Knee; 04/12/2023; No patient history in the past 90 days;
Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific
body part; Body Part pass complete; Questions about your Knee request: ; Three or more
visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy
type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of
range of motion, strength, or ability to perform daily tasks best describes the patient's
clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical
Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The
rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a
diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or
Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan 97116 Therapeutic procedure, 1 or does not manage chiropractic but does manage speech therapy for the member's plan;
1/2023 - Physical more areas, each 15 minutes; gait Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Apr-Jui
30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Physical therapy was requested 1 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Compational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of tymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested.	Apr-Jun 1 2023 2023

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deflicits: constants symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of canner.; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested or Occupational therapy was selected; Physical or Occupational therapy was requested or Occupationa	Apr-Jun 123 2023
Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; Three or more visits anticipated; The anticipated number of visits is other than 2; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cancer.; The rehabilitation is NOT related to a diagnosis of Unphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health of Age of Ajoly 2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/18/2023; No patient history in the past; Pool 204 sy; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific	
body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cocupational therapy was selected; Physical or Occupational therapy was requested to does on the more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested. The health Aproval training (includes stair climbing) Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific	
visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of for cancer.; The rehabilitation is NOT related to a diagnosis of physical or Occupational therapy was selected; Description of Occupational therapy was selected; Descri	
type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does 4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Age (3/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific	
Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health April (Includes stair climbing) and the stair climbing of the member's plan; Physical therapy was requested; The health April (Includes stair climbing) and the stair climbing of the member's plan; Physical therapy was requested to a diagnosis of cancer.; The rehabilitation is NOT New Hampshire Healthy Families; Physical therapy was requested to a diagnosis of cancer.; The rehabilitation is NOT new Hampshire Healthy Families; Physical therapy was requested to a diagnosis of cancer.; The rehabilitation is NOT new Hampshire Healthy Families; Physical therapy was requested to a diagnosis of cancer.; The rehabilitation is NOT new Hampshire Healthy Families; Physical therapy was requested to a diagnosis of cancer.; The rehabilitation is NOT new Hampshire Healthy Families; Physical therapy was requested to a diagnosis of cancer.; The rehabilitation is NOT new Hampshire Healthy Families; Physical therapy was requested. Perform Body Part for first pass is Knee; 4/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific	
intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does 4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Approval training (includes stair climbing) Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific	
perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Application of the physical therapy was requested; The health physical therapy was requested to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical therapy was requested; The health Application of the physical therapy was requested to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical therapy was requested; The health Application of the physical therapy was requested to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical therapy was selected; Physical therapy was requested; Physical therapy was requested; The health Application or Occupational therapy was requested; Physical therapy was	
selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does 4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Arc 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific	
evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does 4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Approval training (includes stair climbing) Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific	
cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does 4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Ap 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families; Physical therapy was requested 1 2023 20 Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific	
Occupational therapy was selected; Physical or Occupational therapy was selected; Physical therapy was sel	
97116 Therapeutic procedure, 1 or or Occupational therapy was selected; Magellan does not manage chiropractic but does 4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Approval training (includes stair climbing) Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific	
4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Ap 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families; Physical therapy was requested 1 2023 20 Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific	
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Carrier is NOT New Hampshire Healthy Families; Physical therapy was requested 1 2023 20 Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific	
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific	23 2023
point; Body Part for first pass is Knee; 4/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific	
point; Body Part for first pass is Knee; 4/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific	
Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific	
body part. Body Part pass complete. Chiestions about your knee redirect. Three or more	
visits anticipated, The anticipated number of visits is other than 2.; Non-Surgical; Therapy	
type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	
Moderate objective and functional deficits: constant symptoms and/or symptoms that are	
intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip	
selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The	
evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
97116 Therapeutic procedure, 1 or or Occupational therapy was selected; Magellan does not manage chiropractic but does	
	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families; Physical therapy was requested 2 2023 20	
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	25 2025
point; Body Part for first pass is Knee; 4/18/2023; No patient history in the past 90 days;	
Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific	
body part; Body Part pass complete; Questions about your Knee request: ; Three or more	
visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy	
type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	
Severe objective and functional deficits: constant intense symptoms with severe loss of	
range of motion, strength, or ability to perform daily tasks best describes the patient's	
clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical	
Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
97116 Therapeutic procedure, 1 or does not manage chiropractic but does manage speech therapy for the member's plan;	
	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Physical therapy was requested 1 2023 20	23 2023

Perform Body Part selection; Pe	form Body Part selection; First Pass; Second Pass check
point; Body Part for first pass is	(nee; 04/19/2023; No patient history in the past 90 days;
Evaluation dates less than 90 da	s in the past; Non-Surgical; Knee selected as the specific
body part; Body Part pass comp	ete; Questions about your Knee request: ; Three or more
visits anticipated; The anticipat	d number of visits is other than 2.; Non-Surgical; Therapy
type is Rehabilitative; One Body	Part selected; No Second Pass; Requestor is not a fax; Mild
objective and functional deficit	sporadic symptoms with minimal loss of range of motion,
strength, or ability to perform o	ily tasks best describes the patient's clinical presentation;
Lower Extremity/Hip selected a	the body type/region; Physical Therapy; Speech Therapy
was not selected; The evaluation	date is not in the future; The rehabilitation is NOT related
to a diagnosis of cancer.; The re	abilitation is NOT related to a diagnosis of Lymphedema.;
Physical or Occupational therap	was selected; Physical or Occupational therapy was
selected; Physical or Occupatio	al therapy was selected; Magellan does not manage
97116 Therapeutic procedure, 1 or chiropractic but does manage s	eech therapy for the member's plan; Physical therapy was
4/1/2023 - Physical more areas, each 15 minutes; gait requested; The health carrier is	NOT New Hampshire Healthy Families; Physical therapy was Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) requested	1 2023 2023
Perform Body Part selection; Pe	form Body Part selection; First Pass; Second Pass check
point; Body Part for first pass is	(nee; 4/19/2023; No patient history in the past 90 days;
Evaluation dates less than 90 da	s in the past; Non-Surgical; Knee selected as the specific
body part; Body Part pass comp	ete; Questions about your Knee request: ; Three or more
visits anticipated; The anticipat	d number of visits is other than 2.; Non-Surgical; Therapy
type is Rehabilitative; One Body	Part selected; No Second Pass; Requestor is not a fax;
Moderate objective and function	al deficits: constant symptoms and/or symptoms that are
intensified with activity with m	derate loss of range of motion, strength, or ability to
perform daily tasks best describ	es the patient's clinical presentation; Lower Extremity/Hip
selected as the body type/region	; Physical Therapy; Speech Therapy was not selected; The
evaluation date is not in the fut	re; The rehabilitation is NOT related to a diagnosis of
cancer.; The rehabilitation is NO	Γrelated to a diagnosis of Lymphedema.; Physical or
Occupational therapy was selec	ed; Physical or Occupational therapy was selected; Physical
97116 Therapeutic procedure, 1 or or Occupational therapy was se	ected; Magellan does not manage chiropractic but does
4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the	nember's plan; Physical therapy was requested; The health Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire	ealthy Families; Physical therapy was requested 3 2023 2023
Perform Body Part selection; Pe	form Body Part selection; First Pass; Second Pass check
point; Body Part for first pass is	(nee; 04/19/2023; No patient history in the past 90 days;
Evaluation dates less than 90 d.	s in the past; Non-Surgical; Knee selected as the specific
body part; Body Part pass comp	ete; Questions about your Knee request: ; Three or more
visits anticipated; The anticipat	d number of visits is other than 2.; Non-Surgical; Therapy
type is Rehabilitative; One Body	Part selected; No Second Pass; Requestor is not a fax;
	deficits: constant intense symptoms with severe loss of
range of motion, strength, or al	lity to perform daily tasks best describes the patient's
clinical presentation; Lower Ext	emity/Hip selected as the body type/region; Physical
Therapy; Speech Therapy was r	t selected; The evaluation date is not in the future; The
rehabilitation is NOT related to	diagnosis of cancer.; The rehabilitation is NOT related to a
diagnosis of Lymphedema.; Phy	ical or Occupational therapy was selected; Physical or
Occupational therapy was selec	ed; Physical or Occupational therapy was selected; Magellan
· · · · · · · · · · · · · · · · · · ·	t does manage speech therapy for the member's plan;
4/1/2023 - Physical more areas, each 15 minutes; gait Physical therapy was requested	The health carrier is NOT New Hampshire Healthy Families; Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Physical therapy was requested	2 2023 2023

Perform Body Part selection; Perform Body Part selection; First Pass; Second	l Pass check
point; Body Part for first pass is Knee; 4/19/2023; No patient history in the p	past 90 days;
Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected a	s the specific
body part; Body Part pass complete; Questions about your Knee request: ; T	hree or more
visits anticipated; The anticipated number of visits is other than 2.; Non-Sur _l	gical; Therapy
type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is	not a fax;
Severe objective and functional deficits: constant intense symptoms with se	vere loss of
range of motion, strength, or ability to perform daily tasks best describes th	e patient's
clinical presentation; Lower Extremity/Hip selected as the body type/region,	; Physical
Therapy; Speech Therapy was not selected; The evaluation date is not in the	future; The
rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is N	IOT related to a
diagnosis of Lymphedema.; Physical or Occupational therapy was selected; I	
Occupational therapy was selected; Physical or Occupational therapy was se	•
97116 Therapeutic procedure, 1 or does not manage chiropractic but does manage speech therapy for the men	
4/1/2023 - Physical more areas, each 15 minutes; gait Physical therapy was requested; The health carrier is NOT New Hampshire H	• •
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Physical therapy was requested	1 2023 2023
5) 50/2025 4/2/2025 O) 50/2025 medicine /pproton duming (includes stair cintoring)	1 2023 2023
Perform Body Part selection; Perform Body Part selection; First Pass; Second	l Pass check
point; Body Part for first pass is Knee; 4/20/2023; No patient history in the p	
Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected a	s the specific
body part; Body Part pass complete; Questions about your Knee request: ; T	hree or more
visits anticipated; The anticipated number of visits is other than 2.; Non-Sur,	gical; Therapy
type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is	not a fax;
Moderate objective and functional deficits: constant symptoms and/or symp	
intensified with activity with moderate loss of range of motion, strength, or	
perform daily tasks best describes the patient's clinical presentation; Lower	•
selected as the body type/region; Physical Therapy; Speech Therapy was not	
evaluation date is not in the future; The rehabilitation is NOT related to a dia	
cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Ph	
Occupational therapy was selected; Physical or Occupational therapy was se	•
97116 Therapeutic procedure, 1 or or Occupational therapy was selected; Magellan does not manage chiroprac	•
4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was reques	
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families; Physical therapy was requested as a specific metapy for the intense of participation of the intense of the intense of participation of the intense of the intens	•
Perform Body Part selection; First Pass; Second	
point; Body Part for first pass is Knee; 4/20/2023; No patient history in the p	
Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected a	• •
body part; Body Part pass complete; Questions about your Knee request: ; T	·
visits anticipated. The anticipated number of visits is other than 2.; Non-Surj	
type is Rehabilitative. One Body Part selected; No Second Pass; Requestor is	
Severe objective and functional deficits: constant intense symptoms with se	
range of motion, strength, or ability to perform daily tasks best describes th	
clinical presentation; Lower Extremity/Hip selected as the body type/region,	•
Therapy; Speech Therapy was not selected; The evaluation date is not in the	•
rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is N	
diagnosis of Lymphedema.; Physical or Occupational therapy was selected; I	
Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected.	
97116 Therapeutic procedure, 1 or does not manage chiropractic but does manage speech therapy for the mem	. •
4/1/2023 - Physical more areas, each 15 minutes; gait Physical therapy was requested; The health carrier is NOT New Hampshire H	• •
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Physical therapy was requested	2 2023 2023
0/30/2020 4/1/2020 0/30/2020 Medicine Approval Haining (includes stail clinibing) Frigsical Herapy was requested	2 2023 2023

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Threapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cocupational therapy was selected; Physical or	
Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cymphedema.; Physical or	
body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cymphedema.; Physical or Occupational therapy was selected; Physical or	
visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cocupational therapy was selected; Physical or	
type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cocupational therapy was selected; Physical or	
Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cocupational therapy was selected; Physical or	
range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cocupational therapy was selected; Physical or	
clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
97116 Therapeutic procedure, 1 or does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 - Physical more areas, each 15 minutes, gait Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
	3 2023
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
point; Body Part for first pass is Knee; 4/25/2023; No patient history in the past 90 days;	
Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific	
body part; Body Part pass complete; Questions about your Knee request: ; Three or more	
visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy	
type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	
Moderate objective and functional deficits: constant symptoms and/or symptoms that are	
intensified with activity with moderate loss of range of motion, strength, or ability to	
perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip	
selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The	
evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
97116 Therapeutic procedure, 1 or or Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families; Physical therapy was requested 3 202	3 2023
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
point; Body Part for first pass is Knee; 4/25/2023; No patient history in the past 90 days;	
Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific	
body part; Body Part pass complete; Questions about your Knee request: ; Three or more	
visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy	
type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	
Severe objective and functional deficits: constant intense symptoms with severe loss of	
range of motion, strength, or ability to perform daily tasks best describes the patient's	
clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical	
Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
97116 Therapeutic procedure, 1 or does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 - Physical more areas, each 15 minutes; gait Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Physical therapy was requested 2 202	3 2023

					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Knee; 04/26/2023; No patient history in the past 90 days;	
					Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific	
					body part; Body Part pass complete; Questions about your Knee request: ; Three or more	
					visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy	
					type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	
					Moderate objective and functional deficits: constant symptoms and/or symptoms that are	
					intensified with activity with moderate loss of range of motion, strength, or ability to	
					perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip	
					selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The	
					evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
					· · · · · · · · · · · · · · · · · · ·	
					cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
				0711C Thomasoutic proceedure 1 as	Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
4/4/2022		Dhombaal		97116 Therapeutic procedure, 1 or	or Occupational therapy was selected; Magellan does not manage chiropractic but does	A.z. Ivo
4/1/2023 -	/4 /2022	Physical Physical	A	more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/	/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Knee; 4/26/2023; No patient history in the past 90 days;	
					Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific	
					body part; Body Part pass complete; Questions about your Knee request: ; Three or more	
					visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy	
					type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	
					Moderate objective and functional deficits: constant symptoms and/or symptoms that are	
					intensified with activity with moderate loss of range of motion, strength, or ability to	
					perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip	
					selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The	
					evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
					cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
				97116 Therapeutic procedure, 1 or	or Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/	/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
0/30/2023 4/	71/2023	0/30/2023 Wedicine	пррочи	training (merades stail climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	1 2023 2023
					point; Body Part for first pass is Knee; 4/26/2023; No patient history in the past 90 days;	
					Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific	
					body part; Body Part pass complete; Questions about your Knee request: ; Three or more	
					visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy	
					type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	
					Severe objective and functional deficits: constant intense symptoms with severe loss of	
					range of motion, strength, or ability to perform daily tasks best describes the patient's	
					clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical	
					Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
					rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
					diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
				97116 Therapeutic procedure, 1 or	does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun

4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cocupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motio	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	more areas, each 15 minutes; gait training (includes stair climbing)	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 2 2023 2023

					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/01/2023; No patient history in the past 90 days;	
					Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific	
					body part; Body Part pass complete; Questions about your Knee request: ; Three or more	
					visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy	
					type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	
					Moderate objective and functional deficits: constant symptoms and/or symptoms that are	
					intensified with activity with moderate loss of range of motion, strength, or ability to	
					perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip	
					selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The	
					evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
					cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
				97116 Therapeutic procedure, 1 or	or Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
				•		
					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Knee; 5/1/2023; No patient history in the past 90 days;	
					Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific	
					body part; Body Part pass complete; Questions about your Knee request: ; Three or more	
					visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy	
					type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	
					Moderate objective and functional deficits: constant symptoms and/or symptoms that are	
					intensified with activity with moderate loss of range of motion, strength, or ability to	
					perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip	
					selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The	
					evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
					cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
				0711C Thomasoutic proceedings 1 or	Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
4/1/2023 -		Dhusiaal		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health	A 1
6/30/2023	1/1/2022	Physical 6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Wedicine	Арргочаг	training (includes stail climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	1 2023 2023
					point; Body Part for first pass is Knee; 05/01/2023; No patient history in the past 90 days;	
					Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific	
					body part; Body Part pass complete; Questions about your Knee request: ; Three or more	
					visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy	
					type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	
					Severe objective and functional deficits: constant intense symptoms with severe loss of	
					range of motion, strength, or ability to perform daily tasks best describes the patient's	
					clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical	
					Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
					rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
					diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
				97116 Therapeutic procedure, 1 or	does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested	1 2023 2023

Perform Body Pert o election, Perform Body Pert of selection, Perform Body Pert Selec	point; Boc Evaluatior body part visits antic type is Rel	r Part for first pass is Knee; 5/1/2023; No patient history in the past 90 days; dates less than 90 days in the past; Non-Surgical; Knee selected as the specific Body Part pass complete; Questions about your Knee request: ; Three or more pated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy abilitative; One Body Part selected; No Second Pass; Requestor is not a fax; sective and functional deficits: constant intense symptoms with severe loss of otion, strength, or ability to perform daily tasks best describes the patient's sentation; Lower Extremity/Hip selected as the body type/region; Physical beech Therapy was not selected; The evaluation date is not in the future; The
body part Body part Sections about your five request; Three or more vitis anticipated. The anticipated mumber of visits is other than 2, Non-Surgical; Three process of the post of the po	Evaluation body part visits antic type is Rel	dates less than 90 days in the past; Non-Surgical; Knee selected as the specific Body Part pass complete; Questions about your Knee request: ; Three or more pated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy abilitative; One Body Part selected; No Second Pass; Requestor is not a fax; ective and functional deficits: constant intense symptoms with severe loss of otion, strength, or ability to perform daily tasks best describes the patient's sentation; Lower Extremity/Hip selected as the body type/region; Physical peech Therapy was not selected; The evaluation date is not in the future; The
body part, Body Part pass complete, Questions about your Knee request; Three or more visits anticipated number of visits short braze; Non-Signical, Therapy type is Rehabilitative, One Body Part selected, No Second Pass, Requestor is not a fact Severe objective functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks bed describes the patient's clinical presentation and services and the patient's clinical presentation and services and the patient's clinical presentation and services and the patient's clinical presentation in the patient's clinical presentation in the patient's clinical presentation of the services of range of motion, strength, or ability to perform daily tasks bed describes the patient's clinical presentation in the future; The resultation of the services of a diagnosis of career, The rehabilitation is not in the future; The rehabilitation is NOT related to a diagnosis of career, The rehabilitation is NOT related to a diagnosis of career, The rehabilitation is not in the future; The relation of the patient of the patient is not in the future; The rehabilitation is not in the future; The rehabilitation is not intense in the patient is not in the future; The rehabilitation is not intense in the patient is not in the future; The relation of the remaining in the patient is not in the future; The relation date is not in the fut	body part visits antic type is Rel	Body Part pass complete; Questions about your Knee request: ; Three or more pated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy abilitative; One Body Part selected; No Second Pass; Requestor is not a fax; ective and functional deficits: constant intense symptoms with severe loss of otion, strength, or ability to perform daily tasks best describes the patient's sentation; Lower Extremity/Hip selected as the body type/region; Physical beech Therapy was not selected; The evaluation date is not in the future; The
visits anticipated, the anticipated number of visits is other than 2, Non-Surgical, Therapy type is Rehabilitative, the Body Plant selection, No Second Pass, Requestor in not a far; Severe objective and functional deficits: constant interese symptoms with severe loss of range of motions, strength, or ability to perform daily stasks best describes the patient's clinical presentation; Lower Extremity/flip selected as the body type/region, Physical Therapy, Sepecth Therapy was not selected; The evaluation date is not in the future. The rehabilitation is NOT related to a diagnosis of Congret, The rehabilitation is NOT related to a diagnosis of Congret, The rehabilitation is NOT related to a diagnosis of Congret, The rehabilitation is NOT related to a diagnosis of Congret, The rehabilitation is NOT related to a diagnosis of Congret, The rehabilitation is NOT related to a diagnosis of Congret, The rehabilitation is NOT related to a diagnosis of Congret, The rehabilitation is NOT related to a diagnosis of Congret, The rehabilitation is NOT related to a diagnosis of Congret, The rehabilitation is NOT related to a diagnosis of Congret, The rehabilitation is NOT related to a diagnosis of Congret, The rehabilitation is NOT related to a diagnosis of Congret, The rehabilitation is NOT related to a diagnosis of Congret, The rehabilitation is NOT related to a diagnosis of Congret, The rehabilitation is NOT related to a diagnosis of Congret, The rehabilitation is NOT related to a diagnosis of Congret, The rehabilitation is NOT related to a diagnosis of Congret, The rehabilitation is NOT related to a diagnosis of Congret, The representation of Congret, The rehabilitation is NOT related to a diagnosis of Congret, The representation is NOT related to a diagnosis of Congret, The referent	visits antic type is Rei	pated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy abilitative; One Body Part selected; No Second Pass; Requestor is not a fax; ective and functional deficits: constant intense symptoms with severe loss of otion, strength, or ability to perform daily tasks best describes the patient's sentation; Lower Extremity/Hip selected as the body type/region; Physical beech Therapy was not selected; The evaluation date is not in the future; The
type is Rehabilitative, One Body Part selected, No Scond Pass, Requestor in not a fax: **Serve objective and functional deficits, constrain timese symptoms with severe loss of range of motion, strength, or ability to perform daily lasks best describes the patient's clinical presentation; Lower Externally lasks best describes the patient's clinical presentation; Lower Externally lasks best describes the patient's clinical presentation; Lower Externally lasks best describes the patient's clinical presentation; Lower Externally lasks best describes the patient's clinical presentation; Lower Externally lasks best describes the patient's clinical presentation; Lower Externally lasks best described by phylical or Couptational threapy was selected. Physical or Couptational threapy was selected. Phylical or Couptational threapy was requested. The member's plan; Phylical threapy was requested. The member's plan; Phylical threapy was requested. The member's plan; Phylical threapy was requested. Phylical or Couptational threapy was requested. Phylical procedure, 1 or Phylical threapy was requested. Phylical procedure, 1 or Phylical threapy was requested. Phylical procedure, 1 or Phylical threapy was selected. Phylical or Couptational threapy was requested. Phylical procedure, 1 or Phylical threapy was r	type is Rei	abilitative; One Body Part selected; No Second Pass; Requestor is not a fax; ective and functional deficits: constant intense symptoms with severe loss of otion, strength, or ability to perform daily tasks best describes the patient's sentation; Lower Extremity/Hip selected as the body type/region; Physical beech Therapy was not selected; The evaluation date is not in the future; The
Severe objective and functional deficits, constant intense symptoms with severe loss of range of months, breaght, or ability to perform daily tasks bed sederable the patient's clinical presentation; lower faxremity/hip selected as the body type/region; Physical Therapy secret of the future. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of range of more areas, each 1s minutes; gat one		ective and functional deficits: constant intense symptoms with severe loss of otion, strength, or ability to perform daily tasks best describes the patient's sentation; Lower Extremity/Hip selected as the body type/region; Physical peech Therapy was not selected; The evaluation date is not in the future; The
range of motion, strength, or ability to perform daily task best describes the patient's clinical prematurity fips selected as the body type/regon/physical Coupstions of the total country fine selected and adaptive selections. In the rehabilitation is NOT related to a diagnosis of Lymphodema, Physical or Occupational therapy was selected, Magellan does not manage chiropractic but does manage speech therapy for the member's plan; 4/1/2023	Severe ob	otion, strength, or ability to perform daily tasks best describes the patient's sentation; Lower Extremity/Hip selected as the body type/region; Physical beech Therapy was not selected; The evaluation date is not in the future; The
discinsion presentations. Lower Extremity/Hip selected as the book type/region, Physical Therapy-Speech Therapy was not selected, The voluntion date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of Lymphedema, Physical or Occupational therapy was selected, Physical or Occupational therapy was selected, Magellan does not manage chiropractic but does manage septed therapy for the member's plan; 4/1/2023 Physical more areas, each 15 minutes; gatt Physical therapy was requested, The health carrier is NOT New Hampshire Healthy Families; Apr-Jun 6/30/2023 4/1/2023 Medicine Approval training (includes stair climbing) Perform Body Part selection; Perform Body Part selection; First Pass, Second Pass check point, Body Part for first pass is Knee; 5/2/2023. No patient history in the past 90 days; Evaluated oaks less than 90 days in the past, Non-Sugrical; New selected as the specific body part; Body Part pass complete; Questions about your Knee request; Three or more visits anticipated; The anticipated number of visits is other than 2; Non-Sugrical; The empticated as the specific body part; Body Part pass complete; Questions about your Knee request; Three or more visits anticipated; The anticipated number of visits is other than 2; Non-Sugrical; The empticipated; The enticipated number of visits is other than 2; Non-Sugrical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderal body bear to first pass is the body type/region, Physical threapy was not selected; The oak and the pass of the		sentation; Lower Extremity/Hip selected as the body type/region; Physical beech Therapy was not selected; The evaluation date is not in the future; The
Therapy, Speech Hirrary was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Curpation in the pay was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested. Physical or Occupational therapy was reducted as the body type/region, Physical therapy was requested. Physical or Occupational therapy was reducted. Physical or Occupational therapy was reducted as the object of Physical or Occupational therapy was reducted. Physical Occupational therapy was reducted as the Occupational therapy was requested. Physical Occupational P	range of n	peech Therapy was not selected; The evaluation date is not in the future; The
rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of tymphedema. Physical or Cocupational thrappy was selected; Physical or Occupational thrappy was requested. The health carrier is NOT New Hampshire Healthy Families; Apr-Jun (1907) 1907 1907 1907 1907 1907 1907 1907 1907	clinical pro	
diagnosis of Lymphedema. Physical of Occupational therapy was selected. Physical or Occupational therapy was selected. Magellan does not manage chiropractic but does manage speech therapy for the member's plan; 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Physical therapy was requested. The health carrier is NOT New Hamphire Healthy Families; Apr-Jun 2014 Approval training (includes stair climbing) Physical therapy was requested. The health carrier is NOT New Hamphire Healthy Families; Apr-Jun 2014 Approval training (includes stair climbing) Physical therapy was requested. The Approval training (includes stair climbing) Physical therapy was requested. The Approval training (includes stair climbing) Physical therapy was requested. The Approval training (includes stair climbing) Physical therapy was requested. The Approval training (includes stair climbing) Physical therapy was requested. The Approval training (includes stair climbing) Physical therapy was requested. The Approval training (includes stair climbing) Physical therapy was requested. The Approval training (includes stair climbing) Physical therapy was requested. The Approval training (includes stair climbing) Physical therapy was requested. The Approval training (includes stair climbing) Physical therapy was requested. The Approval training (includes stair climbing) Physical therapy was requested. Physical or Occupational therapy was selected, Physical or Occupational therapy was requested. Physical or Phys	Therapy; S	
Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan decrease of the company of the member's plan; and the company of the company of the member's plan; and the company of the member's plan; and the company of the company	rehabilitat	on is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a
9716 Therapeutic procedure, 1 or does not manage chicopractic but does manage speech therapy for the member's plan. 4/1/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass sheck point; Body Part for first pass is Knee; 5/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical, Knee selected as the specific body part for life and the path of the pa	diagnosis	f Lymphedema.; Physical or Occupational therapy was selected; Physical or
4/1/2023 Physical more areas, each 15 minutes; galt Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Famillies; Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Physical therapy was requested. Perform Body Part selection; Pirst Pass; Second Pass check point; Body Part for first pass; is Knees; 5//2023; No patient history in the past 90 days; because the past of the past; Non-Surgical; Knee selected as the specific body part. Body Part past complete, Cluestions about your Knee request; Three or more visits anticipated; The anticipated number of visits is other than 2, Non-Surgical; Knee selected as the specific body part. Body by part.	Occupatio	al therapy was selected; Physical or Occupational therapy was selected; Magellan
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Physical therapy was requested Perform Body Part selection; Pirst Pass; Second Pass check point; Body Part for first pass is Knee; 5/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past, Non-Surgical; Knee selected as the specific body part, Body Part past complete; Questions about your Knee request; Three or more visits anticipated; The anticipated number of visits is other than 2; Non-Surgical; Threapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Nonderate objective and functional defloits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Mapellan does not manage chirogratic but does more areas, each 15 minutes; gait training (includes stair climbing) 4/1/2023	97116 Therapeutic procedure, 1 or does not r	anage chiropractic but does manage speech therapy for the member's plan;
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part selection; Dead of parts pass is Knee; 5/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past, Non-Surgical, Knee selected as the specific body part selected; body Part selected; body Part selected; No Second Pass, Sequestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region, Physical Therapy, Speech Therapy was not selected, The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of tymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; Physical Occu	Physical more areas, each 15 minutes; gait Physical th	erapy was requested; The health carrier is NOT New Hampshire Healthy Families; Apr-Jun
point; Body Part for first pass is Knee; 5/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; Three or more visits anticipated; The anticipated number of visit is to ther than 2; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future. The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of large of the control of t	4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Physical th	erapy was requested 1 2023 2023
point; Body Part for first pass is Knee; 5/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; Three or more visits anticipated; The anticipated number of visit is to other than 2; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of Lower Extremity of Cocupational therapy was selected; Physical or Occupational therapy was selected; The health 6/30/2023 4/1/2023 6/30/2023 Medicine Aproval training (includes stair climbing) 97116 Therapeutic procedure, 1 or Occupational therapy was selected; Physical therapy was requested 97116 Therapeutic procedure, 1 or Occupational therapy was selected; Physical therapy was requested. The health Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Aproval training (includes stair climbing) 97116 Therapeutic procedure, 1 or Occupational therapy was selected; The health Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Aproval training (includes stair climbing) 97116 Therapeutic procedure, 1 or Occupational therapy was requested to the selected of the health Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Aproval 97116 Therapeutic procedure, 1 or Occupational therapy was requested of the health Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicin		
Evaluation dates less than 90 days in the past; Non-Surgical, Knee selected as the specific body part; Body Part Bod	Perform B	dy Part selection; Perform Body Part selection; First Pass; Second Pass check
body part; Body Part pass complete; Questions about your Knee request: ; Three or more vists anticipated, The anticipated number of visits is other than 2, Non-Surgical, Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate ological frage of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The	point; Boo	Part for first pass is Knee; 5/2/2023; No patient history in the past 90 days;
visits anticipated; The anticipated number of visits is other than 2; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits; constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describeds the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation date is not in the future. The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer.	Evaluation	dates less than 90 days in the past; Non-Surgical; Knee selected as the specific
type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested. Physical 4/1/2023 - Physical Physical Physical Approval training (includes stair climbing) 97116 Therapeutic procedure, 1 or or Occupational therapy was selected; Physical therapy was requested. The health Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) 4/1/2023 - Physical Approval training (includes stair climbing) 4/1/2023 - Physical Ph	body part	Body Part pass complete; Questions about your Knee request: ; Three or more
Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of form is NOT related to a diagnosis of such as a selected; Physical or Occupational therapy was selected; Physical therapy was requested. The health of 30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families; Physical therapy was requested 1 2023 2023 Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; \$5/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee request: Three or more visits anticipated; The anticipated number of visits is other than 2; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a	visits antic	pated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy
intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does described the described of the devaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical therapy was requested; The health Apr-Jun (6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) and the past selection; Perform Body Part se	type is Rei	abilitative; One Body Part selected; No Second Pass; Requestor is not a fax;
perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the furture; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magnelian does not manage chiopractic but does more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun (arrier is NOT New Hampshire Healthy Families; Physical therapy was requested training (includes stair climbing) training (includes stair climbing) and the part selection; Perform Body Part selection; Per	Moderate	objective and functional deficits: constant symptoms and/or symptoms that are
selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cancer. Occupational therapy was selected; Physical or Occupational therapy was requested; Physical or Occupational therapy was requested; Physical or Occupational therapy was requested; Physical therapy was requested; The health Apr-Jun (Alizova of John School) April March School of S	intensified	with activity with moderate loss of range of motion, strength, or ability to
evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema., Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does 4/1/2023 Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families; Physical therapy was requested 1 2023 2023 Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass; Part Selection; Perform Body Part Selection; Perform	perform d	ily tasks best describes the patient's clinical presentation; Lower Extremity/Hip
cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does 4/1/2023 Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun carrier is NOT New Hampshire Healthy Families; Physical therapy was requested 1 2023 2023 Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated; The anticipated number of visits is tother than 2.; Non-Surgical; Fhreapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	selected a	the body type/region; Physical Therapy; Speech Therapy was not selected; The
Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does 4/1/2023 Physical Ph	evaluation	date is not in the future; The rehabilitation is NOT related to a diagnosis of
97116 Therapeutic procedure, 1 or or Occupational therapy was selected; Magellan does not manage chiropractic but does 4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families; Physical therapy was requested 1 2023 2023 Perform Body Part selection; Perform Body Part selection; Pisr Pass; Second Pass check point; Body Part for first pass is Knee; 5/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	cancer.; Ti	e rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or
4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families; Physical therapy was requested 1 2023 2023 Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	Occupatio	al therapy was selected; Physical or Occupational therapy was selected; Physical
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families; Physical therapy was requested 1 2023 2023 Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	97116 Therapeutic procedure, 1 or or Occupa	ional therapy was selected; Magellan does not manage chiropractic but does
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is at ax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	Physical more areas, each 15 minutes; gait manage s	eech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun
point; Body Part for first pass is Knee; 5/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily task best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) carrier is N	OT New Hampshire Healthy Families; Physical therapy was requested 1 2023 2023
Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	Perform B	dy Part selection; Perform Body Part selection; First Pass; Second Pass check
body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	point; Boo	Part for first pass is Knee; 5/2/2023; No patient history in the past 90 days;
visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	Evaluation	dates less than 90 days in the past; Non-Surgical; Knee selected as the specific
type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	body part	Body Part pass complete; Questions about your Knee request: ; Three or more
Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	visits antic	pated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy
range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	type is Rei	abilitative; One Body Part selected; No Second Pass; Requestor is not a fax;
clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	Severe ob	ective and functional deficits: constant intense symptoms with severe loss of
Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	range of n	otion, strength, or ability to perform daily tasks best describes the patient's
rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	clinical pro	sentation; Lower Extremity/Hip selected as the body type/region; Physical
· ·	Therapy; S	peech Therapy was not selected; The evaluation date is not in the future; The
diagnosis of Lymphedema · Physical or Occupational therapy was selected · Physical or	rehabilitat	on is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a
diagnosis of Lymphedema, i mystear of occupational therapy was selected, i mystear of	diagnosis	f Lymphedema.; Physical or Occupational therapy was selected; Physical or
Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	Occupatio	al therapy was selected; Physical or Occupational therapy was selected; Magellan
97116 Therapeutic procedure, 1 or does not manage chiropractic but does manage speech therapy for the member's plan;	97116 Therapeutic procedure, 1 or does not r	anage chiropractic but does manage speech therapy for the member's plan;
4/1/2023 - Physical more areas, each 15 minutes; gait Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Apr-Jun	Physical more areas, each 15 minutes; gait Physical th	erapy was requested; The health carrier is NOT New Hampshire Healthy Families; Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Physical therapy was requested 2 2023 2023	4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Physical th	erapy was requested 2 2023 2023

				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is Knee; 05/03/2023; No patient history in the past 90 days;	
				Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific	
				body part; Body Part pass complete; Questions about your Knee request: ; Three or more	
				visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy	
				type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	
				Moderate objective and functional deficits: constant symptoms and/or symptoms that are	
				intensified with activity with moderate loss of range of motion, strength, or ability to	
				perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip	
				selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The	
				evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
				cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
			0744671	Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
. /. /			97116 Therapeutic procedure, 1 or	or Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is Knee; 5/4/2023; No patient history in the past 90 days;	
				Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific	
				body part; Body Part pass complete; Questions about your Knee request: ; Three or more	
				visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy	
				type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	
				Severe objective and functional deficits: constant intense symptoms with severe loss of	
				range of motion, strength, or ability to perform daily tasks best describes the patient's	
				clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical	
				Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
				rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
				diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
			0744671 11 1	Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
. /. /			97116 Therapeutic procedure, 1 or	does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested	2 2023 2023
				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is Knee; 5/5/2023; No patient history in the past 90 days;	
				Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific	
				body part; Body Part pass complete; Questions about your Knee request: ; Three or more	
				visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy	
				type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	
				Severe objective and functional deficits: constant intense symptoms with severe loss of	
				range of motion, strength, or ability to perform daily tasks best describes the patient's	
				clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical	
				Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
				rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
				diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
			07446 Thereses the second of	Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
4/1/2022	Dhuat I		97116 Therapeutic procedure, 1 or	does not manage chiropractic but does manage speech therapy for the member's plan;	Amm torre
4/1/2023 -	Physical		more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested	1 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) 97116 Therapeutic procedure, 1 or	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/08/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cocupational therapy was selected; Physical or Occupational therapy the member's plan; Physical therapy was requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/8/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, s	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	more areas, each 15 minutes; gait Approval training (includes stair climbing)	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/9/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Not New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023

6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Physical therapy was requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part selection; Perform Body Part selected; No Second Pass check point; Body Part pass complete; Questions about your Knee request: Three or more visits anticipated; The anticipated number of visits is other than 2; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower ExtremityHips selected as the body type-(region; Physical Interapy was selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of					
4/1/2023 - Physical Physical more areas, each 15 minutes; gait physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; 6/30/2023 Medicine Approval training (includes stair climbing) Physical therapy was requested; Preform Body Part selection; Perform Body Part selection;				point; Body Part for first pass is Knee; 5/9/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; \$5/10/2023; No patient history in the past \$90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: Three or more visits anticipated. The anticipated number of visits is other than 2.; Non-Surgical; Threapy type is Rehabilitative; One Body Part selection; Pirst Pass; Second Pass, Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Threapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of tymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of tymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested. Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part selection; Body Part selection; Physical therapy type is Rehabilitative; One Body Part selection; So other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selection; On	1 ' '	,	more areas, each 15 minutes	gait Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun 3 2023 2023
point; Body Part for first pass is Knee; 05/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are	4/1/2023 -	Physical	97116 Therapeutic procedure more areas, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cycupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Apr-Jun 1 2023 2023
perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health	1 1	·	more areas, each 15 minutes	point; Body Part for first pass is Knee; 05/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does gait manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun 2 2023 2023

				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are	
				intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The	
				evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
			97116 Therapeutic procedure, 1 or	or Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	2 2023 2023
				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is Knee; 05/10/2023; No patient history in the past 90 days;	
				Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific	
				body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy	
				type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	
				Severe objective and functional deficits: constant intense symptoms with severe loss of	
				range of motion, strength, or ability to perform daily tasks best describes the patient's	
				clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical	
				Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
				rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
				diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
				Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
			97116 Therapeutic procedure, 1 or	does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 -	Physical Physical		more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	1 2023 2023
				point; Body Part for first pass is Knee; 5/10/2023; No patient history in the past 90 days;	
				Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific	
				body part; Body Part pass complete; Questions about your Knee request: ; Three or more	
				visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy	
				type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	
				Severe objective and functional deficits: constant intense symptoms with severe loss of	
				range of motion, strength, or ability to perform daily tasks best describes the patient's	
				clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical	
				Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
				rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
				diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
			97116 Therapeutic procedure, 1 or	Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023 4/1/2023	•	Approval	training (includes stair climbing)	Physical therapy was requested	1 2023 2023
5,50,2025 4,1,2025	5/30/2023 Wicalcine	Approvat	training (morades stail climbing)	, s.car therapy was requested	1 2023 2023

		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan	
4/1/2023 - Physical	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval	training (includes stair climbing)	Physical therapy was requested	1 2023 2023
4/1/2023 - Physical 6/30/2023 4/1/2023 6/30/2023 Medicine Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; O5/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - Physical 6/30/2023 4/1/2023 6/30/2023 Medicine Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cocupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
	3	p , , , , , , , ,	

4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait Approval training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/16/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cancer.; The rehabilitation is NOT related to a diagnosis of Cymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/16/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated. The anticipated number of visits is other than 2 · Non-Surgical. The rapy	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait Approval training (includes stair climbing)	visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait Approval training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023

					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cymphedema.; Physical or Occupational therapy was selected; Magellan	
				97116 Therapeutic procedure, 1 or	does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested	2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 2 2023 2023
4/1/2023 -		Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cocupational therapy was selected; Physical or Occupational therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
., ,	, -,	., . ,,	Ch		,	

Perform Body Part selection, Perform Body Part selection, First Pass, Secrot Pass theck promits Gody Part for First pass is Knee Fig. 27/20/202. No patient billion of takes less than 90 days; the past, You-Sugreal; Knee selected as the specific body part, Body Part for First pass is Knee Fig. 27/20/202. No patients billion of the Perform May Nest Selected as the specific body part, Body Part pass complete, Cyclestions about you knee request: Three or more visits anticipated. The anticipated number of visits is other than 2, No-Sugrical; Therapy type is the part of the past, You Sugreative Perform Part of the Selection, No Second Pass Requester is not a fax; Severe objective and functional deficits; constant intense symptoms with severe loss of range of motions, severetty, or ability to perform day is yes best describes the patient's clinical presentation; Lower Extremity/inja selected as the body yeper/egion, Physical or Occupational Therapy was not selected; The evaluation date is not in the future. The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a Cocupational therapy was selected, Physical or Occupational therapy was selected, Physical or
Fevaluation dates less than 90 days in the pasts. Non-Surgical, Ence selected as the specific body part, poly Part pass completer, Guestions about your Knee request; Three or more visits anticipated, The anticipated number of visits is other than 2, Non-Surgical, Therapy types is Rehabilitative, One Body Part pass completer, Guestions about your Knee request; Three or more visits anticipated, The anticipated number of visits is other than 2, Non-Surgical, Therapy types ree objective and functional deficits; constant intense symptoms with severe loss of range of motion, strength, or abilitative, One Body Part selected, No Severe objective and functional deficits; constant intense symptoms with severe loss of range of motion, strength, or abilitative, one Body Part selected, the evaluation date is not in the future. The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer the rehabilitation is
body part; Body Part pass complete; Questions about your Knee request; Three or more wists anticipated; The anticipated number of visits is other than 2; Non-Surgical; Therapy type is Rehabilitative. One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Externity//hip selected as the body Ype/Fegion; Physical Therapy. Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of conception; Provincial therapy was selected; Physical or Occupational therapy was requested. Physical or Occupational therapy was selected; Physical or Occupational therapy was requested. Physical or Occupational therapy was requested in the past 90 day; Evaluation dates in the future; The rehabilitation is Not related to a diagnosis of condense to the past 90 day; Evaluation dates in the past 90 day; Evaluation dates in the future; The rehabilitation is Not related to a diagnosis of Condense past Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational thera
visits anticipated, The anticipated number of visits to other than 2, Non-Surgical, Therapy type is Rehalilative. One Body Part selected, by Second Pass Requested is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or and littly sup defined ally task best describes the patient's clinical presentation; Lower Extremity/Rips elected as the looky type/region; Physical Technological or or objects. The event of the future; The rehabilitation is NOT related to a diagnosis of cancer; The abilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of
Severe blocktives. One Body Part selection, Poecond Pass, Requestor is not a fax, Severe blocktive and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation, Lower Externity/Rips selected: The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of concerning the severe of concern
Severe objective and functional deflicts: constant intense symptoms with severe loss of range of moion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapeutic procedure, 1 or disposition of the process of
range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation, Lower Externity/Files selected as the loop type/region, Physical Therapy, Sepech Therapy was not selected; The evaluation date is not in the future: The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosi of cancer; The rehabilitation is NOT related to a diagnosi of cancer; The rehabilitation is NOT related to a diagnosi of cancer; The rehabilitation is NOT related to a diagnosi of cancer; The rehabilitation is NOT related to a diagnosi of cancer; The rehabilitation is NOT related to a diagnosi of cancer; The rehabilitation is NOT related to a diagnosi of cancer; The report of the rehabilitation is NOT related to a diagnosi of cancer; The rehabilitation is NOT related to a diagnosi of cancer; The rehabilitation is NOT related to a diagnosi of cancer; The rehabilitation is NOT related to a diagnosi of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a di
clinical presentation; Lower Extremity/fing selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT
Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of 1, Proprietate to 2, Proprietate to 3,
rehabilitation is NOT related to a diagnosis of yemphedema. Physical or Cocquational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage Chriporactic but does manage speech therapy for the member's plan; AprJun 6/30/2023 Medicine Approval training (includes stair climbing) Physical therapy was requested; the health carrier is NOT New Hampshire Healthy Families; AprJun 6/30/2023 Medicine Approval training (includes stair climbing) Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part selection; Part Selection; Perform Body Part selection; Perform Bo
diagnosis of lymphedema. Physical or Occupational therapy was selected; Physical or Occupational therapy was requested. The member's plan; Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part selection; First Pass; Second Pass check point; Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part selection; Pass selected and selection; Pass selected and Selection; Pass selected and Selection; Pass selected pass selected and Selection; Pass selected pass selected; Pass selected pass selected; Pass selected pass selected pass selected pass selected pass selected pass selected pas
Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; 4/1/2023 - Physical 6/30/2023 Medicine
4/1/2023 - Physical more areas, each 15 minutes; gait more areas, each 15 minutes; gait physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Physical therapy was requested 1 2023 2023 Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass; Canada (Sparing Page 1) 1 2023 2023 Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass; Second Pass; Canada (Sparing Page 1) 1 2023 2023 Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass; Second Pass; Canada (Sparing Page 1) 1 2023 2023 Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass; Second Pass; Canada (Sparing Page 1) 1 2023 2023 Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass; Second Pass; Canada (Sparing Page 1) 1 2023 2023 Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass; Second Pass; Second Pass; Canada (Sparing Page 1) 1 2023 2023 Perform Body Part selection; Perform Body Parts select
4/1/2023 Physical Medicine Approval training (includes stair climbing) Physical therapy was requested: The health carrier is NOT New Hampshire Healthy Families; Apr-Jun 6/30/2023 4/1/2023 Medicine Approval training (includes stair climbing) Physical therapy was requested: The health carrier is NOT New Hampshire Healthy Families; Apr-Jun 1 2023 2023 2023 2023 2023 2023 2023 20
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Physical therapy was requested 1 2023 2023 Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point, Body Part first pass is Knee; 5/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical, There appeting to body part; Body Part pass complete; Questions about your Knee request:; Three or more visits anticipated; The anticipated number of visits is other than 2, Non-Surgical; Therapy type is Rehabilitation; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a concupational therapy was selected; Magellan does not manage chiorpractic but does 4/1/2023
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Physical therapy was requested 1 2023 2023 Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Check point, Body Part first pass is Knee; 5/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical, There selected as the specific body part; Body Part pass complete; Questions about your Knee request:; Three or more visits anticipated; The anticipated number of visits is other than 2; Non-Surgical; Therapy type is Rehabilitation; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT rela
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point, Body Part for first pass is Knee; 5/23/2023, No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical, Knee selected as the specific body part, Body Part pass complete; Questions about your Knee request.; Three or more visits anticipated; The anticipated number of visits is other than 2, Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits; constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity-Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosi
point; Body Part for first pass is Knee; 5/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part, Body Part pass complete; Questions about your Knee requeste; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Specch Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical Defendence or Occupational therapy was selected; Physical Defend
Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part, Body Part pass complete; Questions about your Knee request:; Three or more visits anticipated; The anticipated anumber of visits is other than 2; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits; constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitative; One Body Part selection; Perform Body Part selection; Physical therapy was requested. The health part of the past pass cancer are a seal of the past pass cancer are a seal of
body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The
visits anticipated, The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass, Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested to or Occupational therapy was selected; Physical or Occupational therapy was requested to or Occupational therapy was selected; Physical or Occupational therapy was requested to or Occupational therapy was selected; Physical or Occupational therapy was requested. 4/1/2023 - Physical The Abrical Selected or Occupational therapy was requested to or Occupational therapy was requested to or
type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was relected; Physical or Occupational therapy was requested; The health Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families; Physical therapy was requested 1 2023 2023 Perform Body Part selection; Perform Body Part selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;
Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema, Physical or Occupational therapy was selected; Physical or Occupational therapy was requested to selected; Physical or Occupational therapy was requested; Physical or Occupational therapy was requested; Physical therapy was requested; Physical or Occupational therapy was requested; Physical training (includes stair climbing) carrier is NOT New Hampshire Healthy Families; Physical therapy was requested 1 2023 2023 Perform Body Part selection; Perform Body Part selection; First Pass; Sender Part Selection; Part Selectio
intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; but does 4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's pain; Physical therapy was requested; The health Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families; Physical therapy was requested 1 2023 2023 Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selectio; No Second Pass; Requestor is not a fax;
perform daily tasks best describes the patient's clinical presentation, Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical therapy was requested. 4/1/2023
selected as the body type/region; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of tymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical 97116 Therapeutic procedure, 1 or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested, The health Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families; Physical therapy was requested 1 2023 2023 Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part past complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;
evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does 4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun carrier is NOT New Hampshire Healthy Families; Physical therapy was requested 1 2023 2023 Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/23/2023; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;
cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does 4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun carrier is NOT New Hampshire Healthy Families; Physical therapy was requested 1 2023 2023 Perform Body Part selection; Perform Body Part selection; First pass; Second Pass check point; Body Part for first pass is Knee; 05/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;
Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does 4/1/2023 - Physical Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun carrier is NOT New Hampshire Healthy Families; Physical therapy was requested 1 2023 2023 Perform Body Part selection; Perform Body Part selection; First pass is Knee; 05/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;
97116 Therapeutic procedure, 1 or or Occupational therapy was selected; Magellan does not manage chiropractic but does 4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun carrier is NOT New Hampshire Healthy Families; Physical therapy was requested 1 2023 2023 Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/23/2023; No patient hier past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;
4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families; Physical therapy was requested 1 2023 2023 Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;
6/30/2023 Medicine Approval training (includes stair climbing) Carrier is NOT New Hampshire Healthy Families; Physical therapy was requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;
6/30/2023 Medicine Approval training (includes stair climbing) Carrier is NOT New Hampshire Healthy Families; Physical therapy was requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;
Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;
body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;
visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;
type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;
Severe objective and functional deficits: constant intense symptoms with severe loss of
Service objective and randomar denotes of improving man service 1000 of
range of motion, strength, or ability to perform daily tasks best describes the patient's
clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical
Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The
rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a
diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or
Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan
97116 Therapeutic procedure, 1 or does not manage chiropractic but does manage speech therapy for the member's plan;
4/1/2023 - Physical more areas, each 15 minutes; gait Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Apr-Jun

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
point; Body Part for first pass is Knee; 05/24/2023; No patient history in the past 90 days;	
Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific	
body part; Body Part pass complete; Questions about your Knee request: ; Three or more	
visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy	
type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	
Severe objective and functional deficits: constant intense symptoms with severe loss of	
range of motion, strength, or ability to perform daily tasks best describes the patient's	
clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical	
Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to	a
diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
Occupational therapy was selected; Physical or Occupational therapy was selected; Magel	lan
97116 Therapeutic procedure, 1 or does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 - Physical more areas, each 15 minutes; gait Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Familie	es; Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Physical therapy was requested	1 2023 2023
0/30/2023 4/2/2023 O/30/2023 Medicine / Approval duming (modules stain climating)	1 2023 2023
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
point; Body Part for first pass is Knee; 5/26/2023; No patient history in the past 90 days;	
Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific	
body part; Body Part pass complete; Questions about your Knee request: ; Three or more	
visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy	
type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	
Moderate objective and functional deficits: constant symptoms and/or symptoms that are	
intensified with activity with moderate loss of range of motion, strength, or ability to	
perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip	
selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The	
evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
Occupational therapy was selected; Physical or Occupational therapy was selected; Physic	al
97116 Therapeutic procedure, 1 or or Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The healt	•
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
point; Body Part for first pass is Knee; 05/30/2023; No patient history in the past 90 days;	
Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific	
body part; Body Part pass complete; Questions about your Knee request: ; Three or more	
visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy	
type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	
Moderate objective and functional deficits: constant symptoms and/or symptoms that are	2
intensified with activity with moderate loss of range of motion, strength, or ability to	
perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip	
selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The	
evaluation date is not in the future. The rehabilitation is NOT related to a diagnosis of	
cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
Occupational therapy was selected: Physical or Occupational therapy was selected: Physical or Occupational therapy was selected: Physic	al
97116 Therapeutic procedure, 1 or or Occupational interapy was selected; Magallan does not manage chiropractic but does	u.
4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The healt	h Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
TOTATION TO THE TENTIAL PROPERTY OF A PROPER	1 2023 2023

	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/30/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
	Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
97116 Therapeutic procedure, 1 or	does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 - Physical more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing)	Physical therapy was requested	1 2023 2023
	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/30/2023; No patient history in the past 90 days;	
	Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific	
	body part; Body Part pass complete; Questions about your Knee request: ; Three or more	
	visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy	
	type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	
	Severe objective and functional deficits: constant intense symptoms with severe loss of	
	range of motion, strength, or ability to perform daily tasks best describes the patient's	
	clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical	
	Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
	rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
	diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
97116 Therapeutic procedure, 1 or	Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 - Physical more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing)	Physical therapy was requested	1 2023 2023
, , , , , , , , , , , , , , , , , , ,	,	
	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
97116 Therapeutic procedure, 1 or	or Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 - Physical more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023

				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is Knee; 5/31/2023; No patient history in the past 90 days;	
				Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific	
				body part; Body Part pass complete; Questions about your Knee request: ; Three or more	
				visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy	
				type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	
				Severe objective and functional deficits: constant intense symptoms with severe loss of	
				range of motion, strength, or ability to perform daily tasks best describes the patient's	
				clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical	
				Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
				rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
				diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
				Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
			97116 Therapeutic procedure, 1 or	does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023 4/1/202	•	Approval	training (includes stair climbing)	Physical therapy was requested	1 2023 2023
0,00,2020 1,2,202	0,00,2020ca.c	7.pp.o.u.	training (marades stair aimenig)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	1 2020 2020
				point; Body Part for first pass is Knee; 6-29-2023; No patient history in the past 90 days;	
				Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific	
				body part; Body Part pass complete; Questions about your Knee request: ; Three or more	
				visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy	
				type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild	
				objective and functional deficits: sporadic symptoms with minimal loss of range of motion,	
				strength, or ability to perform daily tasks best describes the patient's clinical presentation;	
				Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy	
				was not selected; The evaluation date is not in the future; The rehabilitation is NOT related	
				to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
			07446 Therese with a second on 1	selected; Physical or Occupational therapy was selected; Magellan does not manage	
4/4/2022	Physical		97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical therapy was	A Iv.
4/1/2023 -	Physical		more areas, each 15 minutes; gait	requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Apr-Jun
6/30/2023 4/1/202	3 6/30/2023 Medicine	Approval	training (includes stair climbing)	requested	1 2023 2023
				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is Knee; 06/01/2023; No patient history in the past 90 days;	
				Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific	
				body part; Body Part pass complete; Questions about your Knee request: ; Three or more	
				visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy	
				type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild	
				objective and functional deficits: sporadic symptoms with minimal loss of range of motion,	
				strength, or ability to perform daily tasks best describes the patient's clinical presentation;	
				Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy	
				was not selected; The evaluation date is not in the future; The rehabilitation is NOT related	
				to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				selected; Physical or Occupational therapy was selected; Magellan does not manage	
			97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical therapy was	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Apr-Jun
6/30/2023 4/1/202	3 6/30/2023 Medicine	Approval	training (includes stair climbing)	requested	1 2023 2023

4/1/2023 - 6/30/2023 4/1/:	Physical 2023 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/01/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
0/30/2023 4/1/	2023 0/30/2023 INIEUICITIE	Approvai	daming (includes stall clillbing)	carrier is NOT New Hampshire freating Failinies, Physical therapy was requested	1 2023 2023
4/1/2023 - 6/30/2023 4/1/:	Physical 2023 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/1/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested. Occupational therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested. Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/01/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/:	Physical 2023 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	body part; Body Part pass complete; Questions about your Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023

4/1/2023 -	4/1/2023	Physical 6/30/2023 Medicine	Approval	more areas, each 15 minutes; gait training (includes stair climbing)	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2022		Dh. ai l		97116 Therapeutic procedure, 1 or	does not manage chiropractic but does manage speech therapy for the member's plan;	Ame III
					Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
					diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
					rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
					Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
					range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical	
					Severe objective and functional deficits: constant intense symptoms with severe loss of	
					type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	
					visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy	
					body part; Body Part pass complete; Questions about your Knee request: ; Three or more	
					Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific	
					point; Body Part for first pass is Knee; 6/5/2023; No patient history in the past 90 days;	
.,,	, -,	., .,	Ph	5 (Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested	2 2023 2023
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
				97116 Therapeutic procedure, 1 or	Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan;	
					diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
					rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
					Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
					clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical	
					range of motion, strength, or ability to perform daily tasks best describes the patient's	
					Severe objective and functional deficits: constant intense symptoms with severe loss of	
					type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	
					visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy	
					body part; Body Part pass complete; Questions about your Knee request: ; Three or more	
					Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific	
					point; Body Part for first pass is Knee; 06/05/2023; No patient history in the past 90 days;	
0/30/2023	4/1/2023	0/30/2023 Medicine	Арргочаг	training (includes stail climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	more areas, each 15 minutes; gait training (includes stair climbing)	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 2 2023 2023
4/1/2022		Dh		97116 Therapeutic procedure, 1 or	does not manage chiropractic but does manage speech therapy for the member's plan;	American
				07116 Theremouting are added 4 and	Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
					diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
					rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
					Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
					clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical	
					range of motion, strength, or ability to perform daily tasks best describes the patient's	
					Severe objective and functional deficits: constant intense symptoms with severe loss of	
					type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	
					visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy	
					body part; Body Part pass complete; Questions about your Knee request: ; Three or more	
					Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific	
					point; Body Part for first pass is Knee; 06/02/2023; No patient history in the past 90 days;	

				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is Knee; 06/06/2023; No patient history in the past 90 days;	
				Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific	
				body part; Body Part pass complete; Questions about your Knee request: ; Three or more	
				visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy	
				type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild	
				objective and functional deficits: sporadic symptoms with minimal loss of range of motion,	
				strength, or ability to perform daily tasks best describes the patient's clinical presentation;	
				Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy	
				was not selected; The evaluation date is not in the future; The rehabilitation is NOT related	
				to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				selected; Physical or Occupational therapy was selected; Magellan does not manage	
			97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical therapy was	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	requested	1 2023 2023
				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is Knee; 6/6/2023; No patient history in the past 90 days;	
				Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific	
				body part; Body Part pass complete; Questions about your Knee request: ; Three or more	
				visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy	
				type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	
				Moderate objective and functional deficits: constant symptoms and/or symptoms that are	
				intensified with activity with moderate loss of range of motion, strength, or ability to	
				perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip	
				selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The	
				evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
				cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
				Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
			97116 Therapeutic procedure, 1 or	or Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is Knee; 6/7/2023; No patient history in the past 90 days;	
				Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific	
				body part; Body Part pass complete; Questions about your Knee request: ; Three or more	
				visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy	
				type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion,	
				strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy	
				· · · · · · · · · · · · · · · · · · ·	
				was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				selected; Physical or Occupational therapy was selected; Magellan does not manage	
			97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical therapy was	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	requested	1 2023 2023
0/30/2023 4/1/2023	0,30,2023 WEGICITE	Approvar	Gamma (merades stan eminority)	requested	1 2023 2023

					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
				07116 Thoropoutic procedure 1	Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
4/1/2023 -		Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1	1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
,,,	,	.,,	.p.p. 2 701		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Knee; 6/8/2023; No patient history in the past 90 days;	
					Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific	
					body part; Body Part pass complete; Questions about your Knee request: ; Three or more	
					visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild	
					objective and functional deficits: sporadic symptoms with minimal loss of range of motion,	
					strength, or ability to perform daily tasks best describes the patient's clinical presentation;	
					Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy	
					was not selected; The evaluation date is not in the future; The rehabilitation is NOT related	
					to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				07446 There we the second second second	selected; Physical or Occupational therapy was selected; Magellan does not manage	
4/1/2023 -		Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Apr lun
6/30/2023 4/1	1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	requested; the health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Apr-Jun 1 2023 2023
0,00,2020	1,2020	o, so, zozs medicine	, ipp. ora.	training (morages star emissing)	- Cquestea	1 2020 2020
					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Knee; 06/08/2023; No patient history in the past 90 days;	
					Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific	
					body part; Body Part pass complete; Questions about your Knee request: ; Three or more	
					visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	
					Moderate objective and functional deficits: constant symptoms and/or symptoms that are	
					intensified with activity with moderate loss of range of motion, strength, or ability to	
					perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip	
					selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The	
					evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
					cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
				0741C Therepoutie presedure 1	Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
4/1/2023 -		Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1	1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	2 2023 2023
5,50,2025 4/1	-, -023	O, SO, EDES INICAICITE	ppiovai	a a (merades stair eminority)	carries to Not New Humpsine Federal Federal Figure and Federal Washington	2 2023 2023

					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Knee; 6/8/2023; No patient history in the past 90 days;	
					Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific	
					body part; Body Part pass complete; Questions about your Knee request: ; Three or more	
					visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy	
					type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	
					Moderate objective and functional deficits: constant symptoms and/or symptoms that are	
					intensified with activity with moderate loss of range of motion, strength, or ability to	
					perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip	
					selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The	
					evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
					cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
				97116 Therapeutic procedure, 1 or	or Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/	1/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	5 2023 2023
					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Knee; 06/08/2023; No patient history in the past 90 days;	
					Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific	
					body part; Body Part pass complete; Questions about your Knee request: ; Three or more	
					visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy	
					type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	
					Severe objective and functional deficits: constant intense symptoms with severe loss of	
					range of motion, strength, or ability to perform daily tasks best describes the patient's	
					clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical	
					Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
					rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
					diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
				97116 Therapeutic procedure, 1 or	does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023 4/	1/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested	1 2023 2023
0,00,2020	, _,	0,00,000			Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Knee; 06/12/2023; No patient history in the past 90 days;	
					Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific	
					body part; Body Part pass complete; Questions about your Knee request: ; Three or more	
					visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy	
					type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild	
					objective and functional deficits: sporadic symptoms with minimal loss of range of motion,	
					strength, or ability to perform daily tasks best describes the patient's clinical presentation;	
					Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy	
					was not selected; The evaluation date is not in the future; The rehabilitation is NOT related	
					to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
					selected; Physical or Occupational therapy was selected; Magellan does not manage	
				97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical therapy was	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Apr-Jun
6/30/2023 4	1/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	requested	1 2023 2023
3/30/2023 4/	1, 1, 2023	0,30,2023 MEGICITE	Approvai	training (includes stall cliffbilig)	тециелен	1 2023 2023

					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
1				97116 Therapeutic procedure, 1 or	or Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cancer.; The rehabilitation is NOT related to a diagnosis of Cancer.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 -		Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Coupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
3/30/2023	.7 1/2023	5/30/2023 Miculaile	Approvai	a annuity (merades stail elimbing)	carrier is the Free manipulate meaning runnings, Frigueta therapy was requested	1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
0/30/2023	7/1/2023	0/30/2023 Medicille	Approvai	training (includes stail climbing)	carrier is 1901 frew Hampshire Healthy Families, Enysteal therapy was requested	1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Noccupational therapy was requested; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	body part; Body Part pass complete; Questions about your Knee request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023

97116 Therapeutic p	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated, The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform dally tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan;
4/1/2023 - Physical more areas, each 15	
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes sta	
97116 Therapeutic p 4/1/2023 - Physical more areas, each 15 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes sta	minutes; gait requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was Apr-Jun
97116 Therapeutic p 4/1/2023 - Physical more areas, each 15 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes sta	minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun
· · · · · · · · · · · · · · · · · · ·	

					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					·	
					point; Body Part for first pass is Knee; 6/19/2023; No patient history in the past 90 days;	
					Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific	
					body part; Body Part pass complete; Questions about your Knee request: ; Three or more	
					visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy	
					type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	
					Moderate objective and functional deficits: constant symptoms and/or symptoms that are	
					intensified with activity with moderate loss of range of motion, strength, or ability to	
					perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip	
					selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The	
					evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
					cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
				97116 Therapeutic procedure, 1 or	or Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/	/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	2 2023 2023
0/30/2023 4/	71/2023	0/30/2023 Wicalcine	прргочи	training (includes stail climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	2 2023 2023
					point; Body Part for first pass is Knee; 6/19/2023; No patient history in the past 90 days;	
					Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific	
					body part; Body Part pass complete; Questions about your Knee request: ; Three or more	
					visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy	
					type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	
					Severe objective and functional deficits: constant intense symptoms with severe loss of	
					range of motion, strength, or ability to perform daily tasks best describes the patient's	
					clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical	
					Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
					rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
					diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
				97116 Therapeutic procedure, 1 or	does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023 4/	/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested	1 2023 2023
					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Knee; 06/20/2023; No patient history in the past 90 days;	
					Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific	
					body part; Body Part pass complete; Questions about your Knee request: ; Three or more	
					visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy	
					type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild	
					objective and functional deficits: sporadic symptoms with minimal loss of range of motion,	
					strength, or ability to perform daily tasks best describes the patient's clinical presentation;	
					Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy	
					was not selected; The evaluation date is not in the future; The rehabilitation is NOT related	
					to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
					selected; Physical or Occupational therapy was selected; Magellan does not manage	
				97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical therapy was	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Apr-Jun
6/30/2023 4/	/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	requested	2 2023 2023
0,30,2023 4/	11/2023	0/30/2023 IVICUICITIE	Approvar	training (includes stail climbing)	requested	2 2023 2023

					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Knee; 06/20/2023; No patient history in the past 90 days;	
					Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific	
					body part; Body Part pass complete; Questions about your Knee request: ; Three or more	
					visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy	
					type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	
					Moderate objective and functional deficits: constant symptoms and/or symptoms that are	
					intensified with activity with moderate loss of range of motion, strength, or ability to	
					perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip	
					selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The	
					evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
					cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
				0744671	Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
				97116 Therapeutic procedure, 1 or	or Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 -	4/4/2022	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	2 2023 2023
					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Knee; 6/20/2023; No patient history in the past 90 days;	
					Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific	
					body part; Body Part pass complete; Questions about your Knee request: ; Three or more	
					visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy	
					type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	
					Moderate objective and functional deficits: constant symptoms and/or symptoms that are	
					intensified with activity with moderate loss of range of motion, strength, or ability to	
					perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip	
					selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The	
					evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
					cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
				97116 Therapeutic procedure, 1 or	or Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Knee; 6/20/2023; No patient history in the past 90 days;	
					Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific	
					body part; Body Part pass complete; Questions about your Knee request: ; Three or more	
					visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy	
					type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	
					Severe objective and functional deficits: constant intense symptoms with severe loss of	
					range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical	
					Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
					rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
					diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
				97116 Therapeutic procedure, 1 or	does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested	1 2023 2023
0/30/2023	4/1/2023	b/3U/2U23 Wealcine	Approvai	training (includes stair climbing)	riiysicai therapy was requested	1 2023 2023

4/1/2023 -		Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested	1 2023 2023
4/1/2023 - 6/30/2023		Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
97116 Therapeutic procedure, 1 or or Occupational therapy was selected; Physical or Occupational therapy was selected;	
4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower termity/Hip selected as the body type/region; Physical Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of vocupational therapy was selected; Physical or Occupational th	Apr-Jun 1 2023 2023
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested. The more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested. The health for a carrier is NOT New Hampshire Healthy Families; Physical therapy was requested.	Apr-Jun 1 2023 2023
o/30/2023 4/1/2025 o/30/2023 intentione Approval training (includes stair climbing) carrier is NOT new nampshire nearing Families; Physical therapy was requested	1 2023 2023

Perform Booky Part selection, Perform Booky Part selection, First Pass, Second Pass check point, Booky Part for first pass is knew (2077/2003), No patient history in the past of days; Evaluation dates less than 90 days in the past, Non-Surgical, Rines selected as the specific body part, Booky Part selected, Pos Scoron Pass Requestor is not a fact year. The past of the past pass complete, Questions about your Kines Requested in the property of the past past of the past, Non-Surgical, Piterapy types (Pashbation of the past, Non-Surgical, Piterapy types (Pashbation of the past, Non-Surgical). The past types (Pashbation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, T
Evaluation dates less than 90 days in the past. Non-Surgical, Knee selected as the specific body part, poly Part pars sompleter, Guestions about your Knee request; Three or more visits anticipated, The anticipated number of visits is other than 2. Non-Surgidal, Therapy types in Behaltshitzer, One Body Part pass complete, Guestions about your Knee request; Three or more visits anticipated, The anticipated number of visits is other than 2. Non-Surgidal, Therapy types of the part of the foliation
body part; Body Part pass complete, Questions about your Knee request; Three or more visits anticipated; The anticipated number of visits to after that 2, Non-Surgical; Therapy type is Rehabilitative. One Body Part selection, 16 second Pass, Requestor is not a fax; Severe objective and functional deficits: constant intensees symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation, Lower Externity,Philip selected as the body type/region; Physical Therapy, Speech Therapy was not selected; The evaluation dates in not in the future; The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy
visits anticipated, The anticipated number of visits to their than 2, Non-Surgical, Therapy type is healthliative. One body Part selection, Second Pass. Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or another. One constant intense symptoms with severe loss of range of motion, strength, or another. One constant intense symptoms with severe loss of range of motion, strength, or another. One constant intense symptoms with severe loss of range of motion, strength, or another some stockers. The evaluation date is not in the future: The rehabilitation is not related to a diagnosis of uncert. The rehabilitation is not related to a diagnosis of uncert. The rehabilitation is not related to a diagnosis of uncert. The rehabilitation is not related to a diagnosis of uncert. The rehabilitation is not related to a diagnosis of uncert. The rehabilitation is not related to a diagnosis of uncert. The rehabilitation is not related to a diagnosis of uncert. The rehabilitation is not related to a diagnosis of uncert. The rehabilitation is not related to a diagnosis of uncert. The rehabilitation is not rehabilitation is not related to a diagnosis of uncert. The rehabilitation is not rehabilitation in the future. The rehabilitation is not rehabilitation is not rehabilitation is not rehabilitation of the number of visits is other than 2, Non-Surgical, Therapy visits anticipated. The anticipated mumber of visits is other than 2, Non-Surgical, Therapy visits anticipated, and functional deficits: constant symptoms and respectively in the past 90 days; in the past 90 days in the pas
Severe blobilitative; One Body Parts elected; No Second Pass; Requestor is not a fax;
Severe objective and functional deflicts: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region/Physical Therapy was not selected. The revaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of symphodema. Physical or Occupational therapy was selected. Physical or Occupational therapy was requested. ### Physical therapy was requested. ### Physical therapy was requested. The health carrier is NOT New Hampshire Healthy Families; ### Physical therapy was requested. ### Physical therapy was requested. The Approval training (includes stair cimbing) ### Physical therapy was requested. The Physical or Occupational therapy was requested. The Physical or Occupational therapy was requested. The Physical or Occupational therapy was not selected. The Physical or Occupational therapy was requested. The Physical or Occ
range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Externity/Files selected as the lowy type/region; Physical Therapy, Sepech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosi of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT seed to the cancer of vists is other than 2; Non-Surgical; Therapy type is Rehabilitative; One Body Part selection; First Pass; Second Pass; Requested in the specific body part; Body Part selection; Part selection; First Pass; Second Pass; Requested in the specific body part; Body Part selection; Part selection; The repart type is Rehabilitative; One Body Part selection, Second Pass; Requestor is not a fax; Moderate objective and functional deficits; constant symptoms that are intensified with activity with more derivative and functional deficits; constant symptoms that are intensified with activity with more derivative and functional deficits; constant symptoms and/or symptoms that are intensified with activity with more derivative and functional deficits; constant symptoms and/or sympto
clinical presentation; tower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future. The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of spryndeemar, Physical or Occupational therapy was selected; Physical Or Occupational therapy was requested. The application of the past typical or Occupational therapy was requested. The rehabilitation is NOT related to a diagnosis of the past typical or Occupational therapy was selected; Physical Or Occupational therapy was selected; Physical Or Occupational therapy was requested. The rehabilitation is NOT related to a diagnosis of typical or Occupational therapy was requested. The rehabilitation is NOT rel
Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of profile the data diagnosis of profile the procedure of th
rehabilitation is NOT related to a diagnosis of ymer.; The rehabilitation is NOT related to a diagnosis of ymphedema; Physical or Occupational therappy was selected; Physical or Occupational therappy was selected; Magellan does not manage chropractic but does manage speech therapy for the member's plan; 4/1/2023
diagnosis of Lymphedema. Physical or Occupational therapy was selected; Physical or Occupational therapy was requested: Physical therapy was requested: The member's plan; Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part selection; Perform Body Part selection; Prist Pass; Second Pass check point; Body Part selection; Perform Body Part selection; Prist Pass; Second Pass check point; Body Part selection; Perform Body Part selection; Pass selected and selected and selection; Pass selected and selection; Pass selected pass selected and selection; Pass selection Pass selected pass selected and selection; Pass selection Pass selected pass selection; Pass selection Pass selected; Pass selection pass selected; Pass selection; Pass
Occupational therapy was selected; Magellan does not manage chriopractic but does manage speech therapy for the member's plan; Physical floragy was requested; The health carrier is NOT New Hampshire Healthy Families; Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Aproval training (includes stair climbing) Aprival Aproval training (includes stair climbing) Aprival Aproval A
97116 Therapeutic procedure, 1 or does not manage chiropractic but does manage speech therapy for the member's plan: 4/1/2023 - 4/1/2023 Medicine Approval training (includes stair climbing) Physical therapy was requested. The health carrier is NOT New Hampshire Healthy Families; Apr-Jun Physical therapy was requested 1 2 2023 2023 Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past 190 days; Evaluation dates less than 90 days in the past 190 days; Evaluation dates less than 90 days in the past 190 days; Evaluation dates less than 90 days in the past 190 days; Evaluation dates less than 90 days in the past 190 days; Evaluation dates less than 90 days in the past 190 days; Evaluation dates less than 90 days in the past 190 days; Evaluation dates less than 90 days in the past 190 days; Evaluation dates less than 90 days in the past 190 days; Evaluation dates less than 90 days in the past 190 days; Evaluation dates less than 90 days in the past 190 days; Evaluation dates less than 90 days in the past 190 days; Evaluation dates less than 90 days in the past 190 days; Evaluation date less than 90 days in the past 190 days; Evaluation date less than 90 days in the past 190 days; Evaluation date less than 90 days in the past 190 days; Evaluation date less than 90 days in the past 190 days and 190 days in the past 190 days; Evaluation date less than 190 days; Evaluation date less than 90 days in the past 190 days days and 190 days in the past 90 days; Evaluation date less than 190 days in the past 90 days; Evaluation of 190 days and 190 days in the past 90 days; Evaluation date less than 90 days in the past 90 days; Evaluation, Perform 80d 90 days in the past 90 days; Evaluation date less than 90 days in the past 90 days; Evaluation date less than 90 days in the past 90 days; Evaluation date less than 90 days in the past 90 days; Evaluation dates
4/1/2023 Physical Physical Medicine Approval training (includes stair climbing) Physical therapy was requested 12 023 2023 Perform Body Part selection; Perform
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Check point, Body Part selection; First Pass; Second Pass Check point, Body Part selection; First Pass; Second Pass Check point, Body Part selection; First Pass; Second Pass Check point, Body Part selection; First Pass; Second Pass Check point, Body Part selection; First Pass; Second Pass Check point, Body Part selection; First Pass; Second Pass Check point, Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2. Non-Surgical; Three specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2. Non-Surgical; Three specific body part; Body Part selected; Nos Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of selected; Physical or Occupational therapy was selected; Magellan does not manage chiorparctic but does and page speech therapy for the member's plan; Physical therapy was requested. The health Apr-Jun 6/30/2023 4/1/2023 Medicine Aproval training (includes stair climbing) Perform Body Part selection;
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point, Body Part for first pass is Knee; 06/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: Three or more visits anticipated; The anticipated number of visits is other than 2; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits; constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The expectation is the cancer of cancer; The past selection is the cancer of cancer; The past selection is the cancer of cancer; The past selection is the cancer of ca
point; Body Part for first pass is Knee; 06/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee requests; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; Sequestor is not a fax; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; Sequestor is not a fax; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; Sequestor is not a fax; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; Sequestor is not a fax; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; Mo Second Pass; Requestor is not a fax; Non-Surgical; Therapy type is Rehabilitative; One Body Part selection; Perform one visits anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selection; Perform one visits anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; Mo Second Pass; Requestor is not a fax;
point; Body Part for first pass is Knee; 06/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee requests; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cancer.; The rehabilitation is NOT related to a diagnosis of Lymphdema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health of Apr-Jun darges and the past of
Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part, Body Part pass complete; Questions about your knee request; Three or more visits anticipated; The anticipated in the number of visits is other than 2; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits; constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of supplementary of the member's plan; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested to a diagnosis of the patient of the
body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The
visits anticipated, The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass, Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested to or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested to or Occupational therapy was selected; Physical therapy was requested. 4/1/2023
type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families; Physical therapy was requested 1 2023 2023 Perform Body Part selection; Perform Body Part selected as the specific body Part, Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2; Non-Surgical, Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;
Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical does and manage speech therapy was selected; Physical therapy was requested to select the path of 30/2023 deficine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families; Physical therapy was requested 1 2023 2023 Perform Body Part selection; Perform Body Part selection; First Parss; cond Pass shock point; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2; Non-Surgical; Therapy type is Rehabilitative; One Body Part selector; No Second Pass; Requestor is not a fax;
intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of tymphedema; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does 4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun carrier is NOT New Hampshire Healthy Families; Physical therapy was requested 1 2023 2023 Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selector; No Second Pass; Requestor is not a fax;
perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does ### March 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun carrier is NOT New Hampshire Healthy Families; Physical therapy was requested 1 2023 2023 ### Perform Body Part selection; Perform Body Part selection; Perform Body Part selection; Perform Body Part selection; Non-Surgical; Knee selected as the specific body part; Body Part pass; Second Pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selectic; No Second Pass; Requestor is not a fax;
selected as the body type/region; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of tymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical 97116 Therapeutic procedure, 1 or or Occupational therapy was selected; Physical therapy was selected; Physical therapy was selected; Physical therapy was requested but does 4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested, The health Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families; Physical therapy was requested 1 2023 2023 Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass; Second Pass check point; Body Part for first pass is Knee; 6/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selecteds as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;
evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does 4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun carrier is NOT New Hampshire Healthy Families; Physical therapy was requested 1 2023 2023 Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;
cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical 97116 Therapeutic procedure, 1 or or Occupational therapy was selected; Magellan does not manage chiropractic but does 4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families; Physical therapy was requested 1 2023 2023 Perform Body Part selection; Perform Body Part selection; First pass; Second Pass check point; Body Part for first pass is Knee; 6/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;
Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does 4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun carrier is NOT New Hampshire Healthy Families; Physical therapy was requested 1 2023 2023 Perform Body Part selection; Perform Body Part selection; First pass is Knee; 6/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: , Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;
97116 Therapeutic procedure, 1 or or Occupational therapy was selected; Magellan does not manage chiropractic but does 4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families; Physical therapy was requested 1 2023 2023 Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;
4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families; Physical therapy was requested 1 2023 2023 Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Carrier is NOT New Hampshire Healthy Families; Physical therapy was requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;
point; Body Part for first pass is Knee; 6/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;
Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;
body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;
visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;
type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;
Severe objective and functional deficits: constant intense symptoms with severe loss of
·
range of motion, strength, or ability to perform daily tasks best describes the patient's
clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical
Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The
rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a
diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or
Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan
97116 Therapeutic procedure, 1 or does not manage chiropractic but does manage speech therapy for the member's plan;
4/1/2023 - Physical more areas, each 15 minutes; gait Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Apr-Jun

4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/29/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cocupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/30/2023; No patient history in the past 90 days;	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Hip/Pelvic; 5/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Coccupational therapy was selected; Physical or Occupational therapy for the member's plan; Physical therapy was requested; Physical therapy was requested	Apr-Jun 2 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	·	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 3/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health estatic limbing) Or Now Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
6/30/2023 4/1/2023	b/3U/2U23 Medicine	Approval training (includes	es stair climbing) carrier is NOT New Hampsnire Healthy Families; Physical therapy was requested	1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	·	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 3/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; Physical therapy was requested.	Apr-Jun 1 2023 2023
	o/so/2025 Medicine		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 03/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of coccupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the	1 2025 2023
4/1/2023 -	Physical		h 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval training (includes	es stair climbing) Healthy Families; Physical therapy was requested	1 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 3/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
0/30/2023 4/1/2023	0/30/2023 MEGICITIE	~hhi ovai	danning (includes stall climbing)	Carrier is NOT INEW Hampshire Healthy Families, Physical therapy was requested	1 2023 2023
4/1/2023 -	Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 3/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
4/1/2023 -	Physical		97116 Therapeutic procedure, 1 or	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/03/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or December's plans Physical therapy was requested; The health	Apr. lug
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	more areas, each 15 minutes; gait training (includes stair climbing)	manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
0,30,2023 4,1,2023	0/30/2023 MEGICITE	Αμμισναι	daning (includes stall climbing)	carrier is 140 i New Hampstine recutity Families, Fitysteal tiletapy was requested	1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/3/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/03/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosi or Occupational therapy was selected; Physical or Occupational therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/3/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 4 2023 2023

4/1/2023 - 6/30/2023	4/1/2022	Physical	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/04/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy wan ot selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Eamilies: Physical therapy was requested.	Apr-Jun 1 2023 2023
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/4/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023		Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/04/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 2 2023 2023

4/1/2023 -		Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/4/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
4/1/2023 - 6/30/2023		Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/4/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Coccupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/05/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical Occupational	Apr-Jun 1 2023 2023

					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Lumbar Spine; 4/5/2023; No patient history in the past 90	
					days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as	
					the specific body part; Body Part pass complete; Questions about your Lumbar Spine	
					request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.;	
					Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a	
					fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal	
					symptom best describes the patient's clinical presentation; Spine/Chest selected as the body	
					type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
					in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
					NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
, ,	. ,	,	1.1.	5. • • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·	
					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Lumbar Spine; 4/5/2023; No patient history in the past 90	
					days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as	
					the specific body part; Body Part pass complete; Questions about your Lumbar Spine	
					request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.;	
					Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a	
					fax; Severe functional deficits due to lumbopelvic impairments with or without distal	
					symptoms best describes the patient's clinical presentation; Spine/Chest selected as the	
					body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is	
					not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The	
					rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Physical or	
				97116 Therapeutic procedure, 1 or	Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	2 2023 2023
0,00,2020	., 1, 2020	0,00,2020 11100101110	7.pp.ora.	training (merades stair similarily)	carrier is not real names in carrier, names, mysear and approximation	2 2023 2023
					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Lumbar Spine; 4/6/2023; No patient history in the past 90	
					days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as	
					the specific body part; Body Part pass complete; Questions about your Lumbar Spine	
					request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.;	
					Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a	
					fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal	
					symptoms best describes the patient's clinical presentation; Spine/Chest selected as the	
					body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is	
					not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The	
					rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Physical or	
				97116 Therapeutic procedure, 1 or	Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	2 2023 2023
0/30/2023	7/1/2023	0/30/2023 WEGICITE	Approvai	training (includes stall climbing)	carrier is not new nampsime meaning rammes, ringsical incrapy was requested	2 2023 2023

4/1/2023 -		Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/6/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
4/1/2023 - 6/30/2023		Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/6/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical O	Apr-Jun 2 2023 2023

4/1/2022 Physical	97116 Therapeutic procedure, 1 or	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The health beginning the property of the morphor's plans Physical thorapy was requested. The health	Apr. Ivo
4/1/2023 - Physical 6/30/2023 4/1/2023 6/30/2023 Medicine Approval	more areas, each 15 minutes; gait training (includes stair climbing)	manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 4 2023 2023
4/1/2023 - Physical 6/30/2023 Medicine Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosi or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - Physical	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
-,, ,-,,,,			

	/2023 - 0/2023 -	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 2 2023 2023
6/30	J/2023	4/1/2023	0/30/2023 Medicine	Арргочаг	uaning (includes stail climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a	2 2023 2023
4/1/	/2023 -		Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30	0/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing) 97116 Therapeutic procedure, 1 or	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Coccupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does	1 2023 2023
	/2023 - 0/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	more areas, each 15 minutes; gait training (includes stair climbing)	manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	Physical 6 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 2 2023 2023
0/30/2023 4/1/2023	o/30/2023 Medicine	Ahhinaai	training (includes stall cliffollig)	carrier is NOT New Hampshire Healthy Families, Fhysical therapy was requested	2 2023 2023
4/1/2023 -	Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
4/1/2023	Dhysical		97116 Therapeutic procedure, 1 or	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does	Apr. Iva
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	more areas, each 15 minutes; gait training (includes stair climbing)	manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 2 2023 2023
0/30/2023 4/1/2023	o/30/2023 iviedicine	Approvai	training (includes stair climbing)	carrier is NOT New nampshire nearing Families; Physical therapy was requested	2 2023 2023

4/1/20		Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health	Apr-Jun
6/30/2	023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
4/1/20 6/30/2	23 - 223 - 4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/6/2023; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cancer.; The rehabilitation is NOT related to a diagnosis of Cancer.; The rehabilitation is NOT related to a Cocupational therapy was selected; Physical or Occupational th	Apr-Jun 1 2023 2023
4/1/20 6/30/2	23 - 223 4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cocupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
0/30/2023	7/1/2023	0/30/2023 Medicille	Approvai	Gaining (includes stail climbing)	ricultity ratifilies, ritysical titerapy was requested	1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Descriptions of Descriptions or Descripti	Apr-Jun 1 2023 2023
				97116 Therapeutic procedure, 1 or	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	4 2023 2023

4/1/2023 - 6/20/2023	A/1/2022	Physical	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested.	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023 4/2	/1/2023 6/3 0	Physical 0/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/2		Physical 0/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/29/22; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/3	(1/2023 6/30	Physical 0/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 2 2023 2023

4/1/2023 -	4/1/2022	Physical	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; The health Carrier is NOT New Hampshire	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupation	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023 4/1/20	Physical 123 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
0,30,2023 4/1/20	123 0/30/2023 WEURINE	Ahhinnai	danning (includes stall climbing)	Carrier is NOT frew Hampshire Healthy Families, Fritysical therapy was requested	1 2023 2023
4/1/2023 -	Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health	Apr-Jun
6/30/2023 4/1/20	23 6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
4/1/2023 -	Physical		97116 Therapeutic procedure, 1 or	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does	Anchin
4/1/2023 - 6/30/2023 4/1/20	Physical 6/30/2023 Medicine	Approval	more areas, each 15 minutes; gait training (includes stair climbing)	manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 3 2023 2023
0/30/2023 4/1/20	123 0/30/2023 WEUICINE	Approvai	Gaming (melades Stall climbing)	carrier is NOT New Hampshire Healthy Families, Physical therapy was requested	3 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of Coccupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part; Body Part pass complete; Questions about your Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate fun	Apr-Jun 1 2023 2023
			97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
4/1/2023 -	Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
0,30,2023 4,1,2023	3/30/2023 Medicille	Approvai	training (includes stall climbing)	carrier is not new nampsime fleating ratinities, ritystical therapy was requested	1 2023 2023

				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is Lumbar Spine; 4/20/2023; No patient history in the past 90	
				days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as	
				the specific body part; Body Part pass complete; Questions about your Lumbar Spine	
				request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.;	
				Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a	
				fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal	
				symptoms best describes the patient's clinical presentation; Spine/Chest selected as the	
				body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is	
				not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The	
				rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
				therapy was selected; Physical or Occupational therapy was selected; Physical or	
			97116 Therapeutic procedure, 1 or	Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/202	3 6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	4 2023 2023
				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is Lumbar Spine; 4/20/2023; No patient history in the past 90	
				days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as	
				the specific body part; Body Part pass complete; Questions about your Lumbar Spine	
				request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.;	
				Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a	
				fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal	
				symptom best describes the patient's clinical presentation; Spine/Chest selected as the body	
				type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
				in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
				NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
			97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/202	•	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
0/30/2023 4/1/202	.5 0/30/2023 Wedicine	Арргочаг	training (includes stair climbing)	rieattiy ranilies, Friysicai therapy was requested	1 2023 2023
				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is Lumbar Spine; 04/20/2023; No patient history in the past 90	
				days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as	
				the specific body part; Body Part pass complete; Questions about your Lumbar Spine	
				request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.;	
				Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a	
				fax; Severe functional deficits due to lumbopelvic impairments with or without distal	
				symptoms best describes the patient's clinical presentation; Spine/Chest selected as the	
				body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is	
				not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The	
				rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
				therapy was selected; Physical or Occupational therapy was selected; Physical or	
			97116 Therapeutic procedure, 1 or	Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/202	3 6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023

4/1/2023 - 6/30/2023		Physical	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT. New Hampshire Healthy, Emilies: Physical therapy was requested.	Apr-Jun
4/1/2023 -	4/1/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cocupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 -		Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Not New Hampshire Healthy Families; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023 4/1/20	Physical 123 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 2 2023 2023
0/30/2023 4/1/20	0/30/2023 WEGICITE	Approvai	training (includes stail climbing)	carrier is NOT New Hampshire Healthy Families, Physical therapy was requested	2 2023 2023
4/1/2023 -	Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health	Apr-Jun
6/30/2023 4/1/20	23 6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	5 2023 2023
4/1/2023 -	Dhysical		97116 Therapeutic procedure, 1 or	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physic	Anchin
4/1/2023 - 6/30/2023 4/1/20	Physical 6/30/2023 Medicine	Approval	more areas, each 15 minutes; gait training (includes stair climbing)	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 3 2023 2023
0/30/2023 4/1/20	0/30/2023 WIEUICINE	Approvar	training (includes stail climbling)	riearing rainines, Priysical inerapy was requested	3 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Not plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 3 2023 2023

4/1/2023 - 6/30/2023 4/1/20	Physical 123 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 2 2023 2023
0,30,2023 4/1/20	123 0/30/2023 WEURINE	whhinnai	danning (includes stall climbing)	Carrier is NOT frew Hampsinie Healthy Families, Friysical therapy was requested	2 2023 2023
4/1/2023 -	Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health	Apr-Jun
6/30/2023 4/1/20	23 6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	4 2023 2023
4/1/2022 -	Physical		97116 Therapeutic procedure, 1 or	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does	Ans lug
4/1/2023 - 6/30/2023 4/1/20	Physical 6/30/2023 Medicine	Approval	more areas, each 15 minutes; gait training (includes stair climbing)	manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 2 2023 2023
0/30/2023 4/1/20	0/30/2023 WIEUICINE	Approvai	training (includes stail climbing)	carrier is NOT New nampsinie nearing rannines, Physical dierapy was fequested	2 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 2 2023 2023
4/1/2023 -		Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 6 2023 2023

4/1/2023 - 6/30/2023	A/1/2022	Physical	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Eamilies: Physical therapy was requested.	Apr-Jun 2 2023 2023
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 3 2023 2023

4/1/2023 - Physical 6/30/2023 4/1/2023 6/30/2023 Medicine Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosi of Ccupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
0/30/2023 4/1/2023 0/30/2023 Medicine Approval	training (includes stair climbing)	nearing rannines, Physical therapy was requested	1 2023 2023
4/1/2023 - Physical 6/30/2023 4/1/2023 6/30/2023 Medicine Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 04/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
6/30/2023 Wedicine Approval	training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/1/2023; No patient history in the past 90	1 2023 2023
		days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine	
		request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a	
		fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the	
		body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is	
		not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The	
		rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	
	97116 Therapeutic procedure, 1 or	Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 - Physical 6/30/2023 4/1/2023 6/30/2023 Medicine Approval	more areas, each 15 minutes; gait training (includes stair climbing)	manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 5 2023 2023
0/30/2023 4/1/2023 0/30/2023 Wedicine Approval	training (includes stall climbing)	Carrier is NOT incominating meaning rainines, Physical therapy was requested	3 2023 2023

				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/01/2023; No patient history in the past 90	
				days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as	
				the specific body part; Body Part pass complete; Questions about your Lumbar Spine	
				request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.;	
				Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a	
				fax; Severe functional deficits due to lumbopelvic impairments with or without distal	
				symptoms best describes the patient's clinical presentation; Spine/Chest selected as the	
				body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is	
				not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The	
				rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
				therapy was selected; Physical or Occupational therapy was selected; Physical or	
			97116 Therapeutic procedure, 1 or	Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	2 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0,00,000				
				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is Lumbar Spine; 5/1/2023; No patient history in the past 90	
				days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as	
				the specific body part; Body Part pass complete; Questions about your Lumbar Spine	
				request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.;	
				Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a	
				fax; Severe functional deficits due to lumbopelvic impairments with or without distal	
				symptoms best describes the patient's clinical presentation; Spine/Chest selected as the	
				body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is	
				not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The	
				rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
				therapy was selected; Physical or Occupational therapy was selected; Physical or	
			97116 Therapeutic procedure, 1 or	Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	2 2023 2023
				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is Lumbar Spine; 5/1/2023; No patient history in the past 90	
				days; Evaluation dates less than 90 days in the past; Surgical; 1/4/2023; Post-Op; Lumbar	
				Spine selected as the specific body part; Body Part pass complete; Questions about your	
				Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is	
				other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	
				Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or	
				without distal symptoms best describes the patient's clinical presentation; Spine/Chest	
				selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-	
				Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related	
				to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
			97116 Thorapoutic procedure 1 or	selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
4/1/2023 -	Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
	OJ JOJ ZOZJ IVICUICITIE	, ippi ovai	araning (includes stail climbing)	mampanite fleating ranines, i nysical therapy was requested	1 2023 2023

4/1/2023 -		Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/1/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/10/2023; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/02/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Mageilan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 3 2023 2023

					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/2/2023; No patient history in the past 90	
					days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as	
					the specific body part; Body Part pass complete; Questions about your Lumbar Spine	
					request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.;	
					Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal	
					symptom best describes the patient's clinical presentation; Spine/Chest selected as the body	
					type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
					in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
					NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	2 2023 2023
					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Lumbar Spine; 5/2/2023; No patient history in the past 90	
					days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as	
					the specific body part; Body Part pass complete; Questions about your Lumbar Spine	
					request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.;	
					Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a	
					fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the	
					body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is	
					not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The	
					rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Physical or	
				97116 Therapeutic procedure, 1 or	Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	2 2023 2023
					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Lumbar Spine; 05/03/2023; No patient history in the past 90	
					days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as	
					the specific body part; Body Part pass complete; Questions about your Lumbar Spine	
					request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.;	
					Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a	
					fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal	
					symptoms best describes the patient's clinical presentation; Spine/Chest selected as the	
					body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The	
					rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Physical or	
				97116 Therapeutic procedure, 1 or	Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	2 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/3/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 4 2023 2023
0/30/2023 4/1/2023	b/3U/2U23 Medicine	Approvai	training (includes stair climbing)	carrier is NOT New Hampsnire Healthy Families; Physical therapy was requested	4 2023 2023
4/1/2023 - 6/20/2022 - 4/1/2022	Physical	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/04/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
			97116 Therapeutic procedure, 1 or	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/4/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical	A	more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/04/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Eamilies: Physical therapy was requested.	Apr-Jun 1 2023 2023
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/4/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/05/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physica	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
0/30/2023 4/1/2023	b/3U/2U23 Wiedicine	Approvai	training (includes stair climbing)	carrier is NOT New Hampsnire Healthy Families; Physical therapy was requested	1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/08/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
0/30/2023 4/1/2023	o, so, zoz s medicine	Approval	97116 Therapeutic procedure, 1 or	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/8/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of Cymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Dagellan does not manage chiropractic but does	1 2023 2023
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	2 2023 2023

4/1/2023 - 6/30/2023 4/1/202	Physical 23 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/8/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 2 2023 2023
0/30/2023 4/1/202	.5 0/30/2023 MEDICINE	whhinnai	danning (includes stall climbing)	Carrier is NOT inew Hampsime Healthy Families, Physical therapy was requested	2 2023 2023
4/1/2023 -	Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/09/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health	Apr-Jun
6/30/2023 4/1/202	23 6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
4/1/2023 -	Dhysical		97116 Therapeutic procedure, 1 or	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/9/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The pealth manage speech therapy for the member's plan; Physical therapy was requested. The health	Anchin
4/1/2023 - 6/30/2023 4/1/202	Physical 23 6/30/2023 Medicine	Approval	more areas, each 15 minutes; gait training (includes stair climbing)	manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 4 2023 2023
0/30/2023 4/1/202	5 0/30/2023 WIEGICINE	Approvar	training (includes stail climbing)	carrier is NOT New manipshire nearitry rannines, Physical therapy was requested	4 2023 2023

97116 Therapeutic procedure, 1 4/1/2023 - Physical more area, 15 minutes; g	ait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested 1 2023 2023 Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check
97116 Therapeutic procedure, 1 4/1/2023 - Physical more areas, each 15 minutes; gr 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing)	point; Body Part for first pass is Lumbar Spine; 5/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cymphedema.; Physical or Occupational therapy was selected; Ph
97116 Therapeutic procedure, 1	
4/1/2023 - Physical more areas, each 15 minutes; gr	
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested 1 2023 2023

4/1/2023 - 6/30/2023 4/1/2	Physical 1023 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
0/30/2023 4/1/2	.023 0/30/2023 WEUKINE	whhiovai	danning (includes stall climbing)	carrier is NOT New Hampsille Healthy Families, Physical therapy was requested	1 2023 2023
4/1/2023 -	Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy wan ont selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2	.023 6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
4/1/2023 -	Physical		97116 Therapeutic procedure, 1 or	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does	Apr. Ivo
4/1/2023 - 6/30/2023 4/1/2	Physical 2023 6/30/2023 Medicine	Approval	more areas, each 15 minutes; gait training (includes stair climbing)	manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
0/30/2023 4/1/2	.023 0/30/2023 Wiedicine	Approvar	training (includes stail climbing)	carrier is NOT New manipshire neartify rannines, Physical therapy was requested	1 2023 2023

			97116 Therapeutic procedure, 1 or	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cocupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 -	Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	2 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
0/30/2023	4/1/2023	6/30/2023 Medicine	Approvai	training (includes stair climbing)	nearing ramines; Physical therapy was requested	1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
				97116 Therapeutic procedure, 1 or	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical Occupational therapy was selected; Physical Occ	
4/1/2023 - 6/30/2023	4/1/2022	Physical 6/30/2023 Medicine	Approval	more areas, each 15 minutes; gait training (includes stair climbing)	manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
0/30/2023	7/1/2023	0/30/2023 WEUKINE	whhinsai	training (includes stail clinibilig)	carrier is NOT New Hampsilite Healthy Families, Fitysical therapy was requested	1 2023 2023

4/1/2023 -		Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/14/2023; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cupuptional therapy was selected; Physical or Occupational therapy was selected; Physical or Physical therapy was requested; The health carrier is NOT New	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
4/1/2023 - 6/30/2023		Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/16/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/16/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 2 2023 2023

		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
		point; Body Part for first pass is Lumbar Spine; 5/16/2023; No patient history in the past 90	
		days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as	
		the specific body part; Body Part pass complete; Questions about your Lumbar Spine	
		request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.;	
		Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a	
		fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal	
		symptom best describes the patient's clinical presentation; Spine/Chest selected as the body	
		type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
		in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
		NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
		Physical or Occupational therapy was selected; Physical or Occupational therapy was	
	97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 - Physical	more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine	Approval training (includes stair climbing)	Healthy Families; Physical therapy was requested	2 2023 2023
	*		
		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
		point; Body Part for first pass is Lumbar Spine; 5/17/2023; No patient history in the past 90	
		days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as	
		the specific body part; Body Part pass complete; Questions about your Lumbar Spine	
		request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.;	
		Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a	
		fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal	
		symptoms best describes the patient's clinical presentation; Spine/Chest selected as the	
		body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is	
		not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
		therapy was selected; Physical or Occupational therapy was selected; Physical or	
	97116 Therapeutic procedure, 1 or	Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 - Physical	more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine	Approval training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
0,00,2020 1,12,2020 0,00,2020 Inculonic	Approval Gammy (morages state cambing)	carrier is not real ramps in creating ramines, raystal alerapy has requested	1 2023 2023
		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
		point; Body Part for first pass is Lumbar Spine; 5/17/2023; No patient history in the past 90	
		days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as	
		the specific body part; Body Part pass complete; Questions about your Lumbar Spine	
		request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.;	
		Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a	
		fax; Severe functional deficits due to lumbopelvic impairments with or without distal	
		symptoms best describes the patient's clinical presentation; Spine/Chest selected as the	
		body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is	
		not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The	
		rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
		therapy was selected; Physical or Occupational therapy was selected; Physical or	
-14 (0000	97116 Therapeutic procedure, 1 or	Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 - Physical	more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine	Approval training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	7 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 3 2023 2023
0/30/2023 4/1/2023	b/3U/2U23 Wiedicine	Approvai	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	3 2023 2023
4/1/2023 - 6/20/2023 - 4/1/2023	Physical	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of concer.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Esmilies: Physical therapy was requested.	Apr-Jun 3 2023 2023
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	3 2023 2023
			97116 Therapeutic procedure, 1 or	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical	A	more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
point; Body Part for first pass is Lumbar Spine; 05/22/2023, No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; Three or more visits anticipated; The anticipated number of visits is other than 2; Therapy type is Rehabilitative; one Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The revaluation date sets than 90 days; Evaluation dates less than 90 days; Evaluation dates less than 90 days; In the past type/region; Physical therapy, Speech Therapy was cuested. The anticipated number of visits is other than 2; Therapy type is Rehabilitation is NOT related to a diagnosis of cancer; The revaluation date is not in the fu	Apr-Jun 1 2023 2023
97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the	A I
4/1/2023 - Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Healthy Families; Physical therapy was requested	1 2023 2023
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical	
4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 3 2023 2023

Perform Body Part selection; Perform Body Part selection; First Pass; point; Body Part for first pass is Lumbar Spine; 05/23/2023; No patie days; Evaluation dates less than 90 days in the past; Non-Surgical; Luthe specific body part; Body Part pass complete; Questions about yo request: ; Three or more visits anticipated; The anticipated number Therapy type is Rehabilitative; One Body Part selected; No Second Pass, Willid or moderate functional deficits due to lumbopelvic impairing symptoms best describes the patient's clinical presentation; Spine/Cobody type/region; Physical Therapy; Speech Therapy was not selected not in the future; The rehabilitation is NOT related to a diagnosis of crehabilitation is NOT related to a diagnosis of Lymphedema.; Physical therapy was selected; Physical or Occupational therapy was	ent history in the past 90 umbar Spine selected as ur Lumbar Spine of visits is other than 2.; ass; Requestor is not a ments with distal chest selected as the ed; The evaluation date is cancer.; The al or Occupational d; Physical or oppractic but does as requested; The health Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families; Physical therapy wa	s requested 2 2023 2023
Perform Body Part selection; Perform Body Part selection; First Pass; point; Body Part for first pass is Lumbar Spine; 5/23/2023; No patient days; Evaluation dates less than 90 days in the past; Non-Surgical; Luthe specific body part; Body Part pass complete; Questions about yo request:; Three or more visits anticipated; The anticipated number of Therapy type is Rehabilitative; One Body Part selected; No Second Part Selected; Physical Therapy; Speech Therapy was not selected; The in the future; The rehabilitation is NOT related to a diagnosis of cand NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational Therapy was requested; Physical or Occupational Therapy was selected; Physical or Occupational Therapy was requested; Physical or Occupational Therapy was requested; Physical Therapy was request	In thistory in the past 90 Imbar Spine selected as Imbar Spine selected as Imbar Spine In this is other than 2.; In this i
Perform Body Part selection; Perform Body Part selection; First Pass; point; Body Part for first pass is Lumbar Spine; 05/23/2023; No patie days; Evaluation dates less than 90 days in the past; Non-Surgical; Lust the specific body part; Body Part pass complete; Questions about or request:; Three or more visits anticipated; The anticipated number or Therapy type is Rehabilitative; One Body Part selected; No Second Part factor of the patient's clinical presentation; Spine/Computer of the patient's clinical presentation; Spine/Computer of the future; The rehabilitation is NOT related to a diagnosis of or rehabilitation is NOT related to a diagnosis of Lymphedema:, Physical Therapy was selected; Physical or Occupational therapy was selected; Physical Therapy Physical Therapy Physical Therapy Physical Therapy Physical Therapy Physical Therapy P	ent history in the past 90 umbar Spine selected as ur Lumbar Spine of visits is other than 2.; ass; Requestor is not a or without distal chest selected as the ed; The evaluation date is cancer.; The al or Occupational l; Physical or oppractic but does
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families; Physical therapy wa	s requested 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested. The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/9/2023; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-	Apr-Jun 2 2023 2023
					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as	

4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 2 2023 2023
0/30/2023 4/1/2023	0/30/2023 WEURINE	Ahhinnai	training (includes stall cliffollig)	carrier is NOT New Hampshire Healthy Families, Fhysical therapy was requested	2 2023 2023
4/1/2023 -	Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
4/1/2023 .	Physical		97116 Therapeutic procedure, 1 or	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does	Apr. Iva
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	more areas, each 15 minutes; gait training (includes stair climbing)	manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
0/30/2023 4/1/2023	o/30/2023 Wiedicine	Approvai	training (includes stair climbing)	carrier is NOT New nampshire nearing Families; Physical therapy was requested	1 2023 2023

4/1/2023 - Physical 6/30/2023 4/1/2023 6/30/2023 Medicine Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cocupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Famillies; Physical therapy was requested.	Apr-Jun 1 2023 2023
0/30/2023 4/1/2023 0/30/2023 Wedicitie Approval	training (includes stall clillbring)	ricality i anniles, Physical therapy was requested	1 2023 2023
4/1/2023 - Physical	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The health parties beat the passifies Playsical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
AM 2002	97116 Therapeutic procedure, 1 or	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; Physical or Occupational therapy was selected; Physical or Occupational does not manage chiropractic but does	Anglina
4/1/2023 - Physical 6/30/2023 4/1/2023 6/30/2023 Medicine Approval	more areas, each 15 minutes; gait training (includes stair climbing)	manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
0/30/2023 4/1/2025 0/30/2025 Wedicine Approval	training (includes stail clinibing)	carrier is NOT New nampsime nearitry ramines, Physical therapy was requested	1 2023 2023

					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	
4/1/2023 -	4/1/2023	Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 -		Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 -		Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/30/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 5 2023 2023
-, - 5, 2025	., _, _0_0	., ,				5 2025

6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part Selection; First Pass; Second Pass check point; Body Part Selection; First Pass; Second Pass check point; Body Part Selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part Bang 30 days in the past; Non-Surgical; Lumbar Spine; selected as the specific body part; Body Part past scomplete; Questions about your Lumbar Spine request; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of part pass cancer and the pass selected; Physical or Occupational therapy was requested or Second Pass; Physical pass of Physical Physical therapy was requested or Physical or Occupational therapy was requested or the member's plan; Physical therapy was requested. Physical or Occupational therapy was requested or the member's plan; Physical therapy was requested or the manage speech therapy for the member's plan; Physical therapy was requested. The health of Physical Physical therapy was requested or the manage speech therapy for the member's plan; Physical therapy was requested. The pass of the pass of the pass of the pass of the pass o							
point; Body Part for first pass is Lumbar Spine; 5/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; There or more visits anticipated, The anticipated number of visits is other than 2; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deflicts due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Cancer, The rehabilitation is NOT related to a diagnosi			•	Approval	more areas, each 15 minutes; gait	point; Body Part for first pass is Lumbar Spine; 5/30/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of coccupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The health	Apr-Jun 2 2023 2023
point; Body Part for first pass is Lumbar Spine; 5/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; There or more visits anticipated, The anticipated number of visits is other than 2; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deflicts due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Cancer, The rehabilitation is NOT related to a diagnosi	0,30,202	3 4/1/2023	5,55,2525 WEGICITE	, .ppi ovai	a ag (metades stati cirribilis)	carrier is not now hampsine readily runnies, rhysical dierapy has requested	2 2023 2023
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is			•	Approval	more areas, each 15 minutes; gait	point; Body Part for first pass is Lumbar Spine; 5/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of coccupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The health	Apr-Jun 3 2023 2023
Physical or Occupational therapy was selected; Physical or Occupational therapy was 97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the 4/1/2023 - Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Approximately and the selected of the physical therapy was requested; The health carrier is NOT New Hampshire Approximately and the selected of the physical or Occupational therapy was selected;	4/1/2023	- ·	Physical	·	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 05/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Physical	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Eamilies: Physical therapy was requested.	Apr-Jun 2 2023 2023
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/1/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023		Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/01/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physica	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/01/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
0/30/2023 4/1/2023	b/3U/2U23 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampsnire Healthy Families; Physical therapy was requested	1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/1/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 3 2023 2023
0/30/2023 4/1/2023	oy suf 2023 Medicine	Арргочаг	97116 Therapeutic procedure, 1 or	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/02/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does	3 2023 2023
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Physical	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Eamilies: Physical therapy was requested.	Apr-Jun 2 2023 2023
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023		Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/05/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a Occupational therapy was selected; Physical or Occupational therapy was selected; Physical therapy was requested; Physical therapy was requested.	Apr-Jun 1 2023 2023

				97116 Therapeutic procedure, 1 or	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
4/1/2023 - 6/30/2023		Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cocupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/06/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/6/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 4 2023 2023
0/30/2023 4/1/2023	0/30/2023 WEURITHE	Approvar	training (includes stall climbing)	Carrier is NOT New Hampshire Healthy Families, Physical therapy was requested	+ 2023 2023
4/1/2023 -	Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/06/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cymphedema.; Physical or Occupational therapy was selected; Physic	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	2 2023 2023
4/1/2022	Physical		97116 Therapeutic procedure, 1 or	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/06/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The sealth and the page therapy was selected. The pealth and the page therapy was selected. The pealth and the page therapy was selected. The health and the page to the page the page the page. The pealth is page to the page the page the page to the page the page the page the page to the page the page the page to the page the page the page to the page the page the page the page to the page t	Ans lua
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	more areas, each 15 minutes; gait training (includes stair climbing)	manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
0/30/2023 4/1/2023	o/30/2023 iviedicine	Approvai	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023

4/1/2023 - Physical 6/30/2023 4/1/2023 6/30/2023 Medicine Ap	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait proval training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/6/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 2 2023 2023
0/3U/2U23 4/1/2U23 6/3U/2U23 Medicine Ap	provai training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	2 2023 2023
4/1/2023 - Physical	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/07/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested to the member's plan; Physical therapy was requested. The health	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Ap	proval training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
4/4/2022	97116 Therapeutic procedure, 1 or	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected.	
4/1/2023 - Physical 6/30/2023 4/1/2023 6/30/2023 Medicine App	more areas, each 15 minutes; gait proval training (includes stair climbing)	manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 2 2023 2023
0/30/2023 4/1/2023 0/30/2023 Wedicine Ap	provai training (includes stail climbing)	carrier is NOT New Hampsime Healthy Families, Physical therapy was requested	2 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Annroval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/07/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of coccupational therapy was selected; Physical or Occupational therapy was selected; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
6/30/2023	4/1/2023	b/3U/2U23 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of concer.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023		Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/08/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested;	Apr-Jun 2 2023 2023

4/1/2023 - 6/30/2023 - 4/1/2023	Physical	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/08/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested. The health carrier is NOT New Hampshire Healthy Eamilies: Physical therapy was requested.	Apr-Jun 1 2023 2023
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
4/1/2023 -	Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/8/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	4 2023 2023
			97116 Therapeutic procedure, 1 or	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/8/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/20/2023; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cocupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for	
4/1/2023 -	Physical Physical	A	more areas, each 15 minutes; gait	the member's plan; Physical therapy was requested; The health carrier is NOT New	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Hampshire Healthy Families; Physical therapy was requested	1 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/9/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 2 2023 2023
0/30/2023 4/1/2023	0/30/2023 Medicine	Ahhiovai	training (includes stall cliffollig)	carrier is NOT frew Hampshire Healthy Families, Fritysical therapy was requested	2 2023 2023
4/1/2023 -	Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/9/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	3 2023 2023
A/1/2023	Dhysical		97116 Therapeutic procedure, 1 or	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does	Apr. Ivo
4/1/2023 -	Physical	Approval	more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun 2 2023 2023
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	2 2023 2023

Perform Body Part selection; Perform Body P	art selection; First Pass; Second Pass check
point; Body Part for first pass is Lumbar Spin	e; 06/12/2023; No patient history in the past 90
days; Evaluation dates less than 90 days in the	e past; Non-Surgical; Lumbar Spine selected as
the specific body part; Body Part pass comple	ete; Questions about your Lumbar Spine
	ne anticipated number of visits is other than 2.;
	selected; No Second Pass; Requestor is not a
fax; Mild or moderate functional deficits due	· · · · · · · · · · · · · · · · · · ·
	presentation; Spine/Chest selected as the body
	py was not selected; The evaluation date is not
	d to a diagnosis of cancer.; The rehabilitation is
, and the second se	Physical or Occupational therapy was selected;
Physical or Occupational therapy was selected.	
	actic but does manage speech therapy for the
	red; The health carrier is NOT New Hampshire Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Healthy Families; Physical therapy was reque	· · · · · · · · · · · · · · · · · · ·
0/30/2023 4/1/2023 0/30/2023 Medicine Approval training (includes stall climbing) ineating random stall climbing	1 2023 2023
Perform Body Part selection; Perform Body P	art selection: First Pass: Second Pass check
·	e; 6/12/2023; No patient history in the past 90
	e past; Non-Surgical; Lumbar Spine selected as
the specific body part; Body Part pass comple	, , , , , , , , , , , , , , , , , , , ,
	ne anticipated number of visits is other than 2.;
	selected; No Second Pass; Requestor is not a
fax; Severe functional deficits due to lumbor	, ,
symptoms best describes the patient's clinic.	·
···	Therapy was not selected; The evaluation date is
not in the future; The rehabilitation is NOT re	
rehabilitation is NOT related to a diagnosis o	•
therapy was selected; Physical or Occupation	
97116 Therapeutic procedure, 1 or Occupational therapy was selected; Magellar	. ,
	an; Physical therapy was requested; The health Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Famil	
0/30/2023 4/1/2023 0/30/2023 Medicine Approval training (includes stall clinibing) carrier is NOT New Hampsille Fleating Family	es, r mysical therapy was requested 2 2025 2025
Perform Body Part selection; Perform Body P	art selection: First Pass: Second Pass check
	e; 06/13/2023; No patient history in the past 90
	e past; Non-Surgical; Lumbar Spine selected as
the specific body part; Body Part pass comple	
	ne anticipated number of visits is other than 2.;
	selected; No Second Pass; Requestor is not a
fax; Mild or moderate functional deficits du	· · ·
symptoms best describes the patient's clinic	·
	Therapy was not selected; The evaluation date is
not in the future; The rehabilitation is NOT re	• • • • • • • • • • • • • • • • • • • •
rehabilitation is NOT related to a diagnosis o	· · · · · · · · · · · · · · · · · · ·
therapy was selected: Physical or Occupation	
97116 Therapeutic procedure, 1 or Occupational therapy was selected; Magellar	• • •
	an; Physical therapy was requested; The health Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Fam	
-, -, -,, -, -,, -, -,, -,	

4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
0/30/2023 4/1/2023	0/30/2023 WEURINE	~hhi ovai	danning (includes stall climbing)	carrier is NOT New Hampsille Healthy Families, Friysical therapy was requested	1 2023 2023
4/1/2023 -	Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy wan ont selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
4/1/2023 -	Physical		97116 Therapeutic procedure, 1 or	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does	Anglin
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	more areas, each 15 minutes; gait training (includes stair climbing)	manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
0,30,2023 4,1,2023	0/30/2023 MEdicille	Αμμισναι	Gaming (melades stall climbing)	carrier is 1901. New mampsime meatury ramines, Enjoinal dietapy was requested	1 2023 2023

4/1/2023 - Physical 6/30/2023 4/1/2023 6/30/2023 Medicine Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
0/30/2023 4/1/2023 6/30/2023 Medicine Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
4/1/2023 - Physical 6/30/2023 4/1/2023 6/30/2023 Medicine Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 2 2023 2023
4/1/2023 - Physical	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 - Physical 6/30/2023 4/1/2023 6/30/2023 Medicine Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 4 2023 2023

4/1/2023 - 6/30/2023 4/1/202:	Physical 3 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
0/30/2023 4/1/2025	5 0/30/2023 Wiedichie	Ahhiovai	training (includes stall cliffollig)	carrier is NOT New Hampshire Healthy Families, Engalea therapy was requested	1 2023 2023
4/1/2023 -	Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health	Apr-Jun
6/30/2023 4/1/202	3 6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	2 2023 2023
4/1/2023	Dhysical		97116 Therapeutic procedure, 1 or	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does	Apr. Ivo
4/1/2023 - 6/20/2022 4/1/2023	Physical Physical Physical	Approval	more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun 1 2023 2023
6/30/2023 4/1/202	3 6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023

				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/1/2023; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of coccupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
			97116 Therapeutic procedure, 1 or	was selected; Magellan does not manage chiropractic but does manage speech therapy for	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	the member's plan; Physical therapy was requested; The health carrier is NOT New	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
			97116 Therapeutic procedure, 1 or	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/16/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	1 2023 2023
			97116 Therapeutic procedure, 1 or	point; Body Part for first pass is Lumbar Spine; 6/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cocupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -	Physical Physical	A	more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023

4/1/2023 -	Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of tymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/20	•	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	4 2023 2023
4/1/2023 - 6/30/2023 4/1/20	Physical	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Description of the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	4 2023 2023 Apr-Jun 1 2023 2023
			97116 Therapeutic procedure, 1 or	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/20	023 6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	2 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of tymphedema.; Physical or Occupational therapy was selected; Physical or Not New Hampshire Healthy Families; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 2 2023 2023
0/30/2023 4/1/2023	0/30/2023 MEdicile	Apploval	training (includes stail climbing)	carrier is not inew transpanie treating rannines, ritysical inerapy was requested	2 2023 2023
			97116 Therapeutic procedure, 1 or	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Descriptions of Lymphedema.	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing) 97116 Therapeutic procedure, 1 or	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cocupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the	1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	more areas, each 15 minutes; gait training (includes stair climbing)	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 2 2023 2023
-, 50, 2025 -, 1, 1, 2025	0,00,2029 Wicalcille	, .pp. 54ui			0-5 Z0Z3

4/1/2023 - 6/30/2023 4/1/2	Physical 2023 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
0/30/2023 4/1/2	1023 0/30/2023 WEGICITIE	Ahhinnai	training (includes stall climbing)	carrier is NOT New Hampsille Healthy Families, Friysical therapy was requested	1 2023 2023
4/1/2023 -	Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy wan ont selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2	2023 6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
4/1/2022	Dhwical		97116 Therapeutic procedure, 1 or	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does	Apr. Iva
4/1/2023 - 6/30/2023 4/1/2	Physical 2023 6/30/2023 Medicine	Approval	more areas, each 15 minutes; gait training (includes stair climbing)	manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
0/30/2023 4/1/2	5/50/2025 MEDICINE	Approvar	training (includes stail climbing)	carrier is NOT New manipshire neartify rannines, Physical therapy was requested	1 2025 2023

4/1/2023 - Physical 6/30/2023 4/1/2023 6/30/2023 Medicine Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested.	Apr-Jun 3 2023 2023
0/30/2023 4/1/2023 0/30/2023 Medicine Approval	u anning (includes stall climbling)	ricatiny ramilles, Physical therapy was requested	3 2023 2023
4/1/2023 - Physical 6/30/2023 4/1/2023 6/30/2023 Medicine Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The health (Spenilies Physical therapy was requested; The health (Spenilies Physical therapy was requested).	Apr-Jun 2 2023 2023
6/30/2023 4/1/2023 6/30/2023 Medicine Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	2 2023 2023
4/4/2022	97116 Therapeutic procedure, 1 or	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Pymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The hashibated.	
4/1/2023 - Physical 6/20/2023 Medicine Approval	more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun 1 2023 2023
6/30/2023 4/1/2023 6/30/2023 Medicine Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Descriptional therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 2 2023 2023
0/30/2023 4/1/2023	b/3U/2U23 IVIEGICINE	Approvai	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 06/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of concer.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun 1. 2023. 2023
0/30/2023 4/1/2023	u, su, zuzs ivieulcine	Арргочаг	97116 Therapeutic procedure, 1 or	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does	1 2025 2023
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	2 2023 2023

point; Body Par days; Evaluatio the specific boc request: ; Three Therapy type is fax; Mild or mo symptoms best body type/regic	Part selection; Perform Body Part selection; First Pass; Second Pass check t for first pass is Lumbar Spine; 06/28/2023; No patient history in the past 90 n dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as ly part; Body Part pass complete; Questions about your Lumbar Spine e or more visits anticipated; The anticipated number of visits is other than 2.; Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a derate functional deficits due to lumbopelvic impairments with distal describes the patient's clinical presentation; Spine/Chest selected as the on; Physical Therapy; Speech Therapy was not selected; The evaluation date is e; The rehabilitation is NOT related to a diagnosis of cancer.; The
	NOT related to a diagnosis of Lymphedema.; Physical or Occupational
	ected; Physical or Occupational therapy was selected; Physical or nerapy was selected; Magellan does not manage chiropractic but does
	therapy for the member's plan; Physical therapy was requested; The health Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT N	lew Hampshire Healthy Families; Physical therapy was requested 2 2023 2023
·	Part selection; Perform Body Part selection; First Pass; Second Pass check t for first pass is Lumbar Spine; 6/28/2023; No patient history in the past 90
·	n dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as
·	ly part; Body Part pass complete; Questions about your Lumbar Spine e or more visits anticipated; The anticipated number of visits is other than 2.;
·	Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a
fax; Mild or mo	derate functional deficits due to lumbopelvic impairments with distal
· ·	describes the patient's clinical presentation; Spine/Chest selected as the
· · · · ·	on; Physical Therapy; Speech Therapy was not selected; The evaluation date is e; The rehabilitation is NOT related to a diagnosis of cancer.; The
	NOT related to a diagnosis of Lymphedema.; Physical or Occupational
	ected; Physical or Occupational therapy was selected; Physical or
	nerapy was selected; Magellan does not manage chiropractic but does
	therapy for the member's plan; Physical therapy was requested; The health Apr-Jun Apr-Jun
	lew Hampshire Healthy Families; Physical therapy was requested 2 2023 2023 2023 2024 2025 2025 2025 2025 2025 2025 2025
	t for first pass is Lumbar Spine; 6/28/2023; No patient history in the past 90
, .	n dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as
· ·	ly part; Body Part pass complete; Questions about your Lumbar Spine
	e or more visits anticipated; The anticipated number of visits is other than 2.; Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a
	derate functional deficits due to lumbopelvic impairments without distal
·	describes the patient's clinical presentation; Spine/Chest selected as the body
	ysical Therapy; Speech Therapy was not selected; The evaluation date is not
	he rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;
	upational therapy was selected; Physical or Occupational therapy was
· ·	llan does not manage chiropractic but does manage speech therapy for the
, , , , , , , , , , , , , , , , , , , ,	Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Healthy Familie	rs; Physical therapy was requested 1 2023 2023

4/1/2023 - 6/30/2023 4/1/20	Physical 23 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested.	Apr-Jun 2 2023 2023
6/30/2023 4/1/20	23 6/30/2023 Medicine	Approvai	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	2 2023 2023
			97116 Therapeutic procedure, 1 or	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/29/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/20	·	Approval	training (includes stair climbing) 97116 Therapeutic procedure, 1 or	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/29/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cocupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the	1 2023 2023
4/1/2023 - 6/30/2023 4/1/20	Physical 23 6/30/2023 Medicine	Approval	more areas, each 15 minutes; gait training (includes stair climbing)	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
-, -0, 2020 ./ 1/20	5,55,2525	pp. 0 to.		, . animo)	1 2020 2020

4/1/2023 - 6/30/2023	A/1/2023	Physical	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 6/29/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cance	Apr-Jun 1 2023 2023
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic;	
					5/3/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
					past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as	
					the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
					Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts	
					selected; Second Pass Starting; Requestor is not a fax; The Pelvis/Pelvic Floor is being	
					treated.; The patient has None of the above; Mild or moderate functional deficits due to	
					lumbopelvic impairments with distal symptoms best describes the patient's clinical	
					presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip	
					selected as the second body type/region; Physical Therapy; Speech Therapy was not	
					selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
					selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
					was selected; Magellan does not manage chiropractic but does manage speech therapy for	
4/4/2022		a		97116 Therapeutic procedure, 1 or	the member's plan; Physical therapy was requested; The health carrier is NOT New	
4/1/2023 - 6/30/2023	4/1/2022	Physical 6/30/2023 Medicine	Approval	more areas, each 15 minutes; gait	Hampshire Healthy Families; Physical therapy was requested; Physical therapy was	Apr-Jun 1 2023 2023
0/30/2023	7/1/2023	0/30/2023 Medicine	Approval	training (includes stair climbing)	requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	1 2023 2023
					point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Knee; Lumbar	
					Spine selected as the specific body part; Knee selected as the specific body part; Body Part	
					pass complete; Questions about your Knee request: ; Questions about your Lumbar Spine	
					request: ; Neither Pre-Op, Post-Op or Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Severe functional deficits due to	
					lumbopelvic impairments with or without distal symptoms best describes the patient's	
					clinical presentation; Spine/Chest was selected as the first body type/region; Lower	
					Extremity/Hip selected as the second body type/region; Three or more visits anticipated; The	
					previous auth did not address any body parts; Three or more visits anticipated; This is not a	
					gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy	
				97116 Therapeutic procedure, 1 or	was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	habilitation = Rehabilitative; Physical therapy was requested; Physical therapy was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	requested	1 2023 2023

4/1/2023				, , , ,		
4/1/2023 -		Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
				97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
					NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
					in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
					presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
					due to cervical impariments with distal symptoms best describes the patient's clinical	
					Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits	
					Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
					complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
					past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
					point; Body Part for first pass is not in options listed; 03/22/2023; No patient history in the	
					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	habilitation = Rehabilitative; Physical therapy was requested	4 2023 2023
4/1/2023 -		Physical		more areas, each 15 minutes; gait	require the collection of start and end dates; Previous auth data retrieved, type of	Apr-Jun
				97116 Therapeutic procedure, 1 or	request: ; Physical or Occupational therapy was selected; The member's plan does not	
					more visits anticipated; This is not a gold-card auth; Questions about the subsequent	
					Three or more visits anticipated; The previous auth did not address any body parts; Three or	
					describes the patient's clinical presentation; Spine/Chest selected as the body type/region;	
					functional deficits due to lumbopelvic impairments with or without distal symptoms best	
					anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe	
					part; Body Part pass complete; Questions about your Lumbar Spine request: ; The	
					point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body	
					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	habilitation = Rehabilitative; Physical therapy was requested	10 2023 2023
4/1/2023 -		Physical		more areas, each 15 minutes; gait	does not require the collection of start and end dates; Previous auth data retrieved, type of	Apr-Jun
				97116 Therapeutic procedure, 1 or	subsequent request: ; Physical or Occupational therapy was selected; The member's plan	
					parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the	
					type/region; Three or more visits anticipated; The previous auth did not address any body	
					best describes the patient's clinical presentation; Spine/Chest selected as the body	
					or moderate functional deficits due to lumbopelvic impairments without distal symptom	
					anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild	
					part; Body Part pass complete; Questions about your Lumbar Spine request: ; The	
					point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body	
		. ,		Ţ: <u></u> ,	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	habilitation = Rehabilitative; Physical therapy was requested	18 2023 2023
4/1/2023 -		Physical		more areas, each 15 minutes; gait	require the collection of start and end dates; Previous auth data retrieved, type of	Apr-Jun
				97116 Therapeutic procedure, 1 or	request: ; Physical or Occupational therapy was selected; The member's plan does not	
					more visits anticipated; This is not a gold-card auth; Questions about the subsequent	
					Three or more visits anticipated; The previous auth did not address any body parts; Three or	
					describes the patient's clinical presentation; Spine/Chest selected as the body type/region;	
					or moderate functional deficits due to lumbopelvic impairments with distal symptoms best	
					anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild	
					part; Body Part pass complete; Questions about your Lumbar Spine request: ; The	
					point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body	
					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	

					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is not in options listed; 3/30/2023; No patient history in the	
					past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
					complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
					Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
					Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to	
					cervical impairments with or without distal symptoms best describes the patient's clinical	
					presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
					Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
					in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
					NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is not in options listed; 03/30/2023; No patient history in the	
					past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
					complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part	
					selected; No Second Pass; Requestor is not a fax; The requesting provider is other than	
					Physical Therapy or Occupational Therapy; The patient was previously independent with	
					mobility and now requires human assistance and/or an assistive device to walk and/or	
					transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as	
					the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech	
					Therapy was not selected; The evaluation date is not in the future; Physical Therapy was	
					requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
					NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
1 1	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families	1 2023 2023
.,	, ,	.,,	<u> </u>	, , , , , , , , , , , , , , , , , , ,	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is not in options listed; 3/31/2023; No patient history in the	
					past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
					complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
					Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
					Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to	
					cervical impairments with or without distal symptoms best describes the patient's clinical	
					presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
					Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
					in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
					NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
3/30/2023	7/ 1/ 2023	5/30/2023 Wiedicifie	Approvai	caming (merades stair climbing)	reductry runnines, r trystear arerupy was requested	1 2023 2023

				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is not in options listed; 03/31/2023; No patient history in the	
				past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
				complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part	
				selected; No Second Pass; Requestor is not a fax; The requesting provider is other than	
				Physical Therapy or Occupational Therapy; The patient was previously independent with	
				mobility and now requires human assistance and/or an assistive device to walk and/or	
				transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as	
				the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech	
				Therapy was not selected; The evaluation date is not in the future; Physical Therapy was	
				requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
				NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
			97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023 6	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families	1 2023 2023
				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is not in options listed; 4/3/2023; No patient history in the past	
				90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
				complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
				Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
				Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits	
				due to cervical impariments with distal symptoms best describes the patient's clinical	
				presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
				Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
				in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
				NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
			97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023 6	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is not in options listed; 04/03/2023; No patient history in the	
				past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
				complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part	
				selected; No Second Pass; Requestor is not a fax; The requesting provider is other than	
				Physical Therapy or Occupational Therapy; The patient was previously independent with	
				mobility and now requires human assistance and/or an assistive device to walk and/or	
				transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as	
				the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech	
				Therapy was not selected; The evaluation date is not in the future; Physical Therapy was	
				requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
				NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
			97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023 6	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families	1 2023 2023

Perform Body Part selection, Perform Body Part selection, First Pass, Second Pass check prioritis Body Part pass Second Pass Pass Second Pass A Part Pass Second Pass Pass Pass Second Pass Pass Pass Second Pass Pass Pass Pass Pass Pass Pass Pas
90 days; Evaluation dates less than 90 days; Interpact, Non-Surgical; Body Part pass complete; Own Will now be asked some questions about your vestibular Rehab request; Three or more vistas anticipated, Therapy type is Rehabilitation is NOT related to a diagnosis of Jamphodems, Severe objective and functional deficits described in the future; The rehabilitation is NOT related to a diagnosis of Jamphodems, Severe objective and functional deficits best described the presentation; Physical or Occupational therapy was relected; Physical or
complete, You will now be asked some questions about your vestibular Rehab request; Three or more visits anticipated; Hrmapy types Rehabilitative, the anticipated number of visits is other than 2, Jone Body Part selected; No Second Pass, Requestor is not a far; Vestibular Rehab; Physical Threapy, Speech Threapy was not selected; The evaluation date is not in the future. The rehabilitation is No Treated to a diagnosis of Lymphodema, Severe objective and functional deficits best described. The passing procedure of the complete of the passing of Lymphodema, Severe objective and functional deficits best described the passing procedure. Jor related to a diagnosis of Lymphodema, Severe objective and functional deficits best described the passing procedure. Jor Rehabilitation is No Treated to a diagnosis of Lymphodema, Severe objective and functional deficits best described the passing procedure. Jor Rehabilitation is No Treated to a diagnosis of Lymphodema, Severe objective and functional deficits best described. Physical or Occupational therapy was requested; the health corrier is NOT New Hampshire Healthy 4/1/2013
Three or more visits anticipated, Therapy type is Rehabilitative: The anticipated number of visits to bother than 2.0 ne 800 Part selected; No Second Parts, Sequestor is not a fax, Vestibular Rehabs selected as the body type/region; Body Part for first pass is Vestibular Rehabs selected as the body type/region; Body Part for first pass is Vestibular Rehabs selected; Physical for Coupational therapy was selected; Physical for Coupational therapy was selected; Physical or O'Coupational therapy was selected; Physical for O'Coupational therapy was selected; Physical for O'Coupational therapy was selected; Physical or O'Coupational therapy was selected; Physical for O'Coupational therapy was selected; Physical or O'Coupational th
visits is other than 2; One Body Part selected; No Second Pass, Requestor is not a fax; Vestibular Rehabse(projected as the body type/region; Body Part for first pass is Vestibular Rehabse); Physical Chargo; Speech Therapy was not selected: The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of acmeric; The rehabilitation is NOT related to a diagnosis of Lymphedema. Severe objective and functional deficits best describes the patient presentation; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Apr-Jun 1997; Physical Therapy was requested; The health carrier is NOT New Hampshire Healthy Apr-Jun 1997; Physical Therapy was requested; Physical or Occupational therapy was requested; Physical or Occupational therapy was selected;
Vestibular Rehabs elected as the body type/region; Body Part for first pass is Vestibular Rehabs. Physical Therapy specific Therapy was not selected; the evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of tymphedems. Severe objective and functional deficits best describes the patient presentation; Physical or Occupational therapy was selected; Phy
Vestibular Rehabs elected as the body type/region; Body Part for first pass is Vestibular Rehabs. Physical Therapy specific Therapy was not selected; the evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of tymphedems. Severe objective and functional deficits best describes the patient presentation; Physical or Occupational therapy was selected; Phy
Rehalp, Physical Therapy, Seech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT
future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of tymphedema; Severe objective and functional deficits best describes the patient presentation; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested. 4/1/2023 Physical or Occupational therapy was requested. The habilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of the past, Non-Surgical, Body Part pass complete, Questions about your Heady-Mixed related to a diagnosis of the Nor Part pass is not not manage chirepractic but does manage speech therapy was requested. The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT
related to a diagnosis of Lymphedema; Severe objective and functional deficits best discribes the patient presentation; Physical or Occupational therapy was selected; Physical or Occupational deficits of the occupational therapy was selected; Physical or Occup
describes the patient presentation; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was rejected; Physical or Occupational therapy was rejected; Physical or Occupational therapy was rejected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) ### Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) ### Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) ### Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) ### Approval training (includes stair climbing) ### Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) ### Approval Therapy was requested; Physical Therapy was requested; Physical Therapy was requested; Physical Therapy was requested; Physical Phys
or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Aproval
4/1/2023 - Physical more areas, each 15 minutes; gait plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) 4 more areas, each 15 minutes; gait plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Apr-Jun 6/30/2023 4/1/2023 (Apr-Jun 6/30/2023 Medicine Approval training (includes stair climbing) 4 more areas, each 15 minutes; gait training (includes stair climbing) 5 more areas, each 15 minutes; gait training (includes stair climbing) 4 more areas, each 15 minutes; gait training (includes stair climbing) 5 more areas, each 15 minutes; gait training (includes stair climbing) 4 more areas, each 15 minutes; gait training (includes stair climbing) 4 more areas, each 15 minutes; gait training (includes stair climbing) 4 more areas, each 15 minutes; gait training (includes stair climbing) 4 more areas, each 15 minutes; gait training (includes stair climbing) 4 more areas, each 15 minutes; gait training (includes stair climbing) 4 more areas, each 15 minutes; gait training (includes stair climbing) 4 more areas, each 15 minutes; gait training (includes stair climbing) 4 more areas, each 15 minutes; gait training (includes stair climbing) 4 more areas, each 15 minutes; gait training (includes stair climbing) 4 more areas, each 15 minutes; gait training (includes stair climbing) 4 more areas, each 15 minutes; gait training (includes stair climbing) 4 more areas, each 15 minutes; gait training (includes stair climbing) 4 more areas, each 15 minutes; gait training (includes stair climbing) 4 more areas, each 15 minutes; gait training (includes stair climbing) 4 more areas, each 15 minutes; gait training (includes stair climbing) 4 more areas, each 15 minutes; gait training (includes stair climbing) 4 more areas, each 15 minutes; gait training (includes stair climbing) 4 more areas, each 15 minutes; gait training (includes stair climbing) 4 more areas, each 15 minutes; ga
4/1/2023 - Physical more areas, each 15 minutes; gait plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Apr-Jun 6/30/2023 4/1/2023 Medicine Approval training (includes stair climbing) Perform Body Part selection;
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Families; Physical Therapy was requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/4/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck requests; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments with disals symptoms best describes the patients' sclinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not a selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of physical or Occupational therapy was selected; Physical Occupational therapy was selected; Physical Physical Physical Physical Ph
Perform Body Part selection, Perform Body Part selection, First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/4/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past, Non-Surgical; Body Part pass complete; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2,0 does Body Part selected; No Second Pass, Requestor is not a fax, Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation of the future; The rehabilitation is NOT related to a diagnosis of cocupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occu
point; Body Part for first pass is not in options listed; 4/4/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request: Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of tymphedema.; Physical Therapy was selected; Physical or Occupational therapy was selected; Physical Therapy was
90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of concer; The rehabilitation is NOT related to a diagnosis of fymphedema, Physical or Occupational therapy was selected; Physical or Occupational therapy was requested the administration of the physical or Occupational therapy was requested the path of the past of
complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Sidl or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Sidl or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; Physical or Occupational therapy was selected; The past; Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Necks elected as the body type/region; Body Part for first pass is due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Necks elected; Physical or Occupational deficits due to cervical impariments with of without a fax; Severe functional deficits due to cervical impariments with of without does manage speech therapy was selected; Physical or Occupational therapy was selected; Physical therapy was requested; The health carrier is NOT New Hampshire 4/1/2023 - Physical Healthy Families; Physical therapy was requested; The health carrier is NOT New Hampshire 4/1/2023 - Approval training (includes stair climbing) Ferform Body Part selection; First Pass; Second Pass check point; Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/4/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part se
Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical Therapy type is Rehabilitati
Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck, Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the more areas, each 15 minutes; gait member's plan; Physical therapy was requested, The health carrier is NOT New Hampshire Apr-Jun Healthy Families; Physical therapy was requested 1 2023 2023 Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/4/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request: Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax, Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is
due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT r
presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck, Physical Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was 97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Healthy Families; Physical therapy was requested 1 2023 2023 Perform Body Part selection; Ferform Body Part selection; First Pass; Second Pass check point; Body Part first pass is not in options listed; 4/4/2023; No patient history in the past 90 days; Evaluation dates less than 90 days that the pattern of th
Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun Healthy Families; Physical therapy was requested 1 2023 2023 Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/4/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is
in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun Healthy Families; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun Healthy Families; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun Healthy Families; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun Healthy Families; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun Healthy F
NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical therapy was selected; Physical therapy was requested in Park selected; Physical therapy was requested in Park selected; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun Healthy Families; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun Healthy Families; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun Healthy Families; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun Healthy Families; Physical therapy was requested in Park selected; Physical therapy was requested therapy selected; Physical therapy was requested therapy selected; Physical therapy was requested therapy selected; Physical therapy was requested; The health carrier is NOT New Ha
Physical or Occupational therapy was selected; Physical or Occupational therapy was 97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the 4/1/2023 - Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun 6/30/2023
97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the 4/1/2023 - Physical Physical Medicine Approval Medicine Approval training (includes stair climbing) Healthy Families; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun Healthy Families; Physical therapy was requested 1 2023 2023 Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/4/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is
4/1/2023 - Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun Healthy Families; Physical therapy was requested 1 2023 2023 Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/4/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is
Healthy Families; Physical therapy was requested 1 2023 2023 Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/4/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is
Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/4/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is
point; Body Part for first pass is not in options listed; 4/4/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is
90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is
complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is
Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is
Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is
cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is
presentation; Head/Neck selected as the body type/region; Body Part for first pass is
Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not
in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is
NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;
Physical or Occupational therapy was selected; Physical or Occupational therapy was
97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the
4/1/2023 - Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Healthy Families; Physical therapy was requested 1 2023 2023

Perform Body Part selection, Perform Body Part selection, First Pass; Second Pass check point; Body Part of this past is not in options listed, 44/2023. No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 36/30/203, No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 36/30/203, No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 36/30/203, No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 36/30/203, No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 36/30/203, No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 36/30/203, No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 36/30/203, No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 36/30/203, No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 36/30/203, No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 36/30/203, No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 36/30/203, No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 36/30/203, No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 36/30/203, No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; 36/30/203, No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; 36/30/203, No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; 36/30/203, No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; 36/30/203, No patient history in th
90 days; Evaluation dates less than 90 days in the past; Surgicia; 3/6/2023 4/1/2023 - Physical 4/1/2023 - Physical 6/30/2023 4/1/2023 6/30/2023 Medicine Approval Fig. 1
Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; The anticipated number of visits is other than 2; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax, Mild objective and functional deficits, sporadic symptoms with minimal loss of range of motions, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Eg; Physical Theory Expendituation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of scale eticle. Physical or Occupational therapy was selected; Therapy type is Rehabilitative; The or more visits anticipated; Therapy type is Rehabilitative; The or more visits anticipated; Therapy was requested as the body type-fedion; Body P
Leg request; The anticipated number of visits is other than 2, Three or more visits anticipated. Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax, Mild Objective and functional deficits; sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Externity/Hips selected as the body Part for first pass is Lower Leg; Physical Threapy; Speech Therapy was not selected; Post-Op or Non-Surgical; Three evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested in the object of the member's plan; Physical therapy was requested. 4/1/2023 - Physical Occupational therapy was requested in the object of the past 90 days selected; Physical or Occupational therapy was necessary. Physical or Occupational therapy was necessary of the past 90 days in the past; Non-Surgical; Body Part past is complete; Questions about your Head/Neck request; Three or more visits to ther than 2, One Body P
anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Legy Physical Therapys, Speech Therapy was not selected; Physical or Docupational therapy was selected; Physical or Occupational therapy was requested. 4/1/2023 Physical Approval 4/1/2023 Apply Physical Approval 4/1/2024 Apply Physical Approval Apply Physical Approval 4/1/2024 Apply Physical Approval Apply Physical Apply Physical Approval Approval Apply Physical Approval Apply Physical Approval Apply Physical Apply Physical Approval Apply Physical Approval Apply Physical Approval Apply Physical Approval Apply Physical Apply Ph
Requestor is not a fax; Mild objective and functional deficits; sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Externity/Hip selected as the body type/region; Body Part for first pass is Lower Leg. Physical Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therap
minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg. Physical Therapy. Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT New Hampshire the there were the pattern than the pattern than the patt
patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy. Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical
first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational deficits due to cervical impariments with distal symptoms best described; Interapy the past policy of part selection; Perform Body Part selection; Pierfor Part of
first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational deficits due to cervical impariments with distal symptoms best described; Interapy the past policy of part selection; Perform Body Part selection; Pierfor Part of
Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of tymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy w
Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Apr-Jun Hampshire Healthy Famililes; Physical therapy was requested; The health carrier is NOT New Apr-Jun Hampshire Healthy Famililes; Physical therapy was requested; The health carrier is NOT New Apr-Jun Hampshire Healthy Famililes; Physical therapy was requested; Therapy Second Pass Check point; Body Part selection; Perform Body Part selection; Pirst Pass; Second Pass Check point; Body Part for first pass is not in options listed; 04/05/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical, Body Part pass complete; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT r
Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Apr-Jun Hampshire Healthy Famililes; Physical therapy was requested; The health carrier is NOT New Apr-Jun Hampshire Healthy Famililes; Physical therapy was requested; The health carrier is NOT New Apr-Jun Hampshire Healthy Famililes; Physical therapy was requested; Therapy Second Pass Check point; Body Part selection; Perform Body Part selection; Pirst Pass; Second Pass Check point; Body Part for first pass is not in options listed; 04/05/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical, Body Part pass complete; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT r
selected; Physical or Occupational therapy was selected; Physical or Occupational therapy 97116 Therapeutic procedure, 1 or 4/1/2023 - Physical 6/30/2023 4/1/2023 6/30/2028 Medicine Physical 6/30/2028 Medicine Approval Ap
4/1/2023 - Physical P
4/1/2023 - Physical more areas, each 15 minutes; gait the member's plan; Physical therapy was requested; The health carrier is NOT New Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Hampshire Healthy Families; Physical therapy was requested 1 2023 2023 Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/05/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck; Physical Therapy; Speech Therapy was not selected; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was s
Hampshire Healthy Families; Physical therapy was requested 1 2023 2023 Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/05/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 4/1/2023 - Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested 1 2023 2023 Hampshire Healthy Families; Physical therapy was requested 1 2023 2023
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/05/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is is Head/Neck; Physical Therapy. Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 97116 Therapeutic procedure, 1 or 4/1/2023 - Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested. The health carrier is NOT New Hampshire Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Healthy Families; Physical therapy was requested
point; Body Part for first pass is not in options listed; 04/05/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or
past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cocupational therapy was selected; Physical or Occupational therapy was se
complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the 4/1/2023 - Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Healthy Families; Physical therapy was requested
Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the 4/1/2023 - Physical Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Healthy Families; Physical therapy was requested
Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;
due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Healthy Families; Physical therapy was requested
presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was s
Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the 4/1/2023 - Physical Physical Physical member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun (6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Healthy Families; Physical therapy was requested
in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or
NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the 4/1/2023 - Physical Physical member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Healthy Families; Physical therapy was requested
Physical or Occupational therapy was selected; Physical or Occupational therapy was 97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the 4/1/2023 - Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Healthy Families; Physical therapy was requested 1 2023 2023
97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the 4/1/2023 - Physical member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Healthy Families; Physical therapy was requested 1 2023 2023
4/1/2023 - Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Healthy Families; Physical therapy was requested 1 2023 2023
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Healthy Families; Physical therapy was requested 1 2023 2023
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check
point; Body Part for first pass is not in options listed; 4/5/2023; No patient history in the past
90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass
complete; Questions about your Head/Neck request:; Three or more visits anticipated;
Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body
Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits
due to cervical impariments with distal symptoms best describes the patient's clinical
presentation; Head/Neck selected as the body type/region; Body Part for first pass is
Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not
in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is
NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;
Physical or Occupational therapy was selected; Physical or Occupational therapy was
97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the
4/1/2023 - Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun

		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
		point; Body Part for first pass is not in options listed; 4/6/2023; No patient history in the past	
		90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
		complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
		Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
		Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits	
		due to cervical impairments without distal symptoms best describes the patient's clinical	
		presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
		Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
		in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
		NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
		Physical or Occupational therapy was selected; Physical or Occupational therapy was	
	97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 - Physical	more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
0/30/2023 4/1/2023 0/30/2023 Wedicine Approval	training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	1 2023 2023
		point; Body Part for first pass is not in options listed; 4/6/2023; No patient history in the past	
		90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
		complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
		Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
		Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits	
		due to cervical impariments with distal symptoms best describes the patient's clinical	
		presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
		Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
		in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
		NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
		Physical or Occupational therapy was selected; Physical or Occupational therapy was	
	97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 - Physical	more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
0/30/2023 4/1/2023 0/30/2023 Wedicine Approval	training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	1 2023 2023
		point; Body Part for first pass is not in options listed; 04/06/2023; No patient history in the	
		past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
		complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
		Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
		Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to	
		cervical impairments with or without distal symptoms best describes the patient's clinical	
		presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
		Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
		in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
		NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
	07416 Thereachie are adding 1 or	Physical or Occupational therapy was selected; Physical or Occupational therapy was	
4/1/2022 Physical	97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	Apr lue
4/1/2023 - Physical	more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023

Perform Body Part selection; Perform Body Part selection	n; First Pass; Second Pass check
point; Body Part for first pass is not in options listed; 4/6	/2023; No patient history in the past
90 days; Evaluation dates less than 90 days in the past; N	Ion-Surgical; Body Part pass
complete; Questions about your Head/Neck request:; Th	ree or more visits anticipated;
Therapy type is Rehabilitative; The anticipated number o	f visits is other than 2.; One Body
Part selected; No Second Pass; Requestor is not a fax; Se	vere functional deficits due to
cervical impairments with or without distal symptoms be	est describes the patient's clinical
presentation; Head/Neck selected as the body type/region	on; Body Part for first pass is
Head/Neck; Physical Therapy; Speech Therapy was not s	elected; The evaluation date is not
in the future; The rehabilitation is NOT related to a diagr	
NOT related to a diagnosis of Lymphedema.; Physical or	Occupational therapy was selected:
Physical or Occupational therapy was selected; Physical or	
97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but do	
4/1/2023 - Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The hea	3
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Healthy Families; Physical therapy was requested	1 2023 2023
Perform Body Part selection; Perform Body Part selection	
point; Body Part for first pass is not in options listed; 4/7	
90 days; Evaluation dates less than 90 days in the past; N	
complete; Questions about your Head/Neck request;; Th	9
Therapy type is Rehabilitative; The anticipated number of	•
Part selected; No Second Pass; Requestor is not a fax; M	•
due to cervical impariments with distal symptoms best d	
presentation; Head/Neck selected as the body type/regi	·
Head/Neck; Physical Therapy; Speech Therapy was not s	
in the future; The rehabilitation is NOT related to a diagr	
NOT related to a diagnosis of Lymphedema.; Physical or	· · · · · · · · · · · · · · · · · · ·
Physical or Occupational therapy was selected; Physical or	
97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but do	•
4/1/2023 - Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The hea	
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Healthy Families; Physical therapy was requested	1 2023 2023
Perform Body Part selection; Perform Body Part selection	1 1 1 1
point; Body Part for first pass is not in options listed; 4/7	
90 days; Evaluation dates less than 90 days in the past; N	
complete; Questions about your Head/Neck request;; Th	
Therapy type is Rehabilitative; The anticipated number of	• •
Part selected; No Second Pass; Requestor is not a fax; Se	
cervical impairments with or without distal symptoms be	·
presentation; Head/Neck selected as the body type/region	
Head/Neck; Physical Therapy; Speech Therapy was not so	The state of the s
in the future; The rehabilitation is NOT related to a diagr	·
NOT related to a diagnosis of Lymphedema.; Physical or	
Physical or Occupational therapy was selected; Physical o	
97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but do	- · · · · · · · · · · · · · · · · · · ·
	olth carrier is NOT New Hampshire Apr-Jun
4/1/2023 - Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The head follows: 4/1/2023 delicine Approval training (includes stair climbing) Healthy Families; Physical therapy was requested	1 2023 2023

				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is not in options listed; 4/7/2023; No patient history in the past	
				90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
				complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part	
				selected; No Second Pass; Requestor is not a fax; The requesting provider is other than	
				Physical Therapy or Occupational Therapy; The patient was previously independent with	
				mobility and now requires human assistance and/or an assistive device to walk and/or	
				transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as	
				the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech	
				Therapy was not selected; The evaluation date is not in the future; Physical Therapy was	
				requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
				NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
			97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families	1 2023 2023
		•••	•	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is not in options listed; 4/7/2023; No patient history in the past	
				90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
				complete; You will now be asked some questions about your Vestibular Rehab request.;	
				Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of	
				visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	
				Vestibular Rehab selected as the body type/region; Body Part for first pass is Vestibular	
				Rehab; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the	
				future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT	
				related to a diagnosis of Lymphedema.; Moderate objective and functional deficits best	
				describes the patient presentation; Physical or Occupational therapy was selected; Physical	
				or Occupational therapy was selected; Physical or Occupational therapy was selected;	
			97116 Therapeutic procedure, 1 or	Magellan does not manage chiropractic but does manage speech therapy for the member's	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Families; Physical Therapy was requested	2 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,	111	5(Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is not in options listed; 4/10/2023; No patient history in the	
				past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
				complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
				Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
				Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits	
				due to cervical impairments without distal symptoms best describes the patient's clinical	
				presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
				Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
				in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
				NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
			97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
0,30,2023 4,1,2023	3/30/2023 WEGICITE	Approvai	a annua (merades stan eminoria)	realtry running, r nystear arcrapy was requested	1 2023 2023

Perform Body Part selection, CAVILDO23. Part selection, but should be a presentation to the part Solicity and Hondy Part selection, Perform Body Part selection,							
past 90 days; ballution date last that 90 days in the past, non-Surgical, Edoly Para pass complete, Questions your Headyflorts required; There or more visits anticipated; thereoff was the shabilitative; the anticipated number of visits other than 2; One Body Para selected. No Second Pass Requestors in not a fac, Mild or moderate functional deficits due to corrulal impariments with dietal symptome best describe the patients' clinical presentation. Heady Secondary Performs down in the future; the reduced called the strength of the future of the reduced as the body symptome best describes the patients' clinical presentation. Heady Secondary Performs down in the future; the reduced called the equation date is not in the future; the reduced that the secondary speech therapy was not selected. The evaluation date is not in the future; the reduced that the selection is not released to a diagnose's of comprehensive in the future; the reduced to a diagnose's of comprehensive in the future; the reduced to a diagnose of comprehensive in the future; the reduced to a diagnose of comprehensive in the future; the reduced to a diagnose of comprehensive in the future; the reduced to a diagnose of comprehensive in the future; the reduced to a diagnose of comprehensive in the future in the future in the reduced to a diagnose of comprehensive in the future in the future in the future in the future in the reduced to a diagnose of comprehensive in the future in the futur						Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
completer, Questions about your Head/Neck request. There or more visits anticipated, Therapy type is Rehabilitative; the anticipated number of visits is cher than 2, Doe 50dy Part selected; No Second Pass, Requestor is not a fax, while or moderate functional deficits due to convicual intermits with distal symptom best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Head-Neck Physical Pherapy, Sepoch Therapy son sort elected; The evaluation rate is not in the future; The rehabilitation is NOT related to a diagnosis of career. The rehabilitation is displayed to the control in the future; The rehabilitation is NOT related to a diagnosis of career. The rehabilitation is displayed in the control in the future; The rehabilitation is NOT related to a diagnosis of career. The rehabilitation is displayed in the control in the future; The rehabilitation is NOT related to a feet of the control in the future; The rehabilitation is NOT related to a feet of the control in the future; The rehabilitation is NOT related to a feet of the control in the future; The rehabilitation is NOT related to a feet of the control in the future; The rehabilitation is NOT related to a feet of the control in the future; The rehabilitation is NOT related to a feet of the future; and the future of the future; the future of the future is NOT new Healthy than the future of the futu						point; Body Part for first pass is not in options listed; 04/10/2023; No patient history in the	
Therapy type is Rehabilitative, The anticipated number of violats to other than 2, One Body Part selected, She Part selected, She Does not a facilities or more feet for the control of the part of th						past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
Part selected, No Second Pass, Requestor is not a faz, Mill or moderate functional deficits due to crevical impriments with disable symptoms bed describes the patients' clinical presentation; Head/Neck selected as the body type-figon; Body Part for first pass is Head-Neck, July Part of Company and Second Pass, Secon						complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
due to cervical imparaments with datal symptoms best describes the patient's clinical presentations, on the patient's clinical presentations, or the patient's clinical presentations, in the patient's clinical presentation, in the patient of the patient's clinical presentation, in the patient of the patient's clinical presentation, in the patient of the patient of the patient of t						Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
persentation; Next/Next-selected as the body type/region, 80d/ Part for first pass is Head/Next-Selected, as the body type/region, 80d/ Part for first pass is Head/Next-Selected, The evaluation date is not in the future; the rehabilitation is NOT related to a diagnosis of canear; The rehabilitation is NOT						Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits	
Head/Neck: Physical Therapys Spector Therapy was not selected. The evaluation date is not in the future free rebabilitation is NOT related to a diagnosis of Cancer, The rebabilitation is						due to cervical impariments with distal symptoms best describes the patient's clinical	
in the future, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of gracer, The rehabilitation is NOT related to a diagnosis of gracer, The rehabilitation is NOT related to a diagnosis of gracer, The rehabilitation is NOT related to a diagnosis of gracer, The rehabilitation is NOT related to a diagnosis of gracer, The rehabilitation is NOT related to a diagnosis of gracer, The repeating procedure, 1 or more areas, each 15 minutes; gat more areas, each 15 minutes; gat more areas, each 15 minutes; part to the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part past complete, Non-Surgical; Body Part past complete, Non-Surgical; Body Part past selected, Non-Surgical; Body Part past selected, Non-Surgical; Body Part past selected, Physical or Cocupational therapy was requested. The real adiagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT Review and the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part past complete, Cuestions about your Heal/Next-Pert past, Second Past selection, Perform Body Part past complete, Non-Surgical; Body Part past complete, Non-Surgical; Body Part past complete, Cuestions about your Heal/Next-Pert past, Second Past selection, Perform Body Part past complete, Non-Surgical; Body Part past complete, Non-Surgical; Body Part past complete, Physical or Cocupational therapy was requested. The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of canc						presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
in the future, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of gracer, The rehabilitation is NOT related to a diagnosis of gracer, The rehabilitation is NOT related to a diagnosis of gracer, The rehabilitation is NOT related to a diagnosis of gracer, The rehabilitation is NOT related to a diagnosis of gracer, The rehabilitation is NOT related to a diagnosis of gracer, The repeating procedure, 1 or more areas, each 15 minutes; gat more areas, each 15 minutes; gat more areas, each 15 minutes; part to the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part past complete, Non-Surgical; Body Part past complete, Non-Surgical; Body Part past selected, Non-Surgical; Body Part past selected, Non-Surgical; Body Part past selected, Physical or Cocupational therapy was requested. The real adiagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT Review and the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part past complete, Cuestions about your Heal/Next-Pert past, Second Past selection, Perform Body Part past complete, Non-Surgical; Body Part past complete, Non-Surgical; Body Part past complete, Cuestions about your Heal/Next-Pert past, Second Past selection, Perform Body Part past complete, Non-Surgical; Body Part past complete, Non-Surgical; Body Part past complete, Physical or Cocupational therapy was requested. The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of canc						Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
A/1/2023 Physical or Cocupational therapy was selected; Magellan does not manage chirometal; but does manage speech therapy for the members plan; Physical therapy was requested. The health carrier is NOT New Hamphire Apr-Jun 1947/2023 A/1/2023 Medicine Approval training (includes stair climbing) Approval training (includes stai							
Physical Physical Price Physical Procedure, 1 or more areas, each 15 minutes; gat selected, Magellan does not manage chiropractic but does manage speech therapy for the member's plan, Physical therapy was requested; The health carrier is NOT kew Hampshire day. In the past 90 days; Evaluation dates less than 90 days in the past, No surgical; Body Part pass complete, Questions about on face, Milor part of selected, Physical of composition of the past 90 days; Tehnabilitative; The anticipated number of visits is other than 2; One Body Part pass complete. Questions about on face, Milor or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2; One Body Part pass complete. Questions about on face, Milor or more visits anticipated; Therapy type is Rehabilitative. The anticipated number of visits is other than 2; One Body Part pass complete. Questions about on face, Milor or more visits anticipated; the advanced of the past 90 days; Evaluation dates less than 90 days in the past, Non Surgical; Body Part pass complete. Questions about on face, Milor or more visits anticipated; the past 90 days; Evaluation dates less than 90 days in the past, Non Surgical; Body Part pass complete. Questions about on face, Milor or more visits anticipated; the advanced of the past of the past of the department of the past of the department of the past						, , , , , , , , , , , , , , , , , , ,	
97116 Therapeutic procedure, 1 or members are area, sea 1.5 minutes; gait members and presentation. He and present the part of							
4/1/2023 - Physical of 30/2023 Medicine Approval training (includes stair climbing) Health Families, Physical therapy was requested. The health carrier is NOT New Hampshire 2 2023 2023 2023 4/1/2023 4/1/2023 Medicine Approval training (includes stair climbing) Health Families, Physical therapy was requested. The health carrier is NOT New Hampshire 2 2023 2023 2023 2023 4/1/2023 4/1/2023 4/1/2023 4/1/2023 Physical from the past; Physical of Coccupational therapy was selected; The evaluation is NOT related to a diagnosis of Larger; The author of was selected; The evaluation date is not in the future; The requesting provider is other than Physical head was requested. The health carrier is NOT New Hampshire 2 2023 2023 2023 2023 2023 2023 2023 2					97116 Therapeutic procedure 1 or	, , , , , , , , , , , , , , , , , , , ,	
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Healthy Families; Physical therapy was requested. 2 2023 2023 Perform Body Parts election, Perform Body Part selection, Perform Body Parts election, Perform Body Pa	4/1/2023 -		Physical				Anr-lun
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass, Second Pass, Complete, Question in options listed, 474,070203, No patient history in the past 90 days; Evaluation date less than 90 days in the past, Non-Surgical; Body Part pass complete, Questions about your Head/Neck requests. Three or more visits anticipated: Therapy type is Rehabilitative; The anticipated number of visits is other than 2, One Body Part selected, No Second Pass, Requestor is not a fax, Mild or moderate functional deficits due to cervical important sity symptoms best describes the patient's clinical presentation, Head/Neck selected as the body type/region; Body Part for first pass is a Head/Neck; Physical Therapy years celected. The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of career; The rehabilitation is NOT related to a diagnosis of career; The rehabilitation is NOT related to a diagnosis of career; The rehabilitation is NOT related to a diagnosis of career; The rehabilitation is NOT related to a diagnosis of career; The part of the more areas, each 15 minutes, gait training (includes stair climbing) 97116 Therapeutic procedure, 1 or more areas, each 15 minutes, gait training (includes stair climbing) 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) 5/2023 7/2023 6/30/2023 Medicine Approval training (includes stair climbing) 5/2023 7/2023 6/30/2023 Medicine Approval training (includes stair climbing) 6/2023 8/2	1 1	1/1/2023	•	Annroval	· · · · · · · · · · · · · · · · · · ·		
point, Body Part for first pass is not in options listed; 4/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; No Sargiacif, Body Part pass complete; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitation; The anticipated number of visits is other than 2, one Body Part selected; No Second Pass; Requestors in on 1 and, xill do in moderate functional deflotts due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnost of cancenic, The rehabilitation is NOT related to a diagnost of sonce, "The rehabilitation is NOT related to a diagnost of sonce," The rehabilitation is NOT related to a diagnost of sonce," The rehabilitation is NOT related to a diagnost of concentration of the pass of the past of days; Evaluation date less than 90 days in the past; Non-Surgical, Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy these Rehabilitation, One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy was requested to in the future; Physical Therapy Speech Therapy Speec	0/30/2023 4	+/1/2023	0/30/2023 Wedicine	Approvar	training (includes stail climbing)	, , , , , ,	2 2023 2023
past 90 days; Evaluation dates less than 90 days in the past, Non-Surgical, Body Part pass complete; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2; One Body Part selected; No Second Pass, Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cymphotema; Physical or Occupational therapy was selected; Physical therapy to Physical or Occupational therapy was selected; Physical therapy to Physical or Occupational therapy was selected; Physical therapy to Occupational therapy was selected; Physical or Occupational therapy wa						· · · · · · · · · · · · · · · · · · ·	
complete; Cuestions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2, One Body Part selected; No Second Pass; Requestor is not a fax, Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; Physical therapy was requested; Perform Body Part selection; Perform Body Pa							
Therapy type is Rehabilitative; The anticipated number of visits is other than 2, One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patients' clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck, Physical Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of tymphedema; Physical or Occupational therapy was selected; Physical or Occupational Physical or Occupational Physical Occupational Phys							
Part selected; No Second Pass; Requestor is not a fax; Mill or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehab							
due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck, Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a di							
presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy. Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of canc							
Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of tymphedema; Physical or Occupational therapy was selected; Physical or Occupational therap							
in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical Physical Physical Physical or Occupational therapy was selected; Physical Or Occupational therapy was selected						· · · · · · · · · · · · · · · · · · ·	
NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the selection; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Healthy Families; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun 6/30/2023 Medicine Approval training (includes stair climbing) Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part to past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy. The patient was previously independent with mobility and now requires human assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical Therapy was selected; Physical or Occupational							
Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage dechriopractic but does manage speech therapy for the more areas, each 15 minutes; gait Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/10/2023. No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not in options listed; 04/10/2023. No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass co							
97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Healthy Families; Physical therapy was requested 2 2023 2023 Perform Body Part selection; Perform Body Part selection; Perform Body Part selection; Pirst Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selection; Perform Body Part selection; Perform Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy. The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The repablication is NOT related to a diagnosis of cancer; The repablication is NOT related to a diagnosis of cancer; The repablication is NOT related to a diagnosis of cancer; The repablication is NOT related to a diagnosis of cancer; The repablication is NOT related to a diagnosis of cancer; T						-	
4/1/2023 - Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun Healthy Families; Physical therapy was requested 2 2023 2023 Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy was requested; The reabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of curren; Physical or Occupational therapy was selected; Physical or Occupational therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun					07116 Thomas autic proceedings 1 as		
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Healthy Families; Physical therapy was requested Perform Body Part selection; First Pass; Second Pass check point; Body Part selection; First Pass; Second Pass check point; Body Part selection; First Pass; Non-Surgical; Body Part pass ocmplete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the 4/1/2023 - Physical more areas, each 15 minutes; gait Perform Body Part selection; Ferform Body Part selection; First pass; second Pass check point; Body Part for first pass is not in optional instead; Body Part for a fax; The requesting the selected; Physical or Occupational therapy was Physical or Occupational therapy was selected; Physical or Occupational therapy was Physical or Occupational therapy was Physical or Occupational therapy was selected; Physical or Occupational therapy was Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Apr-Jun	4/4/2022		Dharataal				A 1
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/10/2033, No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Selance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a		1/4/2022	•	A	· · · · · · · · · · · · · · · · · · ·		· ·
point; Body Part for first pass is not in options listed; 04/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occup	6/30/2023 4	1/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	, , , , ,	2 2023 2023
past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupat						,	
complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; Physical ror a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Coccupational therapy was selected; Physical or Occupational therapy wa							
selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the 4/1/2023 - Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun							
Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of concupational therapy was selected; Physical or Occupational thera							
mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of occupational therapy was selected; Physical or Occupationa						· · · · · · · · · · · · · · · · · · ·	
transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Coccupational therapy was selected; Physical or Occupational therapy							
the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the 4/1/2023 - Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun						, , , , , , , , , , , , , , , , , , , ,	
Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was Physical or Occupational therapy was selected; Physical or Occupational therapy was selecte						, ,	
requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the 4/1/2023 - Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun							
NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the 4/1/2023 - Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun							
Physical or Occupational therapy was selected; Physical or Occupational therapy was 97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the 4/1/2023 - Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun						· · · · · · · · · · · · · · · · · · ·	
97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the 4/1/2023 - Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun						NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
4/1/2023 - Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun						Physical or Occupational therapy was selected; Physical or Occupational therapy was	
					97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
6/30/2023 4/1/2023 6/30/2023 Modicine Approval training (includes stair climbing) Healthy Eamilies	4/1/2023 -		Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
of 30/2023 of 30/2023 interioring Approver training find t	6/30/2023 4	1/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families	1 2023 2023

		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
		point; Body Part for first pass is not in options listed; 04/10/2023; No patient history in the	
		past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
		complete; You will now be asked some questions about your Vestibular Rehab request.;	
		Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of	
		visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	
		Vestibular Rehab selected as the body type/region; Body Part for first pass is Vestibular	
		Rehab; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the	
		future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT	
		related to a diagnosis of Lymphedema.; Severe objective and functional deficits best	
		describes the patient presentation; Physical or Occupational therapy was selected; Physical	
		or Occupational therapy was selected; Physical or Occupational therapy was selected;	
	97116 Therapeutic procedure, 1 or	Magellan does not manage chiropractic but does manage speech therapy for the member's	
4/1/2023 - Physical	more areas, each 15 minutes; gait	plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval	training (includes stair climbing)	Families; Physical Therapy was requested	1 2023 2023
		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
		point; Body Part for first pass is not in options listed; 04/10/2023; No patient history in the	
		past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg	
		selected as the specific body part; Body Part pass complete; Questions about your Lower Leg	
		request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated;	
		Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a	
		fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that	
		are intensified with activity with moderate loss of range of motion, strength, or ability to	
		perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as	
		the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy	
		was not selected; The evaluation date is not in the future; The rehabilitation is NOT related	
		to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
		Physical or Occupational therapy was selected; Physical or Occupational therapy was	
		selected; Physical or Occupational therapy was selected; Magellan does not manage	
	97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical therapy was	
4/1/2023 - Physical	more areas, each 15 minutes; gait	requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval	training (includes stair climbing)	requested	1 2023 2023
		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
		point; Body Part for first pass is not in options listed; 04/11/2023; No patient history in the	
		past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
		complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part	
		selected; No Second Pass; Requestor is not a fax; The requesting provider is other than	
		Physical Therapy or Occupational Therapy; The patient was NOT previously independent	
		with mobility and now requires human assistance and/or an assistive device to walk and/or	
		transfer; At least one of the following apply; Increase in frequency of falls, Decline in	
		transfers, bed mobility or transitional movements and/or Decline in independence with	
		mobility (walking or wheelchair mobility); The anticipated number of visits is other than 2.;	
		Gait, Balance and Falls selected as the body type/region; Body Part for first pass is	
		Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
		in the future; Physical Therapy was requested; The rehabilitation is NOT related to a	
		diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
		Physical or Occupational therapy was selected; Physical or Occupational therapy was	
4/4/2000	97116 Therapeutic procedure, 1 or	selected; Physical or Occupational therapy was selected; Magellan does not manage	
4/1/2023 - Physical	more areas, each 15 minutes; gait training (includes stair climbing)	chiropractic but does manage speech therapy for the member's plan; Physical therapy was	Apr-Jun 1 2023 2023
6/30/2023 4/1/2023 6/30/2023 Medicine Approval		requested; The health carrier is NOT New Hampshire Healthy Families	

4/1/2023 - 6/30/2023 4/1/20	Physical 23 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/20	Physical 23 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; You will now be asked some questions about your Vestibular Rehab request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Vestibular Rehab selected as the body type/region; Body Part for first pass is Vestibular Rehab; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Mild objective and functional deficits best describes the patient presentation; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/20	Physical 23 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023

					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is not in options listed; 04/12/2023; No patient history in the	
					past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg	
					selected as the specific body part; Body Part pass complete; Questions about your Lower Leg	
					request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated;	
					Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a	
					fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that	
					are intensified with activity with moderate loss of range of motion, strength, or ability to	
					perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as	
					the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy	
					was not selected. The evaluation date is not in the future; The rehabilitation is NOT related	
					to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
					selected; Physical or Occupational therapy was selected; Magellan does not manage	
				97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical therapy was	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Apr-Jun
6/30/2023	4/1/2022	6/30/2023 Medicine	Approval	training (includes stair climbing)	requested	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Wedicine	Арргочаг	training (includes stail climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	1 2023 2023
					point; Body Part for first pass is not in options listed; 4/12/2023; No patient history in the	
					past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/23/2023; Post-Op;	
					Lower Leg selected as the specific body part; Body Part pass complete; Questions about your	
					Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits	
					anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	
					Requestor is not a fax; Moderate objective and functional deficits: constant symptoms	
					and/or symptoms that are intensified with activity with moderate loss of range of motion,	
					strength, or ability to perform daily tasks best describes the patient presentation; Lower	
					Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg;	
					Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation	
					date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The	
					rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
				97116 Therapeutic procedure, 1 or	does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested	1 2023 2023
					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is not in options listed; 4/13/2023; No patient history in the	
					past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
					complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
					Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
					Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits	
					due to cervical impairments without distal symptoms best describes the patient's clinical	
					presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
					Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
					in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
					NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023

		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
		point; Body Part for first pass is not in options listed; 04/13/2023; No patient history in the	
		past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
		complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
		Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
		Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits	
		due to cervical impariments with distal symptoms best describes the patient's clinical	
		presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
		Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
		in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
		· · · · · · · · · · · · · · · · · · ·	
		NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
	0744C Theorem with a recording 4 and	Physical or Occupational therapy was selected; Physical or Occupational therapy was	
4/4/2022	97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 - Physical	more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
		point; Body Part for first pass is not in options listed; 4/13/2023; No patient history in the	
		past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
		complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
		Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
		Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits	
		due to cervical impariments with distal symptoms best describes the patient's clinical	
		presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
		Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
		in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
		NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
		Physical or Occupational therapy was selected; Physical or Occupational therapy was	
	97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 - Physical	more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
	, <u>, , , , , , , , , , , , , , , , , , </u>	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
		point; Body Part for first pass is not in options listed; 04/13/2023; No patient history in the	
		past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
		complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
		Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
		Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to	
		cervical impairments with or without distal symptoms best describes the patient's clinical	
		presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
		Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
		in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
		· · · · · · · · · · · · · · · · · · ·	
		NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
	0741C Therene which proceed up 1 or	Physical or Occupational therapy was selected; Physical or Occupational therapy was	
A/A/2022	97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	Ame III
4/1/2023 - Physical	more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/14/2023; No patient history in the	Apr-Jun 1 2023 2023
					point; Body Part for first pass is not in options listed; 4/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/8/2023; Post-Op; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 2 2023 2023

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass ch	
point; Body Part for first pass is not in options listed; 04/17/2023; No patient histor	•
past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Parl	
complete; Questions about your Head/Neck request:; Three or more visits anticipat	ed;
Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One	e Body
Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional of	deficits
due to cervical impairments without distal symptoms best describes the patient's cl	inical
presentation; Head/Neck selected as the body type/region; Body Part for first pass i	s
Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation dat	e is not
in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabil	
NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was s	
Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	The state of the s
97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy	
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Healthy Families; Physical therapy was requested.	1 2023 2023
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass ch	
point; Body Part for first pass is not in options listed; 4/17/2023; No patient history	
past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Parl	
complete; Questions about your Head/Neck request:; Three or more visits anticipat	· ·
Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One	
Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due	
cervical impairments with or without distal symptoms best describes the patient's c	linical
presentation; Head/Neck selected as the body type/region; Body Part for first pass i	S
Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation dat	e is not
in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabil	itation is
NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was s	elected;
Physical or Occupational therapy was selected; Physical or Occupational therapy wa	S
97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy	for the
4/1/2023 - Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT New Ham	npshire Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Healthy Families; Physical therapy was requested	3 2023 2023
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass ch	neck
point; Body Part for first pass is not in options listed; 04/17/2023; No patient histor	
past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Parl	pass
complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Bod	·
selected; No Second Pass; Requestor is not a fax; The requesting provider is other the	
Physical Therapy or Occupational Therapy; The patient was previously independent	
mobility and now requires human assistance and/or an assistive device to walk and	
transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls se	
the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Spe	
Therapy was not selected; The evaluation date is not in the future; Physical Therapy	
requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilita	
NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was s	The state of the s
Physical or Occupational therapy was selected; Physical or Occupational therapy was	
97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy	
4/1/2023 Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT New Ham	
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Healthy Families	3 2023 2023

				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is not in options listed; 4/17/2023; No patient history in the	
				past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/3/2023; Post-Op;	
				Body Part pass complete; Questions about your Head/Neck request:; Three or more visits	
				anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.;	
				One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits	
				due to cervical impairments with or without distal symptoms best describes the patient's	
				clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
				Head/Neck; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical;	
				The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
				cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
				Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
				or Occupational therapy was selected; Physical or Occupational therapy was selected;	
			97116 Therapeutic procedure, 1 or	Magellan does not manage chiropractic but does manage speech therapy for the member's	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun
6/30/2023 4/1/202	23 6/30/2023 Medicine	Approval	training (includes stair climbing)	Families; Physical therapy was requested	1 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,	1-1-	5,	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is not in options listed; 4/18/2023; No patient history in the	
				past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
				complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
				Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
				Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits	
				due to cervical impariments with distal symptoms best describes the patient's clinical	
				presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
				Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
				in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
				NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
			97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/202	•	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,		, , , , , , , , , , , , , , , , , , ,	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is not in options listed; 04/18/2023; No patient history in the	
				past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
				complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
				Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
				Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to	
				cervical impairments with or without distal symptoms best describes the patient's clinical	
				presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
				Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
				in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
				NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
			97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/202	,	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
0,30,2023 -,1,202	23 0/30/2023 Wiedicilie	Approvai	danning (includes stail climbilig)	readily rannies, r hysical dicrapy was requested	1 2023 2023

4/1/2023 -	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	point; Body Part for first pass is not in options listed; 04/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request:; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cocupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr- 1 2023 2023	
4/1/2023 - 6/30/2023 4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested? The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; You will now be asked some questions about your Vestibular Rehab request.; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Vestibular Rehab selected as the body type/region; Body Part for first pass is Vestibular Rehab; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Severe objective and functional deficits best describes the patient presentation; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Therapy was requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	Apr- 1 2023 2023 Apr- 1 2023 2023	Jun
					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cymphedema; Physical or Occupational therapy was selected;		

Perform Body Part selection; Perform Body Part selection; First Pa	ss: Second Pass check
point; Body Part for first pass is not in options listed; 04/18/2023;	,
past 90 days; Evaluation dates less than 90 days in the past; Non-5	
selected as the specific body part; Body Part pass complete; Quest	5 ,
request: ; The anticipated number of visits is other than 2; Three c	
Therapy type is Rehabilitative; One Body Part selected; No Second	
fax; Severe objective and functional deficits: constant intense sym	
range of motion, strength, or ability to perform daily tasks best de	
presentation; Lower Extremity/Hip selected as the body type/regic	•
is Lower Leg; Physical Therapy; Speech Therapy was not selected;	
in the future; The rehabilitation is NOT related to a diagnosis of ca	
, , , , , , , , , , , , , , , , , , ,	•
NOT related to a diagnosis of Lymphedema.; Physical or Occupation	
Physical or Occupational therapy was selected; Physical or Occupa	
97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage	
4/1/2023 - Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carrier	
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Healthy Families; Physical therapy was requested Perform Body Part selection; Perform Body Part selection; First Parts Par	1 2023 2023
	· ·
point; Body Part for first pass is not in options listed; 4/18/2023; N	•
past 90 days; Evaluation dates less than 90 days in the past; Surgic	• • • • • • • • • • • • • • • • • • • •
Body Part pass complete; Questions about your Head/Neck reques	
anticipated; Therapy type is Rehabilitative; The anticipated numbe	· ·
One Body Part selected; No Second Pass; Requestor is not a fax; Se	
due to cervical impairments with or without distal symptoms best	•
clinical presentation; Head/Neck selected as the body type/region	·
Head/Neck; Physical Therapy; Speech Therapy was not selected; P	•
The evaluation date is not in the future; The rehabilitation is NOT in	S .
cancer.; The rehabilitation is NOT related to a diagnosis of Lymphe	
Occupational therapy was selected; Physical or Occupational thera	* *
or Occupational therapy was selected; Physical or Occupational the	• •
97116 Therapeutic procedure, 1 or Magellan does not manage chiropractic but does manage speech t	
4/1/2023 - Physical more areas, each 15 minutes; gait plan; Physical therapy was requested; The health carrier is NOT Ne	
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Families; Physical therapy was requested	1 2023 2023
Perform Body Part selection; Perform Body Part selection; First Particle Pa	
point; Body Part for first pass is not in options listed; 04/19/2023;	
past 90 days; Evaluation dates less than 90 days in the past; Non-S	
complete; Questions about your Head/Neck request:; Three or mo	•
Therapy type is Rehabilitative; The anticipated number of visits is o	
Part selected; No Second Pass; Requestor is not a fax; Mild or mod	
due to cervical impariments with distal symptoms best describes t	·
presentation; Head/Neck selected as the body type/region; Body F	·
Head/Neck; Physical Therapy; Speech Therapy was not selected; T	
in the future; The rehabilitation is NOT related to a diagnosis of ca	· ·
NOT related to a diagnosis of Lymphedema.; Physical or Occupation	
Physical or Occupational therapy was selected; Physical or Occupa	
97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage	
4/1/2023 - Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carried member's plan; Physical therapy was requested; The health carried member's plan; Physical therapy was requested; The health carried member's plan; Physical therapy was requested; The health carried member's plan; Physical therapy was requested; The health carried member's plan; Physical therapy was requested; The health carried member's plan; Physical therapy was requested; The health carried member's plan; Physical therapy was requested; The health carried member's plan; Physical therapy was requested; The health carried member's plan; Physical therapy was requested; The health carried member's plan; Physical therapy was requested; The health carried member's plan; Physical therapy was requested; The health carried member's plan; Physical therapy was requested; The health carried member's plan; Physical therapy was requested; The health carried member's plan; Physical therapy was requested; The health carried member's plan; Physical therapy was requested member and the health carried member are plant to the healt	
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Healthy Families; Physical therapy was requested	2 2023 2023

				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is not in options listed; 4/19/2023; No patient history in the	
				past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
				complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
				Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
				Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits	
				due to cervical impariments with distal symptoms best describes the patient's clinical	
				presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
				Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
				in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
				NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
			97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Ammanual	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
0/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stail climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	1 2025 2025
				point; Body Part for first pass is not in options listed; 4/19/2023; No patient history in the	
				past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
				complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
				Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
				Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to	
				cervical impairments with or without distal symptoms best describes the patient's clinical	
				presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
				Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
				in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
				NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
			97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is not in options listed; 4/19/2023; No patient history in the	
				past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
				complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part	
				selected; No Second Pass; Requestor is not a fax; The requesting provider is other than	
				Physical Therapy or Occupational Therapy; The patient was previously independent with	
				mobility and now requires human assistance and/or an assistive device to walk and/or	
				transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as	
				the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech	
				Therapy was not selected; The evaluation date is not in the future; Physical Therapy was	
				requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
				NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
			97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Medicille	Approvai	training (includes stail climbing)	reactify Farmines	1 2023 2023

Perform Body Part selection; Perform Body Part selection; First Pass; Seco	nd Pass check
point; Body Part for first pass is not in options listed; 04/21/2023; No pati	ent history in the
past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical;	Body Part pass
complete; Questions about your Head/Neck request:; Three or more visits	anticipated;
Therapy type is Rehabilitative; The anticipated number of visits is other th	an 2.; One Body
Part selected; No Second Pass; Requestor is not a fax; Severe functional de	eficits due to
cervical impairments with or without distal symptoms best describes the	patient's clinical
presentation; Head/Neck selected as the body type/region; Body Part for	first pass is
Head/Neck; Physical Therapy; Speech Therapy was not selected; The evalu	uation date is not
in the future; The rehabilitation is NOT related to a diagnosis of cancer.; Ti	he rehabilitation is
NOT related to a diagnosis of Lymphedema.; Physical or Occupational the	rapy was selected;
Physical or Occupational therapy was selected; Physical or Occupational th	nerapy was
97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech	n therapy for the
4/1/2023 - Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT	New Hampshire Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Healthy Families; Physical therapy was requested	1 2023 2023
Perform Body Part selection; Perform Body Part selection; First Pass; Seco	
point; Body Part for first pass is not in options listed; 4/21/2023, No patie:	
past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical;	•
complete; Three or more visits anticipated; Therapy type is Rehabilitative;	
selected; No Second Pass; Requestor is not a fax; The requesting provider	
Physical Therapy or Occupational Therapy; The patient was previously ind	
mobility and now requires human assistance and/or an assistive device to	•
transfer; The anticipated number of visits is other than 2.; Gait, Balance ar	
the body type/region; Body Part for first pass is Gait/Balance; Physical The	
Therapy was not selected; The evaluation date is not in the future; Physica	
requested; The rehabilitation is NOT related to a diagnosis of cancer.; The	
NOT related to a diagnosis of Lymphedema.; Physical or Occupational ther	
Physical or Occupational therapy was selected; Physical or Occupational th	* *
97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech	
4/1/2023 - Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT	
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Healthy Families	1 2023 2023
Perform Body Part selection; First Pass; Seco	
point; Body Part for first pass is not in options listed; 4/24/2023; No patie	
past 90 days; Evaluation dates less than 90 days in the past; Non-Sturgical;	
complete; Questions about your Head/Neck request;; Three or more visits	, ,
Therapy type is Rehabilitative; The anticipated number of visits is other th	* * *
Part selected; No Second Pass; Requestor is not a fax; Mild or moderate fu	
due to cervical impairments without distal symptoms best describes the p	
presentation; Head/Neck selected as the body type/region; Body Part for the selected as the body type/region; Body Part for the selected as the body type region; Body Part for the selected as the select	·
Head/Neck; Physical Therapy; Speech Therapy was not selected; The evalue in the fitting of the property of the second of the sec	
in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The	
NOT related to a diagnosis of Lymphedema.; Physical or Occupational the	* *
Physical or Occupational therapy was selected; Physical or Occupational	• •
97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech	
4/1/2023 - Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Healthy Families; Physical therapy was requested	· · · · · · · · · · · · · · · · · · ·
	1 2023 2023

					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is not in options listed; 4/24/2023; No patient history in the	
					past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
					complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
					Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
					Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to	
					cervical impairments with or without distal symptoms best describes the patient's clinical	
					presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
					Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
					in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
					NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	2 2023 2023
0/30/2023	4/1/2023	0/30/2023 Wiedicine	прргочи	training (merades stair elimbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	2 2023 2023
					point; Body Part for first pass is not in options listed; 4/24/2023; No patient history in the	
					past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
					complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part	
					selected; No Second Pass; Requestor is not a fax; The requesting provider is other than	
					Physical Therapy or Occupational Therapy; The patient was NOT previously independent	
					with mobility and now requires human assistance and/or an assistive device to walk and/or	
					transfer; At least one of the following apply; Increase in frequency of falls, Decline in	
					transfers, bed mobility or transitional movements and/or Decline in independence with	
					mobility (walking or wheelchair mobility); The anticipated number of visits is other than 2.;	
					Gait, Balance and Falls selected as the body type/region; Body Part for first pass is	
					Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
					in the future; Physical Therapy was requested; The rehabilitation is NOT related to a	
					diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				97116 Therapeutic procedure, 1 or	selected; Physical or Occupational therapy was selected; Magellan does not manage	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	chiropractic but does manage speech therapy for the member's plan; Physical therapy was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	requested; The health carrier is NOT New Hampshire Healthy Families	1 2023 2023
					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is not in options listed; 04/25/2023; No patient history in the	
					past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
					complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
					Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
					Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits	
					due to cervical impairments without distal symptoms best describes the patient's clinical	
					presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
					Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
					in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
					NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
			• • •	3.		

		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
		point; Body Part for first pass is not in options listed; 4/25/2023; No patient history in the	
		past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
		complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
		Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
		Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to	
		cervical impairments with or without distal symptoms best describes the patient's clinical	
		presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
		Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
		in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
		NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
		Physical or Occupational therapy was selected; Physical or Occupational therapy was	
	97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 - Physical	more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	2 2023 2023
, , , , , , , , , , , , , , , , , , ,	5 (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
		point; Body Part for first pass is not in options listed; 4/25/2023; No patient history in the	
		past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
		complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part	
		selected; No Second Pass; Requestor is not a fax; The requesting provider is other than	
		Physical Therapy or Occupational Therapy; The patient was previously independent with	
		mobility and now requires human assistance and/or an assistive device to walk and/or	
		transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as	
		the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech	
		Therapy was not selected; The evaluation date is not in the future; Physical Therapy was	
		requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
		NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
		Physical or Occupational therapy was selected; Physical or Occupational therapy was	
	97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 - Physical	more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval	training (includes stair climbing)	Healthy Families	2 2023 2023
0/30/2023 4/1/2023 0/30/2023 Wedletile //pprovide	training (includes stail climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	2 2023 2023
		point; Body Part for first pass is not in options listed; 4/25/2023; No patient history in the	
		past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
		complete; You will now be asked some questions about your Vestibular Rehab request.;	
		Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of	
		visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	
		Vestibular Rehab selected as the body type/region; Body Part for first pass is Vestibular	
		Rehab; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the	
		future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT	
		related to a diagnosis of Lymphedema.; Severe objective and functional deficits best	
		· · · · · · · · · · · · · · · · · · ·	
		describes the patient presentation; Physical or Occupational therapy was selected; Physical	
	0711C Therenevitie are adding 1 - 7	or Occupational therapy was selected; Physical or Occupational therapy was selected;	
4/1/2022 Physical	97116 Therapeutic procedure, 1 or	Magellan does not manage chiropractic but does manage speech therapy for the member's	Ame Inc.
4/1/2023 - Physical 6/30/2023 4/1/2023 6/30/2023 Medicine Approval	more areas, each 15 minutes; gait	plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Therapy was requested	Apr-Jun 1 2023 2023
	training (includes stair climbing)	FAULUES ENVICAL INPLANV WAS TROUBSTON	1 /0/3 /0/3

					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is not in options listed; 4/25/2023; No patient history in the	
					past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/27/2023; Post-Op;	
					Lower Leg selected as the specific body part; Body Part pass complete; Questions about your	
					Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits	
					anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	
					Requestor is not a fax; Moderate objective and functional deficits: constant symptoms	
					and/or symptoms that are intensified with activity with moderate loss of range of motion,	
					strength, or ability to perform daily tasks best describes the patient presentation; Lower	
					Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg;	
					Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation	
					date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The	
					rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
				97116 Therapeutic procedure, 1 or	does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested	1 2023 2023
					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is not in options listed; 04/26/2023; No patient history in the	
					past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
					complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
					Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
					Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits	
					due to cervical impairments without distal symptoms best describes the patient's clinical	
					presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
					Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
					in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
					NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is not in options listed; 4/26/2023; No patient history in the	
					past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
					complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
					Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
					Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits	
					due to cervical impairments without distal symptoms best describes the patient's clinical	
					presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
					Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
					in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
					NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
				•		

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/26/2023; No patient history in th	e Leg kd;
Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy or the more areas, each 15 minutes; gait member's plan; Physical therapy was requested. The health carrier is NOT New Hampshir member's plan; Physical therapy was requested. The health carrier is NOT New Hampshir member's plan; Physical therapy was requested. The health carrier is NOT New Hampshir member's plan; Physical therapy was requested. The health carrier is NOT New Hampshir member's plan; Physical therapy was requested. Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy was requested; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of concerts. The rehabilitation is NOT related to a diagnosis of concerts. The rehabilitation is NOT related to a diagnosis of concerts. The rehabilitation is NOT related to a diagnosis of concerts. The rehabilitation is NOT related to a diagnosis of concerts. The rehabilitation is NOT related to a diagnosis of concerts. The rehabilitation is NOT related to a diagnosis of concerts of the physical or Occupational therapy was selected; Physical or Occupational therapy	e Apr-Jun 1 2023 2023 e as
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficit due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation NOT related to a diagnosis of Coccupational therapy was selected.	s st n is

Perform Body Part selection; Perform Body Part selection; Fir	st Pass; Second Pass check
point; Body Part for first pass is not in options listed; 4/26/20	23; No patient history in the
past 90 days; Evaluation dates less than 90 days in the past; S	urgical; 3/30/2023; Post-Op;
Body Part pass complete; Three or more visits anticipated; Th	erapy type is Rehabilitative;
One Body Part selected; No Second Pass; Requestor is not a f	x; Cardiopulmonary Rehab
selected as the body type/region; Body Part for first pass is C	rdiopulmonary Rehab; Physical
Therapy; Speech Therapy was not selected; Post-Op or Non-S	urgical; The evaluation date is
not in the future; OK; The members functional deficits are mo	derate; The rehabilitation is
NOT related to a diagnosis of cancer.; The rehabilitation is NO	T related to a diagnosis of
Lymphedema.; Physical or Occupational therapy was selected	; Physical or Occupational
therapy was selected; Physical or Occupational therapy was s	elected; Physical or
97116 Therapeutic procedure, 1 or Occupational therapy was selected; Magellan does not mana	ge chiropractic but does
4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical ther	py was requested; The health Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families; Physical The	apy was requested 1 2023 2023
Perform Body Part selection; Perform Body Part selection; Fir	et Pass; Second Pass check
point; Body Part for first pass is not in options listed; 04/26/2	023; No patient history in the
past 90 days; Evaluation dates less than 90 days in the past; S	urgical; 12/14/2022; Post-Op;
Body Part pass complete; Questions about your Head/Neck n	quest:; Three or more visits
anticipated; Therapy type is Rehabilitative; The anticipated n	ımber of visits is other than 2.;
One Body Part selected; No Second Pass; Requestor is not a f	x; Severe functional deficits
due to cervical impairments with or without distal symptoms	best describes the patient's
clinical presentation; Head/Neck selected as the body type/re	gion; Body Part for first pass is
Head/Neck; Physical Therapy; Speech Therapy was not select	ed; Post-Op or Non-Surgical;
The evaluation date is not in the future; The rehabilitation is	NOT related to a diagnosis of
cancer.; The rehabilitation is NOT related to a diagnosis of Ly	nphedema.; Physical or
Occupational therapy was selected; Physical or Occupational	therapy was selected; Physical
or Occupational therapy was selected; Physical or Occupation	al therapy was selected;
97116 Therapeutic procedure, 1 or Magellan does not manage chiropractic but does manage spe	ech therapy for the member's
4/1/2023 - Physical more areas, each 15 minutes; gait plan; Physical therapy was requested; The health carrier is No	T New Hampshire Healthy Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Families; Physical therapy was requested	1 2023 2023
Perform Body Part selection; Perform Body Part selection; Fir	st Pass; Second Pass check
point; Body Part for first pass is not in options listed; 04/27/2	023; No patient history in the
past 90 days; Evaluation dates less than 90 days in the past; 1	on-Surgical; Body Part pass
complete; Questions about your Head/Neck request:; Three o	r more visits anticipated;
Therapy type is Rehabilitative; The anticipated number of vis	ts is other than 2.; One Body
Part selected; No Second Pass; Requestor is not a fax; Severe	functional deficits due to
cervical impairments with or without distal symptoms best d	scribes the patient's clinical
presentation; Head/Neck selected as the body type/region; B	ody Part for first pass is
Head/Neck; Physical Therapy; Speech Therapy was not select	ed; The evaluation date is not
in the future; The rehabilitation is NOT related to a diagnosis	of cancer.; The rehabilitation is
NOT related to a diagnosis of Lymphedema.; Physical or Occu	pational therapy was selected;
Physical or Occupational therapy was selected; Physical or Oc	cupational therapy was
97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does m	anage speech therapy for the
4/1/2023 - Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health of	arrier is NOT New Hampshire Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Healthy Families; Physical therapy was requested	1 2023 2023

					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is not in options listed; 4/27/2023; No patient history in the	
					past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
					complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
					Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
					Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to	
					cervical impairments with or without distal symptoms best describes the patient's clinical	
					presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
					Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
					in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
					NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	2 2023 2023
0/30/2023	4/1/2023	0/30/2023 Wedicine	Approvar	training (includes stail climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	2 2023 2023
					point; Body Part for first pass is not in options listed; 4/27/2023; No patient history in the	
					past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
					complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part	
					selected; No Second Pass; Requestor is not a fax; The requesting provider is other than	
					Physical Therapy or Occupational Therapy; The patient was previously independent with	
					mobility and now requires human assistance and/or an assistive device to walk and/or	
					transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as	
					the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech	
					Therapy was not selected; The evaluation date is not in the future; Physical Therapy was	
					requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
					NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families	1 2023 2023
					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is not in options listed; 4/27/2023; No patient history in the	
					past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
					complete; You will now be asked some questions about your Vestibular Rehab request.;	
					Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of	
					visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	
					Vestibular Rehab selected as the body type/region; Body Part for first pass is Vestibular	
					Rehab; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the	
					future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT	
					related to a diagnosis of Lymphedema.; Moderate objective and functional deficits best	
					describes the patient presentation; Physical or Occupational therapy was selected; Physical	
					or Occupational therapy was selected; Physical or Occupational therapy was selected;	
				97116 Therapeutic procedure, 1 or	Magellan does not manage chiropractic but does manage speech therapy for the member's	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Families; Physical Therapy was requested	1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	point; Body Part for first pass is not in options listed; 4/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Descriptional therapy was selected; Physical or Descriptional therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/28/2023; No patient history in the	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request:; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was requested? Physical therapy was requested? Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	Apr-Jun 1 2023 2023

					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is not in options listed; $5/1/2023$; No patient history in the past	
					90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
					complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
					Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
					Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits	
					due to cervical impariments with distal symptoms best describes the patient's clinical	
					presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
					Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
					in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
					NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	2 2023 2023
	•	. ,		<u> </u>	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is not in options listed; 5/1/2023; No patient history in the past	
					90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
					complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
					Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
					Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to	
					cervical impairments with or without distal symptoms best describes the patient's clinical	
					presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
					Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
					in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
					NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	3 2023 2023
.,,		.,,	11	5,	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is not in options listed; 5/1/2023; No patient history in the past	
					90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
					complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part	
					selected; No Second Pass; Requestor is not a fax; The requesting provider is other than	
					Physical Therapy or Occupational Therapy; The patient was previously independent with	
					mobility and now requires human assistance and/or an assistive device to walk and/or	
					transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as	
					the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech	
					Therapy was not selected; The evaluation date is not in the future; Physical Therapy was	
					requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
					NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families	2 2023 2023
0,30,2023	7, 1, 2023	0/30/2023 Wiedicilie	Approvai	Gammy (merades stan emmoning)	rectary ratinites	2 2023 2023

Perform Body Part berits pass or profession Body Part selections, Perform Body Part selections,						
past 30 days, 2 Exhaultion date less than 90 days in the past, Non-orgical; Lower Leg selected as the specific captured, Usey from pass complete, Cuestons above your Lower Leg selected as the specific captured, 19 and 1					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
selected as the specific body part, Body par					point; Body Part for first pass is not in options listed; 05/01/2023; No patient history in the	
request; the anticipated number of voists to other than 2.1 Three or more visits anticipated, the heapy type is Rehabilitative (the 60x) of the Respect to 10x and fars, Moderne objective and functional deficits: constant symptoms and/or symptoms that are intensified with very third moderate loss, or range of morious, restricting, or ability to perform daily tasks best describes the patient precinations, lower Extremity/High specieds of the body type/region. Part for first pass is cover (e.g. Physical three types), seek of the pay was not selected. The evaluation of site in the future. The relabilisation is NOT related to the following properties of the part of the control of the following properties of the part of the control of the following properties of the part of the control of the following properties of the part of the part of the control of the part					past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg	
Therapy type is Rehabilitative, One Body Part selected, for Second Pass, Requestor in rot a fax, Moderate obesis containt symptoms and/or symptoms that are interdified with activity with moderate loss of range of motion, strength, or ability to perform dialy state describes the peature presentation. (Develor Externity, Prija selected as the body report, Body Part for first pass is tower (e.g., Physical Interapy, Sepoch therapy was not selected, Physical or Congational therapy was selected, Physical or Congational therapy w					selected as the specific body part; Body Part pass complete; Questions about your Lower Leg	
fas; Moderate objective and humanism deficits: constant ymptoms and/or ymptoms start are intended to with activity with muderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/fegon, Body Part for first pass is lower (eg. Physical Therapy. Speech Therapy was not selected. Physical or Occupational therapy was not selected. Physical or Occupational therapy was provided to a diagnosis of carnor. The real-billation on KOT related to a diagnosis of carnor. The real-billation on KOT related to a diagnosis of carnor. The real-billation of Cocupational therapy was provided to a diagnosis of carnor. The real-billation of Cocupational therapy was provided to a diagnosis of carnor. The real-billation of Cocupational therapy was provided to a diagnosis of carnor. The real-billation of Cocupational therapy was provided to a diagnosis of carnor. The real-billation of Cocupational therapy was provided to a diagnosis of carnor. The real-billation of Cocupational therapy was provided to a diagnosis of carnor. The real-billation of Cocupational therapy was provided to a diagnosis of carnor. The real-billation of Cocupational therapy was provided to a diagnosis of the part of the carnor of the c					request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated;	
are intersalled with activity with moderate loss of range of motion, streegth, or ability to perform daily store discretions the period presentation; cover Extensity/Pips selected as the body type/region, Body Part for first pass is lower (age; Physical Thorapy, Seech Therapy was not selected; The evaluation date is not in the future, the rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer and the evaluation of the since the evaluation of the since the period of the					Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a	
perform daily tasks best describes the patient presentation. Lower Extermity/lep selected as the form of the proposal of the profit of the patient presentation. Lower Extermity/lep selected as the following of the patient presentation of the following of the patient presentation of the following of the patient presentation of the following of the patient presentation is NOT related to a diagnosis of Lymphedema; Physical or Coupational therapy was selected. Physical or Coupational therapy was selected. Physical or Coupational therapy was selected. Physical or Coupational therapy was requested. The patient presentation is NOT related to a diagnosis of Lymphedema; Physical therapy was requested. The patient presentation is NOT related to a diagnosis of Lymphedema; Physical therapy was requested. The patient presentation of the member's plant, Physical therapy was requested. The patient presentation of the patient pr					fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that	
the body type/region; Body Part for first pass is Lover Leg. Physical Treaty, Speech Therapy was observed the evaluation date is not in the future. The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Cocupational therapy was selected, Physical Order Special Physical Therapy Special Physical P					are intensified with activity with moderate loss of range of motion, strength, or ability to	
was not selected. The evaluation date is not in the future. The rehabilitation is NOT related to a diagnosis of ancer,? The rehabilitation is NOT related to a diagnosis of ancer,? The rehabilitation is NOT related to a diagnosis of ancer,? Physical or Occupational therapy was selected, Physical or Occupational therapy wa					perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as	
diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of tymphedema; Physical or Occupational therapy was selected, Physical or Occupational therapy was selected, Magelian does not manage where thereapy of the member's plan, Physical threapy was selected, Physical or Occupational therapy was selected, Magelian does not manage where the properties of the member's plan, Physical threapy was selected, Physical or Occupational therapy was selected, Magelian does not manage where the properties of the selection of th					the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy	
Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Alegalland ones not manage of this physical or occupational therapy was selected; Magalland ones not manage of this physical or occupational therapy was selected; Magalland ones not manage of this physical or occupational therapy was physical therapy was physical therapy was physical therapy was physical or occupational therapy was selected; Physic					was not selected; The evaluation date is not in the future; The rehabilitation is NOT related	
selected. Physical or Occupational therapy was selected. Magellan does not manage 4/1/2023 Physical Ph					to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
97116 Therapeutic procedure, 1 or chiropractic but does manage speech therapy for the member's plan; Physical therapy was 1 2023 2023 4/1/2023 4/1/2023 Medicine Aproval training (includes stair climbing) requested. The habith carrier is NOT New Hampshire Habithy Families; Physical therapy was 1 2023 2023 Perform Body Part selection; Perform Body Part selection; Pirst Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/1/2023, No patient history in the past 9 0 4 yay; Evaluation dates is set shan 90 4 ayi. In the past; Non-Surgial, Lower Leg request; The analytic procedure, 1 or perform Body Part selection; Description and Participated Investor of this past; Non-Surgial, Lower Leg request; The analytic procedure intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Pilos selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was necessary to the part of the perform Body Part selection; Perform Body Part selecti					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
4/1/2023 - 4/1/2023 Perform Body Part selection, Perform Body Part selection, First Pass; Second Pass check 1 2023 2023 Perform Body Part selection, Perform Body Part selection, First Pass; Second Pass check 2 2023 Perform Body Part selection, Perform Body Part selection, First Pass; Second Pass check 2 2023 Perform Body Part selection, Perform Body Part selection, First Pass; Second Pass check 2 2023 Perform Body Part selection, Perform Body Part selection, First Pass; Second Pass check 2 2023 Perform Body Part selection, Perform Body Part selection, First Pass; Second Pass check 2 2023 Perform Body Part selection, Perform Body Part selection, First Pass; Second Pass check 2 2023 Perform Body Part selection, Perform Body Part selection, First Pass; Second Pass check 2 2023 Perform Body Part selection, Perform Body Part selection, First Pass; Second Pass check 2 2023 Perform Body Part selection, Perform Body Part selection, First Pass; Second Pass check 2 2023 Perform Body Part selection, Perform Body Part selection, First Pass; Second Pass check 2 2023 Perform Body Part selection, Perform Body Part selection, First Pass; Second Pass check 2 2023 Perform Body Part selection, Perform Body Part selection, First Pass; Second Pass check 2 2023 Perform Body Part selection, Perform Body Part selection, First Pass; Second Pass check 2 2023 Perform Body Part selection, Perform Body Part selection, Perform Body Part selection, First Pass; Second Pass check 2 2023 Perform Body Part selection, Perform Body Part selection, Perform Body Part selection, Perform Body Part pass check 2 2023 Perform Body Part pass check 2 2023 2 2023 Perform Body Part pass check 2 2023 2 2023 Perform Body Part pass perform Body Part pass check 2 2023 2 2023 Perform Body Part pass perform Body Part pass check 2 2023 2 2023 Perform Body Part pass perform Body Part pass perform Body Part pass perform Body Part pass check 2 2023 2 2023 Perform Body Part pa					selected; Physical or Occupational therapy was selected; Magellan does not manage	
5/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Perform Body Part selection, Perform Body Part selection, First Pass, Second Pass check point, Body Part selection, Perform Body Part selection, First Pass, Second Pass check point, Body Part selection, Perform Body Part pars second Pass, Pequestron is not a fax, Severe functional				97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical therapy was	
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass, Second Pass, Check point; Body Part for First pass is not in pointon listed; 5/1,7023, No patient history in the past 90 days; Evaluation dates less than 90 days; Interest more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass, Requestor is not a fax; Moderate objective and functional deficits; constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Externity; Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future. The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation of Cocupational therapy was selected; Physical or Occupational therapy was selected; Physical or Decupational therapy was selected; Physical or Decupational therapy was selected; Physical therapy was requested; The Indian does not manage chiopractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was complete, Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitation; The adhibitation is the Nor-surgical Body Part pass complete, Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitation; The adhibitation of the days in the past; Non-surgical Body Part pass complete, Question about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitation; The Abptival or Cocupational therapy was selected; No Second Pass; Requestor is not a fax. Severe functional deficits due to cervica	4/1/2023 -	Physical		more areas, each 15 minutes; gait	requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Apr-Jun
point; Body Part for first pass is not in options listed; 5/1/2023, No patient history in the past of 30 days; rehulatoris dates less ham 90 days in the past; Non-Surgial; Lower leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; The anticipated number of visits is other than 2; Three or more visits anticipated; Three by type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits; constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for Its pass is Lower Leg Physical Therapy speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The relabilitation is NOT related to a diagnosis of cancer; The relabilitation is NOT related to a diagnosis of cancer; The relabilitation is NOT related to a diagnosis of cancer; The revaluation date is	6/30/2023 4/1/2		Approval	training (includes stair climbing)	requested	1 2023 2023
90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg requests; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected, No Second Pass; Requestor is not a fax; Moderate objective and functional deficits; constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Externity/Hip selected as the body type/region; Body Part for first pass is Lower Leg. Physical Therapy, Speech Therapy was not selected; the evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of tamer; The rehabilitation is NOT related to a diagnosis of sancer;					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
the specific body part; Body Part pass complete; Questions about your Lower Leg request;; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region, Body Part for first pass is Lower Leg; Physical Therapy, Speech therapy was not selected; The evaluation date is not in the future; the rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer and the pass of the past; the past the past type of the member's plan; Physical and the pass of the past; the past the past type of the member's plan; Physical therapy was selected; Physical or Occupational therapy was selected; Description of the member's plan; Physical therapy was selected; Description of the member's plan; Physical therapy was selected; Description of the member's plan; Physical therapy was selected; Physical or Occupational therapy was selected; Physical o					point; Body Part for first pass is not in options listed; 5/1/2023; No patient history in the past	
The anticipated number of Visits is other than 2; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deflicts: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient (ower Extremity)-flips elected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of tymphedema.; Physical or Occupational therapy was selected; Physical or Oc					90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as	
type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first spass is Lower Legy Physical Therapy, Speech Therapy was not selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was selected; The sealth carrier is NOT related to a diagnosi of ancer; and training (includes stair climbing) ###					the specific body part; Body Part pass complete; Questions about your Lower Leg request: ;	
Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected. The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of tymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was					The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy	
intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer;. The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical therapy was selected; Physical or Occupational deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck, Physical Therapy; Speech Therapy was ont selected; Physical or Occupational therapy was selected; Physi					type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	
perform daily tasks best describes the patient presentation; Lower Extremity/Hij selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was selected; Physical or Occupational therapy was selected; Physical or Occupatio					Moderate objective and functional deficits: constant symptoms and/or symptoms that are	
the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer, and the future; The rehabilitation is NOT related to a diagnosis of cancer, and a diagnosis of the purphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan, Physical therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan, Physical therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan, Physical therapy was selected; Physical or Occupational therapy was selected; Physical or Occupatio					intensified with activity with moderate loss of range of motion, strength, or ability to	
was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of					perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as	
to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage 4/1/2023 - Physical more areas, each 15 minutes; gait requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was Apr-Jun 6/30/2023 Medicine Approval training (includes stair climbing) requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patients's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy. Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Cancer; The rehabilitation is NOT related to a diagnosis of Lymphedema. Physical or Occupational therapy was selected; Physical					the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy	
Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage selected; Physical or Occupational therapy was selected; Magellan does not manage chropractic but does manage speech therapy for the member's plan; Physical therapy was selected; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was Apr-Jun requested 1 2023 2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) requested 1 2023 2023 Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request; Three quest; Three quest; Three quest; Three quest; Three quest; Three or more visits anticlipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of Coccupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Apr-Jun					was not selected; The evaluation date is not in the future; The rehabilitation is NOT related	
selected; Physical or Occupational therapy was selected; Magellan does not manage 4/1/2023 - Physical more areas, each 15 minutes; gait requested; The health carrier is NOT New Hampshire Health; Families; Physical therapy was 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) 4/1/2023 6/30/2023 M					to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
97116 Therapeutic procedure, 1 or chiropractic but does manage speech therapy for the member's plan; Physical therapy was 4/1/2023 - Physical Physical more areas, each 15 minutes; gait requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was Apr-Jun requested 1 2023 2023 Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; The evaluation date is not selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire 4/11/2023 - Physical Physical Therapy; gain the past is not in the future. The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
4/1/2023 - Physical more areas, each 15 minutes; gait requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was Apr-Jun requested 1 2023 2023 Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected, No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Oc					selected; Physical or Occupational therapy was selected; Magellan does not manage	
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms betsecribes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical				97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical therapy was	
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your head/Neck request: Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The valuation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupatio	4/1/2023 -	Physical		more areas, each 15 minutes; gait	requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Apr-Jun
point; Body Part for first pass is not in options listed; 5/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the 4/1/2023 - Physical more areas, each 15 minutes; gait point; Body Part for first pass is not in options listed; Shody Part pass complete; Questions about your Head/Neck requester; Three or more visits anticipated; Therapy type is Rehabilitative; The enablilitation is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; Physical or Occupational therapy was	6/30/2023 4/1/2	2023 6/30/2023 Medicine	Approval	training (includes stair climbing)	requested	1 2023 2023
90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cupocar.; The rehabilitation is NOT related to a diagnosis of Cupocarional therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the 4/1/2023 - Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun		· ·		<u> </u>	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the 4/1/2023 - Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun					point; Body Part for first pass is not in options listed; 5/2/2023; No patient history in the past	
Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the 4/1/2023 - Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun					90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or O					complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of conce					Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the 4/1/2023 - Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun					Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to	
Head/Neck; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Coccupational therapy was selected; Physical or Occupational therapy was Physical or Occupational therapy was selected; Physical or Occup					cervical impairments with or without distal symptoms best describes the patient's clinical	
in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the 4/1/2023 - Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun					presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the 4/1/2023 - Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun					Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the 4/1/2023 - Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun					in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
Physical or Occupational therapy was selected; Physical or Occupational therapy was 97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the 4/1/2023 - Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun						
97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the 4/1/2023 - Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun					- · · · · · · · · · · · · · · · · · · ·	
4/1/2023 - Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun				97116 Therapeutic procedure, 1 or		
	4/1/2023 -	Physical				Apr-Jun
	6/30/2023 4/1/2	023 6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023

4/1/2023 - 6/30/2023	4/1/2022	Physical	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Cardiopulmonary Rehab; elected as the body type/region; Body Part for first pass is Cardiopulmonary Rehab; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; OK; The members functional deficits are mild; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical Therapy was requested; Physical Therapy was requested.	Apr-Jun
6/30/2023 4/1/2023 -	4/1/2023	6/30/2023 Medicine Physical	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical Therapy was requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	1 2023 2023
6/30/2023 4/1/2023 - 6/30/2023		Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Healthy Families Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request:; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	2 2023 2023 Apr-Jun 1 2023 2023

	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
	point; Body Part for first pass is not in options listed; 05/02/2023; No patient history in the	
	past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/11/2023; Post-Op;	
	Lower Leg selected as the specific body part; Body Part pass complete; Questions about your	
	Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits	
	anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	
	Requestor is not a fax; Moderate objective and functional deficits: constant symptoms	
	and/or symptoms that are intensified with activity with moderate loss of range of motion,	
	strength, or ability to perform daily tasks best describes the patient presentation; Lower	
	Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg;	
	Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation	
	date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The	
	rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
	therapy was selected; Physical or Occupational therapy was selected; Physical or	
	Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
97116 Therapeutic procedure, 1 or	does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 - Physical more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing)	Physical therapy was requested	1 2023 2023
0,00,2025 1,2,2025 0,00,2025 medianic 1,pp.010.	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	1 2023 2023
	point; Body Part for first pass is not in options listed; 5/3/2023; No patient history in the past	
	90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
	complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
	Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
	Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to	
	cervical impairments with or without distal symptoms best describes the patient's clinical	
	presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
	Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
	in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
	NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
	Physical or Occupational therapy was selected; Physical or Occupational therapy was	
97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 - Physical more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing)	Healthy Families; Physical therapy was requested	2 2023 2023
0/30/2023 4/1/2023 0/30/2023 Medicine Approval training (includes scali clinibing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	2 2023 2023
	point; Body Part for first pass is not in options listed; 5/3/2023; No patient history in the past	
	90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
	complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part	
	selected; No Second Pass; Requestor is not a fax; The requesting provider is other than	
	Physical Therapy or Occupational Therapy; The patient was NOT previously independent	
	with mobility and now requires human assistance and/or an assistive device to walk and/or	
	transfer; At least one of the following apply; Increase in frequency of falls, Decline in	
	transfers, bed mobility or transitional movements and/or Decline in independence with	
	mobility (walking or wheelchair mobility); The anticipated number of visits is other than 2.;	
	Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
	in the future; Physical Therapy was requested; The rehabilitation is NOT related to a	
	diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
OTAGC Theorem Aleman A	Physical or Occupational therapy was selected; Physical or Occupational therapy was	
97116 Therapeutic procedure, 1 or	selected; Physical or Occupational therapy was selected; Magellan does not manage	
4/1/2023 - Physical more areas, each 15 minutes; gait	chiropractic but does manage speech therapy for the member's plan; Physical therapy was	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing)	requested; The health carrier is NOT New Hampshire Healthy Families	2 2023 2023

				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is not in options listed; 5/3/2023; No patient history in the past	
				90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
				complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part	
				selected; No Second Pass; Requestor is not a fax; The requesting provider is other than	
				Physical Therapy or Occupational Therapy; The patient was previously independent with	
				mobility and now requires human assistance and/or an assistive device to walk and/or	
				transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as	
				the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech	
				Therapy was not selected; The evaluation date is not in the future; Physical Therapy was	
				requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
				NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
			97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2	2023 6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families	1 2023 2023
				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is not in options listed; 05/03/2023; No patient history in the	
				past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
				complete; You will now be asked some questions about your Vestibular Rehab request.;	
				Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of	
				visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	
				Vestibular Rehab selected as the body type/region; Body Part for first pass is Vestibular	
				Rehab; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the	
				future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT	
				related to a diagnosis of Lymphedema.; Severe objective and functional deficits best	
				describes the patient presentation; Physical or Occupational therapy was selected; Physical	
				or Occupational therapy was selected; Physical or Occupational therapy was selected;	
			97116 Therapeutic procedure, 1 or	Magellan does not manage chiropractic but does manage speech therapy for the member's	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun
6/30/2023 4/1/2	2023 6/30/2023 Medicine	Approval	training (includes stair climbing)	Families; Physical Therapy was requested	1 2023 2023
				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is not in options listed; 5/3/2023; No patient history in the past	
				90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
				complete; You will now be asked some questions about your Vestibular Rehab request.;	
				Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of	
				visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	
				Vestibular Rehab selected as the body type/region; Body Part for first pass is Vestibular	
				Rehab; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the	
				future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT	
				related to a diagnosis of Lymphedema.; Severe objective and functional deficits best	
				describes the patient presentation; Physical or Occupational therapy was selected; Physical	
				or Occupational therapy was selected; Physical or Occupational therapy was selected;	
			97116 Therapeutic procedure, 1 or	Magellan does not manage chiropractic but does manage speech therapy for the member's	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun
4/1/2023 -					

4/1/2023 -	A/1/2022	Physical	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/3/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request:; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NoT related to a diagnosis of cancer.; The rehabilitation is NoT related to a diagnosis of cancer.; The rehabilitation is NoT related to a diagnosis of cancer.; The rehabilitation is NoT related to a diagnosis of cancer.; The rehabilitation is NoT related to a diagnosis of cancer.; The rehabilitation is NoT related to a diagnosis of cancer.; The rehabilitation is NoT related to a diagnosis of cancer.; The rehabilitation is NoT related to a diagnosis of cancer.; The rehabilitation is NoT related to a diagnosis of cancer.; The rehabilitation is NoT related to a diagnosis of cancer.; The rehabilitation is NoT related to a diagnosis of cancer.; The rehabilitation is NoT related to a diagnosis of cancer.; The rehabilitation is NoT related to a diagnosis of cancer.	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested	1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/3/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request:; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosi of cancer.; The rehabilitation was selected; Physical or Occupational therapy was selected; Physical or Decupational therapy was selected; Physical or Decupational therapy was selected; Physical or Decupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Decupational therapy was selected; Physical or Occupational therapy was selected; Physical Occupational therapy was selected; Physical Occup	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/3/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/1/2023; Post-Op; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023

				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is not in options listed; 5/4/2023; No patient history in the past	
				90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
				complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
				Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
				Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits	
				due to cervical impariments with distal symptoms best describes the patient's clinical	
				presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
				Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
				in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
				NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
			97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Medicine	Арргочаг	training (includes stail climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	1 2023 2023
				point; Body Part for first pass is not in options listed; 5/4/2023; No patient history in the past	
				90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
				complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
				Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
				Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to	
				cervical impairments with or without distal symptoms best describes the patient's clinical	
				presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
				Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
				in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
				NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
			97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is not in options listed; 5/5/2023; No patient history in the past	
				90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
				complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
				Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
				Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits	
				due to cervical impariments with distal symptoms best describes the patient's clinical	
				presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
				Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
				in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
				NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
			97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
			<u>.</u>	·	

	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
	point; Body Part for first pass is not in options listed; 05/05/2023; No patient history in the	
	past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
	complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
	Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
	Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to	
	cervical impairments with or without distal symptoms best describes the patient's clinical	
	presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
	Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
	in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
	NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
	Physical or Occupational therapy was selected; Physical or Occupational therapy was	
97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 - Physical more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
· · · · · · · · · · · · · · · · · · ·	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
	point; Body Part for first pass is not in options listed; 05/08/2023; No patient history in the	
	past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
	complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
	Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
	Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits	
	due to cervical impairments without distal symptoms best describes the patient's clinical	
	presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
	Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
	in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
	NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
	Physical or Occupational therapy was selected; Physical or Occupational therapy was	
97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 - Physical more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
0/30/2023 4/1/2023 0/30/2023 Medicine Approval training (includes stail climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	1 2023 2023
	point; Body Part for first pass is not in options listed; 5/8/2023; No patient history in the past	
	90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
	complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
	Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
	Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits	
	due to cervical impairments without distal symptoms best describes the patient's clinical	
	, , , , , , , , , , , , , , , , , , , ,	
	presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
	Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
	in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
	NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
	Physical or Occupational therapy was selected; Physical or Occupational therapy was	
97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 - Physical more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023

Perform Rody Part selection, Perform Rody Par				
9 90 days, Evaluation dates less ham 90 days in the past; Non-Surgicia Body Part pass complete, Questing statistics of the past in the past; Non-Surgicia Body Part pass complete, Questing statistics of the past of the past in the past; Non-Surgicia Body Part pass complete, Questing statistics, Part Selection, Non-Body Part Selection, Non-Body Body Body Part Selection, Non-Body Body Body Body Body Body Body Body			Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
completer, Questions about your fread/Neck request. Three or more with anticipated, Therapy type is Newholistic type. The anticipated of the property of the complete of the property of the property of the complete of the property of the p			point; Body Part for first pass is not in options listed; 5/9/2023; No patient history in the past	
Therapy type is Rehabilitative. The anticipated number of visits is other than 2, One Body Part of First Pass (Second Pass, Requested is not after, Mild or mordaret functional deficits due to cervical impairments with distal symptome best describes the patient's clinical presentation. In the future, The rehabilitation is Not Part of First Pass is Header, Physical or Occupational therapy was selected, The evaluation date is not in future. The rehabilitation is Not Treated to a disposic of cancer, The rehabilitation is Not in the future, The rehabilitation is Not clinically and the future of the rehabilitation is Not compared to the future of the rehabilitation is Not compared to the future of the rehabilitation is Not compared to the future of the rehabilitation is Not compared to the future of the rehabilitation is Not compared to the future of the rehabilitation is Not compared to the future of the rehabilitation is Not compared to the future of the rehabilitation is Not compared to the future of the rehabilitation is Not compared to the future of the rehabilitation is Not compared to the future of the rehabilitation is Not compared to the future of the rehabilitation is Not compared to the future of the rehabilitation is Not compared to the future of the rehabilitation is Not compared to the future of the rehabilitation is Not compared to the rehabilitation is Not compared to the pass of the Not compared to the pass that is not the future. The rehabilitation is Not compared to the future of the rehabilitation is Not compared to the future of the rehabilitation is Not compared to the future of the rehabilitation is Not compared to the future of the rehabilitation is Not compared to the future of the rehabilitation is Not compared to the future of the rehabilitation is Not compared to the future of the rehabilitation is Not compared to the future of the rehabilitation is Not compared to the future of the rehabilitation is Not compared to the future of the rehabilitation is Not compared to the future of the reha			90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
Part setencie, No Second Pass, Requestor is not a fax, Mild or moderate functional deficits due to cervical improvements with distals registered. The several presentation, Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck selected. The evaluation date is not in the future. The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NO			complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
due to cervical impariments with datal symptoms best describes the patient's clinical presentations with datal symptoms best described. Be patient's clinical presentations are the body type/region, 300 per for for the patient's pass is Head/Neck; Physical Therapy, Speech Therapy was not selected. The evaluation date is not in the future for rehabilitation is NOT related to a diagnosis of clinicary. The rehabilitation is NOT related to a diagnosis of clinicary. The rehabilitation is NOT related to a diagnosis of propriet in the pass was elected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical Therapy was selected; Magellan does not manage chropractic but does manage speech therapy for the member's part selector, Prefix a requested; The health carrier is NOT level the therapy for the member's pass is not in options itself, 2012/2023, they was requested. Perform the object of the patient before the patient's prefix of the pass is not in options itself, 2012/2023, they patient bistory in the passing of the the pa			Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
persentation, head/Neck, Selected as the body type/reginn, 3ody part for first pass is head/Neck, Physical Therapy, sense thereof therapy was not selected; The valuation date is not in the future. The rehabilitation is NOT related to a diagnosis of carner; The rehabilitation is not			Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits	
Head/Neck, Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future, the rehabilitation is NOT related to a diagnosis of current, The rehabilitation is NOT related to a diagnosis of surphed man, Physical or Occupational therapy was selected; Physical therapy was requested. The health carrier is NOT Rev Hampshire Apr-Jun (Physical Physical therapy was requested.) ### Apr-Jun Occupational therapy was requested. The health carrier is NOT Rev Hampshire or Not Physical			due to cervical impariments with distal symptoms best describes the patient's clinical	
in the future, The rehabilitation is NOT related to a diagnosis of ancer, The rehabilitation is NOT related to a diagnosis of macer, The rehabilitation is NOT related to a diagnosis of macer, The rehabilitation is NOT related to a diagnosis of mymbelema. Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requised. The health carrier is NOT New Hampshire Aprium health or the past of the health carrier is NOT New Hampshire Aprium health or the past of the health carrier is NOT New Hampshire Aprium health or the past of the health carrier is NOT New Hampshire Aprium health or the past of the health carrier is NOT New Hampshire Aprium health or the past of the health carrier is NOT New Hampshire Aprium health or the past of the health carrier is NOT New Hampshire Aprium health or the past of the health carrier is NOT New Hampshire Aprium health or the past of the health carrier is NOT New Hampshire Aprium health or the health or			presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
NOT related to a diagnosis of Lymphedema, Physical or Occupational therapy was selected; Physical or Occupational thera			Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
NOT related to a diagnosis of Lymphedema, Physical or Occupational therapy was selected; Physical or Occupational thera			in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
Physical or Occupational therapy was selected, Physical or Occupational				
97116 Therapeutic procedure, 1 or selected. Magellan does not manage chropractic but does manage speech therapy for the member 9 plan, Physical therapy was requested. The health terral rels NOT New Hamphire Apr-Jun (1/2023 - 4/1/2023 Medicine Aproval Training (includes stair climbing) Perform Body Part selection, Perform Body Part for First pass, Second Pass, Requestor is not a fan, Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation, Head/Neck, selected as the Body Negrel For First pass is Head/Neck, Physical Therapy, Sepech Therapy was not selected; The evaluation data is not in the Univer; the re-Inhalitation is NOT related to a diagnosis of Lymphedema, Physical Or Occupational therapy was selected, Physical or Occupational therapy was selected, Physical or Occupational therapy was requested Al/1/2023 Al/1/2023 Al/1/2023 Medicine Approval Training (includes stair climbing) April Therapeutic procedure, 1 or more areas, each 15 minutes, gait training (includes stair climbing) April Therapeutic procedure, 1 or more areas, each 15 minutes, gait training the pass selected, Physical or Occupational therapy was requested April				
### April 1995 A		97116 Therapeutic procedure, 1 or		
4/1/2023 4/1/2023 Medicine Approval training (includes stair climbing) Healthy Families; Physical therapy was requested 2 2023 2023 Perform Body Part selection, Perform Body Part selection; First Pass; Second Pass check point; Body Part Selection; First Pass; Second Pass Complete; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2, One Body Part selected, No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes, the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck, Physical Therapy; Speech therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The relabilitation is NOT related to a diagnosis of cancer; The relabilitation is NOT related to a diagnosis of cancer; The relabilitation is NOT related to a diagnosis of cancer; The relabilitation is NOT related to a diagnosis of cancer; The relabilitation is NOT related to a diagnosis of the repair of the relabilitation is NOT related to a diagnosis of the relabilitation is NOT related to a diagnosis of the relabilitation is NOT related to a diagnosis of the relabilitation is NOT related to a dia	4/1/2023 - Physical	· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , , ,	Apr-Jun
Perform Body Part selection; Perform Body Par		· · · · · · · · · · · · · · · · · · ·		· ·
point; Body Part for first pass is not in options listed; 5/10/2023; No patient history in the past; Non-Surgical; Body Part pass complete, Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2; One Body Part pass complete, Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2; One Body Part selected; No Second Pass; Requestors in on a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The evaluation date is not in the future; The rehabilitation is NOT relate	0/00/2020 1/2/2020 0/00/2020 Medicine //pp/01d/	training (includes stail climbing)		2 2023 2023
past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete, Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2, One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distals gymptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck, Physical Therapy, Sepech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer and the past was selected; Physical or Occupational therapy was sequested. Physical or Occupational therapy was sequested plant in the future; The rehabilitation is NOT related to a diagnosis of Cancer; The rehabilitation is NOT related to a diagnosis of Cancer; The rehabilitation is NOT related to a diagnosis of the past pass occupated or Occupational therapy was sequested; Physical or Occupational therapy was sequested; Physical or Occupational therapy was sequested. Perform Body Part selection; Pist Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days; Evaluation and the sequence of the past pass occupiled; No Second Pass; Requestor is not a fax. Mild or moderate functional deficits due to cervical impariments with distal			, , , , , , , , , , , , , , , , , , , ,	
complete; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2; One Body Part selected, No Second Pass; Requestor is not a fax, Mild or moderate functional deficits due to cervical impairments with out distal symptoms best describes the patient's clinical presentation; Head/Neck, Physical Therapy. Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabi				
Therapy type is Rehabilitative; The anticipated number of visits is other than 2, One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of canneer; The rehabilitation is NOT related to a diagnosis of supphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested. Perform Body Part selection, Perform Body Part selection; Per				
Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patients' clinical presentation; Heady, Meck selected as the body type-[goin, Body Part for first pass is Heady, Meck, Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of acute; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational or Occupational deficits due to cervical impairments with distal symptoms best describes the patient's clinical presentation; Heady, Neck selected as the body type-[goin, Body Part for first pass is Heady, Neck selected as the body type-[goin, Body Part for first pass is Heady, Neck selected as the body type-[goin, Body Part for first pass is Heady, Neck selected as the body type-[goin, Body Part for first pass is Heady, Neck selected as the body type-[goin, Body Part for first pass is Heady, Neck selected as the body type-[goin, Body Part for first pass is Heady,				
due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck, selected as the body type/region; Body Part for first pass is Head/Neck, selected as the body type/region; Body Part for first pass is Head/Neck, selected as the body type/region; Body Part for first pass is Head/Neck, selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The health carrier is NOT New Hampshire Apr-Jun death of the past selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested in the past selection; First Pass, Second Pass check points. Body Part selection; Perform Body Part selection; First Pass, Second Pass check points. Body Part selection; Perform Body Part selection; First Pass, Second Pass check points. Body Part selection; Perform Body Part selection; First Pass, Second Pass check points. Body Part for first pass is not in options listed; 5/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2; One Body Part selection; Perform Body Part for first pass is Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck selected. Physical or Occupational therapy was select			, , ,	
presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck, Physical Therapy. Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The nehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of Lymphedema. Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or NOT Rev Hampshire Apr-Jun Healthy Families; Physical therapy was requested. The health carrier is NOT New Hampshire Apr-Jun Healthy Families; Physical therapy was requested; The healthy families; Physical therapy was requested. The relation of the leathy families; Physical therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy				
Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of Coccupational therapy was selected; Physical or Occupational therapy was selected; Physical therapy was requested; The health carrier is NOT New Hampshire 4/1/2023				
in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational				
Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun Healthy Families; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun Healthy Families; Physical therapy was requested. The says; Second Pass check point; Body Part selection; Perform Body Part pass; Second Par				
Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun Healthy Families; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun Healthy Families; Physical therapy was requested. The says; Second Pass check point; Body Part selection; Perform Body Part pass; Second Par			NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
4/1/2023 - Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun Healthy Families; Physical therapy was requested (1 2023 2023) Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck; Physical Therapy; Speech Therapy was not selected; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Ph			Physical or Occupational therapy was selected; Physical or Occupational therapy was	
Healthy Families; Physical therapy was requested 1 2023 2023 Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Concert; The rehabilitation is NOT related to a diagnosis of Concert; The rehabilitation is NOT related to a diagnosis of Concert; The rehabilitation is Source of Coccupational therapy was selected; Physical or Occupational therapy was selected; Physi		97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; \$/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;: Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck, Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Coccupational therapy was selected; Physical or Occupational therapy was select	4/1/2023 - Physical	more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
point; Body Part for first pass is not in options listed; 5/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or O	6/30/2023 4/1/2023 6/30/2023 Medicine Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the 4/1/2023 - Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun			Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was 97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the 4/1/2023 - Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun			point; Body Part for first pass is not in options listed; 5/10/2023; No patient history in the	
Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the 4/1/2023 - Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun			past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the 4/1/2023 - Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun			complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the 4/1/2023 - Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun			Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the 4/1/2023 - Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun			Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits	
Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was Physical or Occupational therapy was selected; Physical or Occupational therapy was			due to cervical impariments with distal symptoms best describes the patient's clinical	
in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the 4/1/2023 - Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun			presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the 4/1/2023 - Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun			Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
Physical or Occupational therapy was selected; Physical or Occupational therapy was 97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the 4/1/2023 - Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun			in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the 4/1/2023 - Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun			NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the 4/1/2023 - Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun			Physical or Occupational therapy was selected; Physical or Occupational therapy was	
		97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Healthy Families; Physical therapy was requested 1 2023 2023	4/1/2023 - Physical	more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
	6/30/2023 4/1/2023 6/30/2023 Medicine Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part	
selected; No Second Pass; Requestor is not a fax; The requesting provider is other than	
Physical Therapy or Occupational Therapy; The patient was previously independent with	
mobility and now requires human assistance and/or an assistive device to walk and/or	
transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as	
the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech	
Therapy was not selected; The evaluation date is not in the future; Physical Therapy was	
requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
Physical or Occupational therapy was selected; Physical or Occupational therapy was	
97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 - Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Healthy Families	1 2023 2023
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
point; Body Part for first pass is not in options listed; 5/11/2023; No patient history in the	
past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits	
due to cervical impariments with distal symptoms best describes the patient's clinical	
presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
Physical or Occupational therapy was selected; Physical or Occupational therapy was	
97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 - Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Healthy Families; Physical therapy was requested	3 2023 2023
Perform Body Part selection; First Pass; Second Pass check	3 2023 2023
point; Body Part for first pass is not in options listed; 5/11/2023; No patient history in the	
past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
complete, Questions about your Head/Nex request; Three or more visits anticipated;	
Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to	
cervical impairments with or without distal symptoms best describes the patient's clinical	
presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
Physical or Occupational therapy was selected; Physical or Occupational therapy was	
97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the	_
4/1/2023 - Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023

				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is not in options listed; $5/11/2023$; No patient history in the	
				past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg	
				selected as the specific body part; Body Part pass complete; Questions about your Lower Leg	
				request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated;	
				Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a	
				fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that	
				are intensified with activity with moderate loss of range of motion, strength, or ability to	
				perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as	
				the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy	
				was not selected; The evaluation date is not in the future; The rehabilitation is NOT related	
				to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				selected; Physical or Occupational therapy was selected; Magellan does not manage	
			97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical therapy was	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	requested	1 2023 2023
0,00,000	5,55,255			Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is not in options listed; 5/12/2023; No patient history in the	
				past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
				complete; Questions about your Head/Neck request;; Three or more visits anticipated;	
				Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
				Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to	
				cervical impairments with or without distal symptoms best describes the patient's clinical	
				presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
				Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
				in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
				NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
			97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Wedicine	Approvar	training (includes stail climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	1 2023 2023
				point; Body Part for first pass is not in options listed; 5/12/2023; No patient history in the	
				past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
				complete; You will now be asked some questions about your Vestibular Rehab request.;	
				Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of	
				visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	
				Vestibular Rehab selected as the body type/region; Body Part for first pass is Vestibular	
				Rehab; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the	
				future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT	
				related to a diagnosis of Lymphedema.; Moderate objective and functional deficits best	
				describes the patient presentation; Physical or Occupational therapy was selected; Physical	
				or Occupational therapy was selected; Physical or Occupational therapy was selected;	
			97116 Therapeutic procedure, 1 or	Magellan does not manage chiropractic but does manage speech therapy for the member's	
4/1/2023 -	Physical		· · ·	plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr. lun
7 7	Physical Physical Modising	Approval	more areas, each 15 minutes; gait		Apr-Jun 1 2023 2023
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Families; Physical Therapy was requested	1 2023 2023

					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is not in options listed; $5/12/2023$; No patient history in the	
					past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg	
					selected as the specific body part; Body Part pass complete; Questions about your Lower Leg	
					request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated;	
					Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a	
					fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that	
					are intensified with activity with moderate loss of range of motion, strength, or ability to	
					perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as	
					the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy	
					was not selected; The evaluation date is not in the future; The rehabilitation is NOT related	
					to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
					selected; Physical or Occupational therapy was selected; Magellan does not manage	
				97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical therapy was	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Apr-Jun
6/30/2023	4/1/2022	6/30/2023 Medicine	Approval	training (includes stair climbing)	requested	1 2023 2023
0/30/2023	4/1/2023	6/30/2023 Wedicine	Approvai	training (includes stail climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	1 2023 2023
					point; Body Part for first pass is not in options listed; 5/15/2023; No patient history in the	
					past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
					complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
					Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits	
					due to cervical impairments without distal symptoms best describes the patient's clinical	
					presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
					Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
					in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
					NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	2 2023 2023
					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is not in options listed; 5/15/2023; No patient history in the	
					past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
					complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
					Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
					Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits	
					due to cervical impariments with distal symptoms best describes the patient's clinical	
					presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
					Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
					in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
					NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
		, ,, , , , , , , , , , , , , , , , , , ,	er	3 (,, /	

Perform body Past selection; Perform Body Past selection; Ties Fasis-Second Past selection; Ties Fasis-Second Past selection; Ties Fasis-Second Past selection; Ties Fasis-Second Past selection; Past Past Second Past Past Second Past S							
past 90 days, verhalization date less than 90 days in the past, Non-Surgical, Body Parp pass completes, Questional ways the Bagillace request. There or more surgicial entire than 2, one Body Part selecteds. No Second Pass, Requesters in an Last, Seriese functional deficits due to cervical impairments with or without data symptoms best describes the patient's official presentation. Health and the series of the selected of the body symptoms best describes the patient's official presentation. Health and the series of						Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
complete, Described about your Head/Mock request; There or more visits anticipated, Therapy types is Rehabilitative, the autopaced unbefored visits so ther that 2; One Body Part selection, No Second Pass, Requestor is not a faz, Server functional deficits due to cervical impairments with or without datast approximace bed describes the papered functional presentation, Head/Mock system, Second Pass, Requestor is not a faz, Server functional deficits due to cervical impairments with or without datast approximace bed describes the papered function of presentation, Head/Mock Psychiatron is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to							
Therapy type is Rehabilitative, The anticipated number of visits is other than 2, one body Part selection, Part of Interpart of Interpart Selection, Part S						past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
Part selected, No Second Pass, Requestor is not a fair, Second Pass, Capitation and efficits due to convolating particular with our without distally approaches the patient's clinical presentation, Head/Neck, selected as the body type/region; Body Part for first pass is Head/Neck, Physical or Occupational therapy was selected; Physical or Occupational t						complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Headwick selected as the body Pear from first pass is HeadMinck; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future. The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer and the cancer						Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
presentation; Head/Nock; Psiected as the body type/region; Body Part for first pass is Head/Nock; Psiected in the future to a Management of the future to the future to the future. The rehabilitation is NOT related to a diagnosis of cancer; The re						Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to	
Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future. The rebabilisation is NOT related to a diagnosis of cancer; The rebabilisation is NOT related to a diagnosis of Cancer; The rebabilisation is NOT related to a diagnosis of Source; The rebabilisation is NOT related to a diagnosis of Source; The rebabilisation is NOT related to a diagnosis of Source; The rebabilisation is NOT related to a diagnosis of Cancer; The rebabilisation is NOT related to a diagnosis of Cancer; The rebabilisation is NOT related to a diagnosis of Cancer; The rebabilisation is NOT related to a diagnosis of Cancer; The rebabilisation is NOT related to a diagnosis of Cancer; The rehabilisation is						cervical impairments with or without distal symptoms best describes the patient's clinical	
in the future. The rehabilitation is NOT related to a diagnosis of Canacter, The rehabilitation is NOT related to a diagnosis of Canacter, The rehabilitation is NOT related to a diagnosis of Canacter, The rehabilitation is NOT related to a diagnosis of Canacter, The rehabilitation is NOT related to a diagnosis of Canacter, The rehabilitation is NOT related to a diagnosis of Canacter, The rehabilitation is NOT related to a diagnosis of Canacter, The rehabilitation is NOT related to a diagnosis of Canacter, The rehabilitation is NOT related to a diagnosis of Canacter, The rehabilitation is NOT related to a diagnosis of Canacter, The rewalth into ry in the past of the past						presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
NOT related to a diagnosis of Lymphedemae, Physical or Occupational therapy was selected; Physical or Occupational ther						Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
Physical or Occupational therapy was selected; Physical or Occupational therapy was requested. The health carrier is NOT New Hampshire Apr-Jun (#1/2023 4/1/2023 Medicine Approval training (includes stair climbing) Perform Body Part selection; Proform Body Part selection; First Pass; Second Pass cheek point; Body Part Selection; Proform Body Part selection; First Pass; Second Pass cheek point; Body Part Selection; Proform Body Part selection; First Pass; Second Pass cheek point; Body Part Selection; Proform Body Part Selection; First Pass; Second Pass cheek point; Body Part Selection; Proform Body Part Selection; First Pass; Second Pass cheek point; Body Part Selection; Proform Body Part Selection; First Pass; Second Pass Cheek point; Body Part Selection; Proform Body Part Selection; First Pass; Second Pass Cheek point; Body Part Selection; Proform Body Part Selection; First Pass; Second Pass Cheek point; Body Part Selection; Proform Body Part Selection; First Pass; Second Pass Cheek point; Body Part Selection; Proform Body Part Selection; First Pass; Second Pass Cheek point; Body Part Selection; First Pass; Second Pass; Requester in a first Pass; Second Part Selection; First Pass; Second Pass; Requester in a first Pass; Second Pass; Requester in the future; the rehabilitation is NOT related to a diagnosis of came; The rehabilitation is NOT related to a diagnosis of came; Pass; Physical or Occupational therapy was requested. Perform Body Part Selection; Pass Pass; Pass Second Pass; Requester in the Basis Pass; Pass Second Pass; Requester in the Basis Pass						in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
97116 Therapeutic procedure, 1 or selected; Magellan does not manage chrogractic but does manage speech therapy for the more areas, each 15 minutes; gait enterpoly was requested. The health carrier is NOT New Hampshire 2 part of first pass is cover legislation of acres. The rehabilitation is NOT related to a diagnostic of cancer; The rehabilitation is NOT related to a diagnostic of cancer; The rehabilitation is NOT related to a floating of part selection, Physical number of visits is controlled to the selection of the control						NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
### A1/2023 * Physical ** Phys						Physical or Occupational therapy was selected; Physical or Occupational therapy was	
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Healthy Families; Physical therapy was requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point provided to the past 50 days; Evaluation date last the second point of the past 50 days; Evaluation date last the second point is lead; 5/15/2023. No patient history in the past 50 days; Evaluation date last the second poly part in Evaluation (Evaluation and Part Selection). Perform Body Part selection, Perform Body Part selected, Physical or Occupational therapy was selected; Physical or Occupational ther					97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part first pass is not in options listed; \$15,2023. No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/11/2023; Post-Op; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; The anticipated number of visits is other than 2, Three or more visits anticipated; The rappy tipe is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits; constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Exp. Physical rherapy. Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosi of cancer. The rehabilitation is NOT related to a diagnosi of cancer. The rehabilitation is NOT related to a diagnosi of cancer, from the patient of the patient presentation; Lower Exp. Physical robust of the patient presentation; Lower Exp. Physical robust of the patient presentation; Lower Exp. Physical robust of the patient presentation; Lower Exp. Physical relative, Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosi of cancer. The rehabilitation is NOT related to a diagnosi of cancer. The rehabilitation is NOT related to a diagnosi of cancer of the member's plan; Physical or Occupational therapy was selected; The evaluation date is not into the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT relate	4/1/2023 -		Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
point; Body Part for first pass is not in options listed; 5/15/2023, No patient history in the past; 90 days; Evaluation dates less than 90 days in the past; Surgical; 27/11/2023; Post-Op; Lower Leg request; The anticipated number of visits is other than 2; Three or more visits anticipated; Therapy type is Rehabilitative, One Body Part selected; No Second Pass; Requested or in a fax; Severe objective and functional deficits constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is lower Leg. Physical Threapy was not selected; Physical or Occupational therapy was selected; Physical therapy was requested. The evaluation is NOT related to a dagnosis of control or occupational therapy was selected; Physical therapy was requested. The evaluation is NOT related to a decide the object of the past of	6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
points, Body Part for first pass is not in options listed; 5/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past Surgical; 21/11/2023; Post-Op; Lower Leg request; The anticipated number of visits is other than 2; Three or more visits anticipated; Therapy type is Rehabilitative, One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hijs selected as the body type/region; Body Part for first pass is lower Leg. Physical Threapy was not selected; Physical or Occupational threapy was selected; Physical or Occupational						Porform Body Part coloction: Porform Body Part coloction: First Pass: Second Pass shock	
past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/11/2023, Post-Op; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; The anticipated number of visits is other than 2; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extrentity/Rip selected as the body type/region, Body Part for first pass is Lower Leg; Physical Therapy, Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is non in the future; The rehabilitation is NOT related to a diagnosis of cancer; Th						• • • • • • • • • • • • • • • • • • • •	
Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; Post-Qo or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of the pass of day Part selection; Pristr Pass; Second Pass check point; Body Part of first pass is not to optional therapy was requested. 4/1/2023							
Lower Leg request; The anticipated number of visits is other than 2, Three or more visits anticipated, Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation. Lower Externity-lipis selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The reputition of the future; The rehabilitation is NOT related to a diagnosis of cancer; The requested; The habilitation is NOT related to a diagnosis of cancer; The requested; The habilitation is NOT related to a diagnosis of cancer; The requested; The habilitation is NOT related to a diagnosis of cancer; The requested; The habilitation is NOT related to a diagnosis of tymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested. The habilitation is NOT related to a diagnosis of cancer; The republication is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation							
anticipated. Therapy type is Rehabilitative, One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg. Physical Therapy. Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The repair of cocupational therapy was selected; Physical or Occupational therapy was selected; No							
Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Externity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is not related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was s						• • • • • • • • • • • • • • • • • • • •	
with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation, Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy, Yaes not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer;. The rehabilitation is NOT related to a diagnosis of clarence; The rehabilitation is NOT related to a diagnosis of clarence; The rehabilitation is NOT related to a diagnosis of clarence; The rehabilitation is NOT related to a diagnosis of clarence; The rehabilitation is NOT related to a diagnosis of clarence; The rehabilitation is NOT related to a diagnosis of clarence; The rehabilitation is NOT related to a diagnosis of clarence; The rehabilitation is NOT related to a diagnosis of clarence; The rehabilitation is NOT related to a diagnosis of clarence; The rehabilitation is NOT related to a diagnosis of clarence; The rehabilitation is NOT related to a diagnosis of clarence; The rehabilitation is NOT related to a diagnosis of clarence; The rehabilitation is NOT related to a diagnosis of clarence; The rehabilitation is NOT related to a diagnosis of clarence; The rehabilitation is NOT related to a diagnosis of clarence; The rehabilitation is NOT related to a diagnosis of clarence; The rehabilitation is NOT related to a diagnosis of clarence; The rehabilitation is NOT related to a diagnosis of clarence; The rehabilitation is NOT related to a diagnosis of tymphedema; Physical of Occupational therapy was selected; Physical or Occu							
the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of fumphedema; Physical or Coccupational therapy was selected; Physical or Occupational therapy was requested the member's plan; Physical therapy was requested; The health carrier is NOT New Apr-Jun (6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Hampshire Healthy Families; Physical therapy was requested 1 2023 2023 2023 Perform Body Part selection, Perform Body Part selection, First Pass; Second Pass check point, Body Part for first pass is not in options listed; (5/16/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2; One Body Part selected; Impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selecte						•	
for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for was selected; Magellan does not manage chiropractic but does manage speech therapy for was selected; Magellan does not manage chiropractic but does manage speech therapy was selected; Physical or Occupational therapy was not selected; Physical or Occupational therapy was selected; Physical or Occupational therapy for the							
Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested. 4/1/2023							
diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical Or Occupational therapy							
Physical or Occupational therapy was selected; Physical or Occupational						9 ,	
selected; Physical or Occupational therapy was selected; Physical or Occupational therapy 97116 Therapeutic procedure, 1 or was selected; Magellan does not manage chiropractic but does manage speech therapy for 4/1/2023 - Physical Approval more areas, each 15 minutes; gait the member's plan; Physical therapy was requested; The health carrier is NOT New Apr-Jun Apr-Jun Aproval training (includes stair climbing) Approval training (includes stair climbing) Approval training (includes stair climbing) Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/16/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the							
97116 Therapeutic procedure, 1 or was selected; Magellan does not manage chiropractic but does manage speech therapy for 4/1/2023 - Physical more areas, each 15 minutes; galt the member's plan; Physical therapy was requested; The health carrier is NOT New Apr-Jun 6/30/2023 Medicine Approval training (includes stair climbing) Hampshire Healthy Familles; Physical therapy was requested 1 2023 2023 Perform Body Part selection; Perform Body Part pass; Second Pass; Requested; Polity, Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected							
4/1/2023 - Physical more areas, each 15 minutes; gait the member's plan; Physical therapy was requested; The health carrier is NOT New Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Hampshire Healthy Families; Physical therapy was requested 1 2023 2023 Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/16/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the					97116 Theraneutic procedure 1 or		
Hampshire Healthy Families; Physical therapy was requested 1 2023 2023 Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/16/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 97116 Therapeutic procedure, 1 or Selected; Magellan does not manage chiropractic but does manage speech therapy for the	4/1/2023 -		Physical				Anr-lun
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/16/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of corcupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the	1	4/1/2023	•	Annroval	, , , ,		•
point; Body Part for first pass is not in options listed; 05/16/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT rel	0,50,2025	., 2, 2020	o, so, coes meanine	7.рр. ота.	training (includes stail aimbridg)	. , , , , , , , , , , , , , , , , , , ,	1 2020 2020
past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Coccupational therapy was selected; Physical or Occupational therapy wa							
complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was							
Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Coccupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupatio							
due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Coccupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the						Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Coccupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the						Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits	
Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Coccupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the						due to cervical impairments without distal symptoms best describes the patient's clinical	
Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Coccupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the						presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the							
NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the							
Physical or Occupational therapy was selected; Physical or Occupational therapy was 97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the							
97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the							
					97116 Therapeutic procedure, 1 or		
	4/1/2023 -		Physical				Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Healthy Families; Physical therapy was requested 1 2023 2023	6/20/2022	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023

				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is not in options listed; 5/16/2023; No patient history in the	
				past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
				complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
				Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
				Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits	
				due to cervical impairments without distal symptoms best describes the patient's clinical	
				presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
				Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
				in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
				NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
			97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/20	23 6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	2 2023 2023
				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is not in options listed; 5/16/2023; No patient history in the	
				past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
				complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
				Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
				Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to	
				cervical impairments with or without distal symptoms best describes the patient's clinical	
				presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
				Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
				in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
				NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
			97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/20	•	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
		•••	g,	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is not in options listed; 5/16/2023; No patient history in the	
				past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
				complete; You will now be asked some questions about your Vestibular Rehab request.;	
				Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of	
				visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	
				Vestibular Rehab selected as the body type/region; Body Part for first pass is Vestibular	
				Rehab; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the	
				future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT	
				related to a diagnosis of Lymphedema.; Severe objective and functional deficits best	
				describes the patient presentation; Physical or Occupational therapy was selected; Physical	
				or Occupational therapy was selected; Physical or Occupational therapy was selected;	
			97116 Therapeutic procedure, 1 or	Magellan does not manage chiropractic but does manage speech therapy for the member's	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun
6/30/2023 4/1/20		Approval	training (includes stair climbing)	Families; Physical Therapy was requested	1 2023 2023
-, -0, 2020 ./ 1/20		pp. 0 tu.			1 2020 2020

				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is not in options listed; 5/17/2023; No patient history in the	
				past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
				complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
				Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
				Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to	
				cervical impairments with or without distal symptoms best describes the patient's clinical	
				presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
				Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
				in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
				NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
			97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	2 2023 2023
0,30,2023 4,1,2023	0/30/2023 Wichicitie	Αρρισναι	a annual (metades stati climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	2 2023 2023
				point; Body Part for first pass is not in options listed; 05/17/2023; No patient history in the	
				past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
				complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part	
				selected; No Second Pass; Requestor is not a fax; The requesting provider is other than	
				Physical Therapy or Occupational Therapy; The patient was previously independent with	
				mobility and now requires human assistance and/or an assistive device to walk and/or	
				transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as	
				the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech	
				Therapy was not selected; The evaluation date is not in the future; Physical Therapy was	
				requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
				NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
			07116 Therene, the presenting 1 or		
4/4/2022	Dhooteal		97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	A I
4/1/2023 -	Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families	1 2023 2023
				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is not in options listed; 5/17/2023; No patient history in the	
				past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg	
				selected as the specific body part; Body Part pass complete; Questions about your Lower Leg	
				request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated;	
				Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a	
				fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that	
				are intensified with activity with moderate loss of range of motion, strength, or ability to	
				perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as	
				the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy	
				was not selected; The evaluation date is not in the future; The rehabilitation is NOT related	
				to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				selected; Physical or Occupational therapy was selected; Magellan does not manage	
			97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical therapy was	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	requested	1 2023 2023

				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is not in options listed; $5/18/2023$; No patient history in the	
				past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
				complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
				Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
				Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits	
				due to cervical impairments without distal symptoms best describes the patient's clinical	
				presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
				Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
				in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
				NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
			97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/202	·	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
1,11,111	.,,			Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is not in options listed; 5/18/2023; No patient history in the	
				past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
				complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
				Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
				Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits	
				due to cervical impariments with distal symptoms best describes the patient's clinical	
				presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
				Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
				in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
				NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
			97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/202	•	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
0/30/2023 4/1/202	5 0/30/2023 Wicalcine	прргочи	training (merades stair elimbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	1 2023 2023
				point; Body Part for first pass is not in options listed; 5/18/2023; No patient history in the	
				past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
				complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part	
				selected; No Second Pass; Requestor is not a fax; The requesting provider is other than	
				Physical Therapy or Occupational Therapy; The patient was previously independent with	
				mobility and now requires human assistance and/or an assistive device to walk and/or	
				transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as	
				the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech	
				Therapy was not selected; The evaluation date is not in the future; Physical Therapy was	
				requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
				NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
			97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/202	•	Approval	training (includes stair climbing)	Healthy Families	2 2023 2023
0/30/2023 4/1/202	23 0/30/2023 iviedicine	Approvar	training (includes stail climbilig)	ricatory Families	2 2023 2023

				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is not in options listed; 5/18/2023; No patient history in the	
				past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg	
				selected as the specific body part; Body Part pass complete; Questions about your Lower Leg	
				request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated;	
				Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a	
				fax; Severe objective and functional deficits: constant intense symptoms with severe loss of	
				range of motion, strength, or ability to perform daily tasks best describes the patient	
				presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass	
				is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
				in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
				NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
			97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is not in options listed; 5/19/2023; No patient history in the	
				past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
				complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
				Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
				Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to	
				cervical impairments with or without distal symptoms best describes the patient's clinical	
				presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
				Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
				in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
				NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
			97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Wicalcine	прргочи	training (includes stail climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	1 2023 2023
				point; Body Part for first pass is not in options listed; 5/22/2023; No patient history in the	
				past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
				complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
				Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
				Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits	
				due to cervical impairments without distal symptoms best describes the patient's clinical	
				presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
				Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
				in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
				NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
			07446 Thereses the man	Physical or Occupational therapy was selected; Physical or Occupational therapy was	
. /. /			97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023

					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is not in options listed; 05/22/2023; No patient history in the	
					past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
					complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
					Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
					Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to	
					cervical impairments with or without distal symptoms best describes the patient's clinical	
					presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
					Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
					in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
					NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
1	4/4/2022	•	A	· · ·		
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	1 2023 2023
					point; Body Part for first pass is not in options listed; 5/22/2023; No patient history in the	
					past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
					complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
					Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
					Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to	
					cervical impairments with or without distal symptoms best describes the patient's clinical	
					presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
					Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
					in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
					NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is not in options listed; 5/22/2023; No patient history in the	
					past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
					complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part	
					selected; No Second Pass; Requestor is not a fax; Cardiopulmonary Rehab selected as the	
					body type/region; Body Part for first pass is Cardiopulmonary Rehab; Physical Therapy;	
					Speech Therapy was not selected; The evaluation date is not in the future; OK; The members	
					functional deficits are severe; The rehabilitation is NOT related to a diagnosis of cancer.; The	
					rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Physical or	
				97116 Therapeutic procedure, 1 or	Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical Therapy was requested	1 2023 2023
., ,	, -,	.,,	PP			

				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is not in options listed; 5/22/2023; No patient history in the	
				past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
				complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part	
				selected; No Second Pass; Requestor is not a fax; The requesting provider is other than	
				Physical Therapy or Occupational Therapy; The patient was previously independent with	
				mobility and now requires human assistance and/or an assistive device to walk and/or	
				transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as	
				the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech	
				Therapy was not selected; The evaluation date is not in the future; Physical Therapy was	
				requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
				NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
			97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families	1 2023 2023
		• •	•	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is not in options listed; 05/23/2023; No patient history in the	
				past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
				complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
				Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
				Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits	
				due to cervical impariments with distal symptoms best describes the patient's clinical	
				presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
				Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
				in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
				NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
			97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,		5 () ()	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is not in options listed; 5/24/2023; No patient history in the	
				past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
				complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
				Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
				Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits	
				due to cervical impairments without distal symptoms best describes the patient's clinical	
				presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
				Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
				in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
				NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
			97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
0,30,2023 4,1,2023	5/30/2023 WEGICITE	Approvai	a annua (merades stall climbing)	reducty running, raysted dictupy was requested	1 2023 2023

Perform Body Part selection; Ferform Body Part selection; First Pass; Second Pass check	
point; Body Part for first pass is not in options listed; 5/24/2023; No patient history in the	
past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits	
due to cervical impariments with distal symptoms best describes the patient's clinical	
presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
Physical or Occupational therapy was selected; Physical or Occupational therapy was	
97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 - Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
	1 2023 2023
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Healthy Families; Physical therapy was requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	1 2023 2023
point; Body Part for first pass is not in options listed; 5/24/2023; No patient history in the	
past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to	
cervical impairments with or without distal symptoms best describes the patient's clinical	
presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
Physical or Occupational therapy was selected; Physical or Occupational therapy was	
97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 - Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Healthy Families; Physical therapy was requested	2 2023 2023
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
point; Body Part for first pass is not in options listed; 05/24/2023; No patient history in the	
past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg	
selected as the specific body part; Body Part pass complete; Questions about your Lower Leg	
request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated;	
Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a	
fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that	
are intensified with activity with moderate loss of range of motion, strength, or ability to	
perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as	
the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy	
was not selected; The evaluation date is not in the future; The rehabilitation is NOT related	
to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
Physical or Occupational therapy was selected; Physical or Occupational therapy was	
selected; Physical or Occupational therapy was selected; Magellan does not manage	
97116 Therapeutic procedure, 1 or chiropractic but does manage speech therapy for the member's plan; Physical therapy was 4/1/2023 - Physical more areas, each 15 minutes; gait requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	A 1
4/1/2023 - Physical more areas, each 15 minutes; gait requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Apr-Jun 1 2023 2023
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) requested	

Perform Body Part selection; Perform Body Part selection; Pies Pass; Second Pass; Cescod Pass; C	point, Body Part for first pass; in not in options, listeds, 57,257,023. No patient history in the past 90 days; in the past, 80 days. No-aurgual abody Part pass complete, Questions about your Head/Neck request; Three or more visits anticipated, Therapy type is Rebabilisative; The anticipated number of visits is other than 2, one Body Part selected; No Second Pass; Requestor is not a face, Mild or moderate functional deficits duted the comparison of the pass of the selected state properties of the pass of	points Body Part for first pass is not in options listed, 15/25/2023. No patient history in the past Normal order listed in SEC\$25/2023. No patient history in the past Normal order listed in SEC\$25/2023. No patient history in the past Normal order listed in Section date lists than 30 days in the past Normal order list in Color Body Part pass complete, Questions about your heta/Mexic request. There or more wist anticipated, Therapy report in Part Section of the Normal Color Body Part Selected, No Second Plass, Requestor is not a fars. Mild or moderate functional effects due to convicual temporary secret the patient's clinical presentation; Head/Nexis selected as the body type/region. Body Part for first pass is exceeded, and the convicual presentation; Head/Nexis selected as the body type/region. Body Part for first pass is not in the future. The enhalitation is NOT related to a dispusio of current. The enhalitation is NOT related to a dispusio of current. Physical or Companion therapy was reduced. 4/1/2023 Physical Physic							
past 904ys; Evaluation dates less than 90 days in the past, Non Surgical Body Part pass complete, Questions about your Heady Refrequest; Three or more visits an inclinated; Therapy type is Rehabilitative; The anticipated unimber of visits is other than 2, One Body Part For Instruction and Complete Questions about your Heady is not moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation of the formation of	pas 90 days; Calutation date; see than 90 days in the past; Mon Surgicia, Sody Part pass complete, Qualitation about your Heal/Mest request. There on more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2, One Body Part selected, Part selected, in the long of part selected of the today typer/geing, long by Part for Irist pass is the Colfficed, Physical Imagines with datal ymptoms best discribes the patients's clinical presentation; Part for Irist pass is the Colfficed, Physical Imagines with datal ymptoms best discribes the patients's clinical presentation; Part for Irist pass is the Colfficed, Physical Imagines of Verybedients, Physical of Cocupational therapy was selected, Physical of Cocupational therapy was selec	past 90/days, Postulation dates less than 90 days in the past; Non-Surgicide, Body Pert pass complete, Questions about your Heady Rec request. Three more visits an incipated in the Past of the Past							
complete, Questions about your feed/Neck request; Tree or more visits antiquated; Therapy type is Rehabilitative. The antiquited anumber of visits to short han 2, Come Body Part selected, No Second Pass, Requestor is not a fax, Mild or moderate functional deficits due to cervical imperations; Not selected as the body type/region, Body Part for first pass is Head/Neck Prejical Therapy was residented; The evaluation date is not in the flatture, a diagnosis of lymphediam-physical or Occupational therapy was selected. Physical or Occupational therapy was selected, Physical or Occupational therapy was selected. Physical or Occupation	Complete; Questions about your Head/Neck request; Three or more visits anticipated; There or more visits anticipated; The property of the composition number of visits to short than 2,0 ne body Part selected; No Second Pass, Requestor is not a fax, full or moderate functional deficts due to convici improvements with distall synogroms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is the future; The enhaltitation is NOT related to a diagnosis of cancer, The relabilitation is NOT related to a diagnosis of cancer, The relabilitation is NOT related to a diagnosis of cancer, The relabilitation is NOT related to a diagnosis of cancer, The relabilitation is NOT related to a diagnosis of cancer, The relabilitation is NOT related to a diagnosis of cancer, The relabilitation is NOT related to a diagnosis of cancer, The relabilitation is NOT related to a diagnosis of cancer, The relabilitation is NOT related to a diagnosis of cancer, The relabilitation is NOT related to a diagnosis of cancer, The relabilitation is NOT related to a diagnosis of cancer, The relabilitation is NOT related to a diagnosis of cancer, The relabilitation is NOT related to a diagnosis of cancer, The relabilitation is NOT related to a diagnosis of cancer, The relabilitation is NOT related to a diagnosis of cancer, The relabilitation is NOT related to a diagnosis of cancer, The relabilitation is NOT related to a diagnosis of cancer, The relabilitation is NOT related to a diagnosis of the property of the relability of the part of th	Complete, Questions about, your Head/Neck request; Three or more visits anticipated; Therapy type is Rehibilitate, the national conditions of the three sectors, to Second Pass, Requestor is not a fax, Mild or moderant functional deficits due to receive the patients of the second pass, Requestor is not a fax, Mild or moderant functional deficits of the second pass, Requestor is not a fax, Mild or moderant functional deficits of the second pass, Requestor is not a fax, Mild or moderant functional deficits of the second pass, Requestor is not a fax, Mild or moderant functional deficits of the second pass, Requestor is not a fax, Mild or moderant functional deficits of the second pass, Requestor is not fax. Mild or moderant function is NOT related to a diagnosis of career, The rehabilitation is NOT related to a diagnosis of career, The re						point; Body Part for first pass is not in options listed; 5/25/2023; No patient history in the	
Therapy type is Rehabilitative; The anticipated number of visits is other than 2; One Body Part selection, 50 Second Pass, Reputors in and Task, Mild or moderate humble of the convoicid impariments with distal symptoms best describes the patient's directal due to cervical impariments with distal symptoms best describes the patient's directal presentations in the future transpose of the patient of the patient of the size of the patient's directal presentations of the patient of the size of the siz	Therspy type is Rehabilitative. The ambigicated number of visits is other than 2; One Body Parts Repeted is not a fax, Mills or mortisated in uniform of the part	Therapy type is Rehabilitative. The anticipated number of visits other than 2, one Body Part of Parts sections for all as XM Bod moderate functional deficits due to cervical impartments with datal symptoms best describes the patient's clinical presentation, so the part of the patient's clinical presentation, so the patient's clinical presentation, so the patient's clinical presentation of the patient's control of the patient's control of the patient's control of the patient's clinical presentation of the patient's control of the patient's clinical presentation, the patient's control of the patient's clinical presentation of the patient's control of the patient's clinical presentation o						past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
Part selected, No Second Pass, Requestors in not a fax, Millid or moderate functional deficits due to ceremination; Head/Necks, Selected as the body type/region; Body Part for first pass is Head/Necks, Selected as the body type/region; Body Part for first pass is Head/Necks, Selected as the body type/region; Body Part for first pass is Head/Necks, Selected as the body type/region; Body Part for first pass is Head/Necks, Selected as the body type/region; Body Part for first pass is Head/Necks, Selected, The revaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of carner; The rehabilitation is NOT related to a diagnosis of variety and rehabilitation is NOT related to a diagnosis of car	Para selected; No Second Pass, Requestor is not a fay, Mild or moderate functional deficits of automatical symptoms best describes the patient symptoms best describes the patient symptoms best describes the patient symptom selected; the revolutional date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT rel	Part selected, No Second Pass; Requestor is not a fax, Mild or moderate functional deficits due to the comment of the comment							
due to cervical impariments with distal symptoms best describes the patient's clinical presentation, Head/Necks, Physical Therapy, Speech. Therapy was not selected. The evaluation date is not in the future; the rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of such patient and the start of the path of the p	due to cervical impariments with distal symptoms best describes the patient's clinical presentation in the future; healthcare is a the body lymprogreps, dougher at role first pass is HeadyReck; Physical Therapy, seech. Therapy was not selected; The evaluation date is not in the future; her enabilitation is NOT related to a diagnosis of came; The rehabilitation is NOT related to a diagnosis of the company was selected; Physical or Occupational therapy was selected; Physical departs was requested. The Threat Physical therapy was requested. The Physical Physical therapy was requested. The Physical Ph	due to convici impariments with distal symptoms best describes the patient's clinical presentation, lead/Meck, Physical Therapy, Speech Therapy was not selected. The rabilitation is NOT related to a diagnosis of concert, The reabilitation is NOT related to a diagnosis of concert, The reabilitation is NOT related to a diagnosis of concert, The reabilitation is NOT related to a diagnosis of concert, The reabilitation is NOT related to a diagnosis of concert, The reabilitation is NOT related to a diagnosis of concert, The reabilitation is NOT related to a diagnosis of concert, The reabilitation is NOT related to a diagnosis of concert, The reabilitation is NOT related to a diagnosis of concert, The reabilitation is NOT related to a diagnosis of concert, The New Hampshire Applead to the part of the member's plant in the part of the member's plant in the part of						Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
presentation; Nead-Micks selected as the body kype/region; Body Part for first pas is Head-Micks; Physical Therapy Spech Therapy was not selected. The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of unable and therapy was selected; Physical or Occupational therapy was selected; Physical or Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Physical or Physical or Occupational therapy was selected; Physical or Occupational therapy was selected as the object to doe	presentation, Head/Neck selected as the looky type/region, Body Part For first pass is Head/Neck selected as the looky type/region, Body Part For first pass is Head Meck selected as the looky type/region, Body Part For first pass is Not Telated to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of type-fired for Occupational therapy was selected; Physical or Occupational therapy was selected; Physical Occupational therapy was selected; Physic	persentation, Heavy, Seech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer and therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the more areas, each 15 minutes; gat more bry hard problems; Physical therapy was requested. The health carrier is NOT New Manaphire Ap (1/2023 April 1/2023 Medicine Approval training (includes stair climbing) the telluthy remains; Physical therapy was requested. The health carrier is NOT New Manaphire approval to the stair of the past of the						Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits	
Head/Neck; Physical Therapy; Speech Therapy was not selected. The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer;. The rehabilitation is NOT related to a diagnosis of	Head/Next; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of Lymphedeme, Physical or Occupational therapy was selected; Physical or Occupational therapy	Heal/Neck, Physical Therapy. Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of career, The rehabilitation is NOT related to a diagnosis of surphedema, Physical or Occupational therapy was selected; Physical or Occupational thera						due to cervical impariments with distal symptoms best describes the patient's clinical	
in the future. The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of suncer, The rehabilitation is NOT related to a diagnosis of suncer, The rehabilitation is NOT related to a diagnosis of supmenders. Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested. Perform Body Part selection, Perform Body Pa	in the future: The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of the proposal discovery. The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related t	in the future. The rehabilitation is NOT related to a diagnosis of cancer,. The rehabilitation is NOT related to a diagnosis of Lymphedemar, Physical or Occupational therapy was selected; Physical or Occupational therapy was requested. 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) 4/1/2023 6/30/2023 M						presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
NOT related to a diagnosis of Lymphedema, Physical or Occupational therapy was selected; Physical or Cocupational therapy was selected; Physical or Cocupational therapy was selected; Physical therapy was requested. 6/30/2023 Medicine Approval training (includes stair climbing) Healthy Families, Physical therapy was requested. The health carrier is NOT New Hampshire Apr-Jun Healthy Families, Physical therapy was requested. The health carrier is NOT New Hampshire Apr-Jun Healthy Families, Physical therapy was requested. The health carrier is NOT New Hampshire Apr-Jun Healthy Families, Physical therapy was requested. The health carrier is NOT New Hampshire Apr-Jun Healthy Families, Physical therapy was requested. The health carrier is NOT New Hampshire Apr-Jun Healthy Families, Physical therapy was requested. The health carrier is NOT New Hampshire Apr-Jun Healthy Families, Physical therapy was requested. The health carrier is NOT New Hampshire Apr-Jun Healthy Families, Physical therapy was requested. The Apr-Jun Healthy Families, Physical	NOT related to a diagnosis of Lymphedema, Physical of Occupational therapy was selected; Physical of Occupational therapy was requested. Physical of Occupational therapy was requested more areas, each 15 minutes; galt each each each each each each each each	NOT related to a diagnosis of Lymphedema, Physical or Occupational threapy was selected; Physical or Occupational threapy was selected; Physical or Occupational threapy was selected; Physical or Occupational threapy was requested. 4/J/2023 4/J/2023 6/30/2023 Medicine Approval training (includes stair climbing) 5/J/2023 6/30/2023 Medicine Approval training (includ						Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
Physical or Occupational therapy was selected. Physical notes manage speech therapy for the member's plan; Physical therapy was requested. The health carrier is NOT New Hampshire Apr-Jun (a) 4/1/2023 4/1/2023 Medicine Approval training (includes stair climbing) Healthy Families, Physical therapy was requested. The health carrier is NOT New Hampshire Apr-Jun (a) 4/1/2023 Medicine Approval training (includes stair climbing) Healthy Families, Physical therapy was requested. The health carrier is NOT New Hampshire Apr-Jun (a) 4/1/2023 Medicine Approval (b)	Physical or Occupational therapy was selected; Physical Or Occupational	Physical or Occupational therapy was selected. Physical or Occupational therapy was sequested. Perform Body Part selection, Part						in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
4/1/2023 - Physical procedure, 1 or more areas, each 15 minutes, gait member's plant, Physical therapy was requested. The health carrier is NOT related to a diagnosis of Lymphedema, Physical or Occupational therapy was selected; Physical therapy was selected therapy for the more areas, each 15 minutes, gait member's plant, Physical or Occupational therapy was selected. Physical procedure, 1 or more areas, each 15 minutes, gait member's plant, Physical therapy was requested. The evaluation dates less than 90 days in the past, You Surgical; Body Part pass complete, Questions about your Head/Neck request. Three or more visits anticipated, Therapy type is Rehabilitative; The anticipated unable of the past 90 days; Evaluation dates less than 90 days in the past, You Surgical; Body Part pass complete, Questions about your Head/Neck request. Three or more visits anticipated, Therapy type is Rehabilitative; The anticipated number of visits is other than 2, One Body Part selection. Procedure, 1 or member's plant, Physical or Cocupations of acnier, Three patient's dinical presentation, Head-Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical or Cocupational therapy was selected; Physical or Occupational	4/1/2023 - Physical more areas, each 15 minutes; gain the member's plane; Physical therapy was requested. The health carrier is NDT New Hampshire Apr-Jun 1 2023 2023 2023 2024 2023 4/1/2023 4/1/2023 4/1/2023 Medicine Approval training (includes stair climbing) 4 member's plane; Physical therapy was requested. 1 2023 2023 2023 2023 2023 2023 2023 20	4/1/2023 - Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested. The health carrier is NOT New Hamphihe Aportine of the health area of the past of the health area of the health area of the past of the health area of thealth area of the health area of the health area of the health ar						NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
4/1/2023 4/1/2023 Medicine Aproval training (includes stair climbing) Healthy Families; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun Healthy Families; Physical therapy was requested. Aproval training (includes stair climbing) Healthy Families; Physical therapy was requested. 1 2023 2023 2023	4/1/2023 - Physical more areas, each 15 minutes; gatt member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire (3/20/2023 Medicine Approval training (includes stair climbing) Apr-Jun Haalthy Families; Physical therapy was requested; The health carrier is NOT New Hampshire (1/20/20) 20/23 (20/23) Medicine Approval training (includes stair climbing) Apr-Jun Haalthy Families; Physical therapy was requested; The health carrier is NOT New Hampshire (1/20/23) 20/23 (20/23) Medicine Approval training (includes stair climbing) Apr-Jun Haalthy Families; Physical therapy was requested; The health carrier is NOT New Hampshire (1/20/23) 20/23 (20/23) Medicine Approval training (includes stair climbing) Apr-Jun Haalthy Families; Physical therapy was requested; The health carrier is NOT New Hampshire (1/20/23) 20/23 (20/23) Medicine Approval training (includes stair climbing) Apr-Jun Haalthy Families; Physical therapy was requested; The petablication; First Pass; Second Pass check point; Body Part for first pass; Second Pass check point; Body Part for first pass; Second Pass check point; Body Part for first pass; Second Pass check point; Body Part for first pass; Second Pass check point; Body Part for first pass; Second Pass check point; Body Part for first pass; Second Pass check point; Body Part for first pass; Second Pass check point; Body Part for first pass; Second Pass Second Pass; Second Pass Second Pass; Seco	4/1/2023 - Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire 1 2023 20 4/1/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Healthy Families; Physical therapy was requested. 1 2023 20 Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/25/2023; No patient history in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitation; The Analysis of Part selected; No Second Pass, Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patients' clinical presentation; Head/Neck; Physical therapy; Sechet das the body type/region; Body Part for first pass is Head/Neck; Physical therapy; Sechet Therapy was necested; The rehabilitation is NOT related to a diagnosis of tymphedema, Physical or Occupational therapy was selected; Physical or Occupa						Physical or Occupational therapy was selected; Physical or Occupational therapy was	
6/30/2023 4/1/2023 Medicine Approval training (includes stair climbing) Healthy Families; Physical therapy was requested Perform 800 yP arts selection; Perfor Body Part selection; Perfor Body Part selection; Perfor Body Part selection; Perfor Body Part pass; Second Pass Second Pa	6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Healthy Families; Physical therapy was requested Perform Body Part selection; From Body Part Selection; Body Part Pass; Second Pass; Requestor is not a fax; Severe objective and from Body Part Selection; Physical Ordinary Selection; Body Part Selection; Body Part Selection; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT Pass Selection; Physical Ordinary Selection; Physical Decays Requested; Physical Ordinary Selection; Physical Decays Selection; Physical	6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Healthy Families; Physical therapy was requested. Perform 80dy Part selection; Pirst Pass; Second Pass check point; 80dy Part for first pass is not in options listed; 5/25/2023; No patient history in the past 90 days; in the past; Non-Surgical; 80dy Part pass complete; Questions about your Head/Neck requesters; Three or more wists anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One 80dy Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to carried impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body typer/egion; 80dy Part for first pass is Head/Neck; Physical Therapy was not selected. The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer and the past 9/30/2023 Medicine Approval training (includes stair climbing) Physical Occupational therapy was requested. The health carrier is NOT New Hampshire Approval training (includes stair climbing) Perform 80dy Part selection; Pirst Pass; Second Pas					97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
Perform Body Part selection; Body Part pass complete; Question adates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2; none Body Part selected; No Second Pass; Requestor is not a fax, Severe functional deficits due to cervical impairments with or without distal symptoms best describes the partial of presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy, Speech Therapy was not selected; The valuation date is not in the furture; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The revaluation date restance the relation is not related to a diagnosis of cancer; The relation is NOT related to a diagnosis of cancer; The relation is NOT related to a diagnosis of cancer; The relation is NOT related to a diagnosis of cancer; The relation is NOT related to a diagnosis of cancer; The	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/28/2023 No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated mumber of visits is other than 2; One Body Part selection of Pass; Requestor is not a fax; Severe thunctional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck, Pescett as the body type/region; Body Part for first pass is Head/Neck, Physical Therapy; Speech Therapy was not selected. The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of type peech therapy was selected; Physical or Occupational therapy was selected; Physical	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part For first pass is not in options listed; 5/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgicia; Body Part pass complete; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rebabilitative; The anticipated number of visits is other than 2; One Body Part selected; No Second Pass; Requestor is not a fas; Severe functional deficits due to cervical impairments with or without distal symphotos best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Index pays was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of tymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Applicational physical therapy was requested; The health carrier is NOT New Hampshire Applicational physical physica	4/1/2023 -		Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
point, Body Part for first pass is not in options listed; 5/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2; One Body Part selected, No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of curpational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire ### African April 10	point; Body Part for first pass is not in options listed; 5/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits; due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck species, 1985; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck species deleted as the body Part for first pass is Head/Neck; Physical or Occupational threap was selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of the sequence of the past 90 days; Evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of the past 90 days; Evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of the sequence of the past 90 days; Evaluation date is not in the future; The anticipated number of visits is other than 2. Sp/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the body type/region; Body Part for first pass is Lower Leg; Physical or Occupational therapy was educeded; Physical or Occupational therapy was selected; Physical or Occu	point; Body Part for first pass is not in options listed; 5/25/2023; No palent history in the past 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;; Three or more visits anticipated, Therapy type is Rehabilitative; The anticipated number of visits is other than 2; One Body Part selected; No Second Pass; Requestor is not a fars, Severer functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck species of the selected as the body type/regine; Body Part for first pass is Head/Neck; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of canner; The rehabilitation is NOT related to a diagnosis of canner; The rehabilitation is NOT related to a diagnosis of canner; The rehabilitation is NOT related to a diagnosis of manage penche therapy was selected; Physical or Occupational therapy was selected; The evaluation date is not in the future; The anticipated number of visits is other than 2; Three or more visits anticipated; Therapy type is Reabilitation; One Day Part pass complete; Questions about your Lower Leg request; The anticipated number of visits is other than 2; Three or more visits anticipated; Therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational thera	6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
past 90 days; Evaluation dates less than 90 days in the past, Non. Surgical, Body Part pass complete; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2, One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is N	past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request;. Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2; One Body Part selected, No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patent's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer is the future. The rehabilitation is NOT related to a diagnosis of cancer is the future in the future is the future in the future. The rehabilitation is NOT related to a diagnosis of cancer is the future in the future is the future in the future in the future in the future is the future in the future in the future in the future is the future in the future in the future in the future is the future in the future in the future in the future is the future in the future in the future in the future is the future in the future in the future in the future is future in the future in the future in the future in the future is future in the futu	past 90 days; Evaluation dates less than 90 days in the past. Non-Surgical; Body Part pass complete; Questions about your Head/Neck request; Three or more visits anticipated; Cherapy type is Rehabilitative; The anticipated number of visits is other than 2; One Body Part selected, No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patients' clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of the past of						Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
complete; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of occupational therapy was selected; Physical or Occupational therapy was s	complete; Questions about your Head/Neck request; Three or more wists anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2; One Body Part selected, No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patients' clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosi of cancer, The rehabilitation is NOT related to a diagnosi of cancer, The rehabilitation is NOT related to a diagnosi of cancer, The rehabilitation is NOT related to a diagnosi of cancer, The rehabilitation is NOT related to a diagnosi of cancer, The rehabilitation is NOT related to a diagnosi of cancer, The rehabilitation is NOT related to a diagnosi of cancer, The rehabilitation is NOT related to a diagnosi of cancer, The rehabilitation is NOT related to a diagnosi of cancer, The rehabilitation is NOT related to a diagnosi of cancer, The rehabilitation is NOT related to a diagnosi of cancer, The rehabilitation is NOT related to a diagnosi of cancer, The rehabilitation is NOT related to a diagnosi of cancer, The rehabilitation is NOT related to a diagnosi of cancer, The rehabilitation is NOT related to a diagnosi of cancer, The rehabilitation is NOT related to a diagnosi of cancer, The rehabilitation is NOT related to a diagnosi of coccupational therapy was selected; Physical or Occupational therapy was selecte	complete; Questions about your Head/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation, Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; T						point; Body Part for first pass is not in options listed; 5/25/2023; No patient history in the	
Therapy type is Rehabilitative; The anticipated number of visits is other than 2; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patients' clinical presentation; Head/Necks elected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of clampers, Physical or Occupational therapy was selected; Physical therapy was requested to the occupational therapy was selected; Physical therapy was requested to the occupational therapy was requested to t	Therapy type is Rehabilitative; The anticipated number of visits is other than 2; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation, Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy, Space Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of Lymphedema., Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy for the more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past, Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; The anticipated number of visits is other than 2; Three or more wists anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits; constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily type-fregion; Body Part for first pass is Lower Leg; Physical Therapy, Specie Defenderma; Physical or Occupational therapy was is Lower Leg; Physical or Occupational therapy was selected; Physical or Occupational therapy was	Therapy type is Rehabilitative; The anticipated number of visits is other than 2; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical Impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested: 4/1/2023						past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational t	Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of calagnosis of cancer; The rehabilitation is NOT related to a diagnosis of calagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of the evaluation date is not in the future; the rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of ca	Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The reha						complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck, selected as the body type/region; Body Part for first pass is Head/Neck, Physical Therapy. Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cocupational therapy was selected; Physical or Occupational therapy was selected; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun Healthy Families; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun Healthy Families; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun Healthy Families; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun Healthy Families; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun Healthy Families; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun Healthy Families; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun Healthy Families; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun Healthy Families; Physical therapy was requested; Physic	cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy. Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer., The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cocupational therapy was selected; Physical or Occupational thera	cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck, Physical Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical therapy was requested. 4/1/2023						Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
presentation; Head/Neck; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; The evaluation of Cocupational therapy was selected; Physical or Occupational therapy was selected; The evaluation of Cocupational therapy was selected; Physical or Occupational therapy was selected; Physical	presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck, Physical Therapy. Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical therapy	presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; The reabilitation is NOT related to a diagnosis of Lymphedema. Physical or Occupational therapy was selected; The enablication is NOT related to a diagnosis of Interapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therap						Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to	
Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The repabilitation is NOT related to a diagnosis of cancer. The rehabilitation i	Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is						cervical impairments with or without distal symptoms best describes the patient's clinical	
in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical therapy was requested or Description of the past of Jacobs Physical therapy was requested; The health carrier is NOT New Hampshire of Apr-Jun Healthy Families; Physical therapy was requested or Perform Body Part selection; First Pass; Second Pass check point; Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in optional listed; 5/25/2023, No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg request; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of tymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the more areas, each 15 minutes; gait member's plan; Physical therapy was requested. The health carrier is NOT New Hampshire Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Externity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT relate	in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Apoly 2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Approval training (includes stair climbing) Aperform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part selection; First Pass; Second Pass check point; Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part; Body Part; Body Part; Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Externity Physic selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Coccupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupat						presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical Therapy was requested; The evaluation of the Interpretation or Occupational therapy was selected; Physical Therapy was requested was selected; Physical Therapy was requested was requested; Interpretation or Occupational therapy was requested was requested; Physical Therapy was requested was requested; Physical Physical Therapy, Spect Physical Ph	NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational ther	NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational ther						Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
Physical or Occupational therapy was selected; Physical or Occupational deficits or Physical therapy was not selected; The Health carrier is NOT New Hampshire Apr-Jun Healthy Families; Physical therapy was requested; NOT New Hampshire Apr-Jun Healthy Families; Physical therapy was not selected; The Physical therapy was not selected; The Physical or Occupational deficits or Occupati	Physical or Occupational therapy was selected; Physical therapy was selected; Physical or Occupational therapy was sele	Physical or Occupational therapy was selected; Physical therapy was requested of the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Aper 6/30/2023 Medicine Approval training (includes stair climbing) Healthy Families; Physical therapy was requested 1 2 2023 20 Perform Body Part selection; Perform Body Part selection; Pirst Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request:; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a dia						in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun Healthy Families; Physical therapy was requested. The health carrier is NOT New Hampshire Apr-Jun Healthy Families; Physical therapy was requested 1 2023 2023 Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg request; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation is	97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun Healthy Families; Physical therapy was requested 1 2023 2023 Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Coccupational therapy was selected; Physical or Occupational therapy was	97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the 4/1/2023 - Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Ap (5/30/2023 Medicine Approval training (includes stair climbing) Healthy Families; Physical therapy was requested 1 2023 20 Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Cucupational therapy was selected; Physical or Occupational therapy was						NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
4/1/2023 - Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun Healthy Families; Physical therapy was requested 1 2 2023 2023 Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request:; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part frist pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	4/1/2023 - Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request:; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Concupational therapy was selected; Physical or Occupational therapy was	4/1/2023 Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Ap Healthy Families; Physical therapy was requested 1 2023 20 Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Cacupational therapy was						Physical or Occupational therapy was selected; Physical or Occupational therapy was	
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Concert; The rehabilitation is NOT related to a Occupational therapy was selected; Physical or Occupational therapy was	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Cupational therapy was selected; Physical or Occupational therapy was					97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request:; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Cumphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request:; The anticipated number of visits is other than 2; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Coccupational therapy was selected; Physical or Occupational therapy was	4/1/2023 -		Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
point; Body Part for first pass is not in options listed; 5/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request:; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	point; Body Part for first pass is not in options listed; 5/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request:; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cocupational therapy was selected; Physical or Occupational therapy was	point; Body Part for first pass is not in options listed; 5/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cocupational therapy was selected; Physical or Occupational therapy was	6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
point; Body Part for first pass is not in options listed; 5/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request:; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	point; Body Part for first pass is not in options listed; 5/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request:; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of Cocupational therapy was selected; Physical or Occupational therapy was	point; Body Part for first pass is not in options listed; 5/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of coccupational therapy was selected; Physical or Occupational therapy was							
past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request:; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cocupational therapy was selected; Physical or Occupational therapy was	past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was						Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cocupational therapy was selected; Physical or Occupational therapy was	selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request:; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Coccupational therapy was selected; Physical or Occupational therapy was						point; Body Part for first pass is not in options listed; 5/25/2023; No patient history in the	
request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	request:; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was						past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg	
Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Coccupational therapy was selected; Physical or Occupational therapy was	Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Coccupational therapy was selected; Physical or Occupational therapy was						selected as the specific body part; Body Part pass complete; Questions about your Lower Leg	
fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of Cocupational therapy was selected; Physical or Occupational therapy was	fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Coccupational therapy was selected; Physical or Occupational therapy was						request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated;	
range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cocupational therapy was selected; Physical or Occupational therapy was selected;	range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Coccupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was						Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a	
presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was						fax; Severe objective and functional deficits: constant intense symptoms with severe loss of	
is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was						range of motion, strength, or ability to perform daily tasks best describes the patient	
in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was						presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass	
	NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was						is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
NOT related to a diagnosis of Lymphedema.: Physical or Occupational therapy was selected:	Physical or Occupational therapy was selected; Physical or Occupational therapy was	Physical or Occupational therapy was selected; Physical or Occupational therapy was						in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
· · · · · · · · · · · · · · · · · · ·								NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
Physical or Occupational therapy was selected; Physical or Occupational therapy was	97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the							Physical or Occupational therapy was selected; Physical or Occupational therapy was	
97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the		97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the					97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 - Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun	4/1/2023 - Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun	4/1/2023 - Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Ap	4/1/2023 -		Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
	6/20/2022 6/20/2022 Modicing Approval training (includes stair climbing) Healthy Esmilies, Physical therapy was requested	6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Healthy Families; Physical therapy was requested 1 2023 20	6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023

					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is not in options listed; 5/25/2023; No patient history in the	
					past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/13/2023; Post-Op;	
					Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative;	
					One Body Part selected; No Second Pass; Requestor is not a fax; Fracture selected as the	
					body type/region; Body Part for first pass is Fracture; Physical Therapy; Speech Therapy was	
					not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The	
					rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
					diagnosis of Lymphedema.; You will now be asked some questions about your fracture	
					request.; Post surgical upper or lower limb (extremities) best describes the patient's	
					presentation.; Physical or Occupational therapy was selected; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Physical or	
				97116 Therapeutic procedure, 1 or	Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
.,,	, -,	.,,	PP. T. T.		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is not in options listed; 05/25/2023; No patient history in the	
					past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/10/2023; Post-Op;	
					Body Part pass complete; Questions about your Head/Neck request:; Three or more visits	
					anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.;	
					One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional	
					deficits due to cervical impariments with distal symptoms best describes the patient's	
					clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
					Head/Neck; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical;	
					The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
					cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
				0711C Thereachie presedure 1 as	or Occupational therapy was selected; Physical or Occupational therapy was selected;	
4/4/2022		Dhorataal		97116 Therapeutic procedure, 1 or	Magellan does not manage chiropractic but does manage speech therapy for the member's	A mar to m
4/1/2023 -	4/4/2022	Physical	A	more areas, each 15 minutes; gait	plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Families; Physical therapy was requested	1 2023 2023
					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is not in options listed; 5/26/2023; No patient history in the	
					past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
					complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part	
					selected; No Second Pass; Requestor is not a fax; The requesting provider is other than	
					Physical Therapy or Occupational Therapy; The patient was previously independent with	
					mobility and now requires human assistance and/or an assistive device to walk and/or	
					transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as	
					the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech	
					Therapy was not selected; The evaluation date is not in the future; Physical Therapy was	
					requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
					NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families	1 2023 2023

		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
		point; Body Part for first pass is not in options listed; 5/30/2023; No patient history in the	
		past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
		complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part	
		selected; No Second Pass; Requestor is not a fax; The requesting provider is other than	
		Physical Therapy or Occupational Therapy; The patient was previously independent with	
		mobility and now requires human assistance and/or an assistive device to walk and/or	
		transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as	
		the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech	
		Therapy was not selected; The evaluation date is not in the future; Physical Therapy was	
		requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
		NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
		Physical or Occupational therapy was selected; Physical or Occupational therapy was	
	97116 Therapeutic procedure, 1 or		
4/1/2023 - Physic	sical more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Media	licine Approval training (includes stair climbing)	·	1 2023 2023
		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
		point; Body Part for first pass is not in options listed; 5/31/2023; No patient history in the	
		past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
		complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
		Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
		Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to	
		cervical impairments with or without distal symptoms best describes the patient's clinical	
		presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
		Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
		in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
		NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
		Physical or Occupational therapy was selected; Physical or Occupational therapy was	
	97116 Therapeutic procedure, 1 or		
4/1/2023 - Physic	· · · · · · · · · · · · · · · · · · ·	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Media	licine Approval training (includes stair climbing)	, , , , , , , , , , , , , , , , , , , ,	1 2023 2023
		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
		point; Body Part for first pass is not in options listed; 05/31/2023; No patient history in the	
		past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
		complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part	
		selected; No Second Pass; Requestor is not a fax; The requesting provider is other than	
		Physical Therapy or Occupational Therapy; The patient was previously independent with	
		mobility and now requires human assistance and/or an assistive device to walk and/or	
		transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as	
		the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech	
		Therapy was not selected; The evaluation date is not in the future; Physical Therapy was	
		requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
		NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
	07446.71	Physical or Occupational therapy was selected; Physical or Occupational therapy was	
4/4/2022	97116 Therapeutic procedure, 1 or		A I
4/1/2023 - Physic	· · · · · · · · · · · · · · · · · · ·	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Media	licine Approval training (includes stair climbing)	Healthy Families 1	1 2023 2023

	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
	point; Body Part for first pass is not in options listed; 5/31/2023; No patient history in the	
	past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
	complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part	
	selected; No Second Pass; Requestor is not a fax; The requesting provider is other than	
	Physical Therapy or Occupational Therapy; The patient was previously independent with	
	mobility and now requires human assistance and/or an assistive device to walk and/or	
	transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as	
	the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech	
	Therapy was not selected; The evaluation date is not in the future; Physical Therapy was	
	requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
	NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
	Physical or Occupational therapy was selected; Physical or Occupational therapy was	
97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 - Physical more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing)	Healthy Families	1 2023 2023
ν, σο, σου το	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
	point; Body Part for first pass is not in options listed; 05/31/2023; No patient history in the	
	past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/09/2023; Post-Op;	
	Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative;	
	One Body Part selected; No Second Pass; Requestor is not a fax; Fracture selected as the	
	body type/region; Body Part for first pass is Fracture; Physical Therapy; Speech Therapy was	
	not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The	
	rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
	diagnosis of Lymphedema.; You will now be asked some questions about your fracture	
	request.; Post surgical upper or lower limb (extremities) best describes the patient's	
	presentation.; Physical or Occupational therapy was selected; Physical or Occupational	
	therapy was selected; Physical or Occupational therapy was selected; Physical or	
97116 Therapeutic procedure, 1 or	Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 - Physical more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
0/30/2023 4/1/2023 0/30/2023 Medicine Approval training (includes star climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	1 2023 2023
	point; Body Part for first pass is not in options listed; 6/1/2023; No patient history in the past	
	90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
	complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
	Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
	Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits	
	due to cervical impairments without distal symptoms best describes the patient's clinical	
	presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
	Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
	in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
	NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
OTHER THE STATE OF	Physical or Occupational therapy was selected; Physical or Occupational therapy was	
97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	_
4/1/2023 - Physical more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing)	Healthy Families; Physical therapy was requested	3 2023 2023

		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/01/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
		complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
		Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
		Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to	
		cervical impairments with or without distal symptoms best describes the patient's clinical	
		presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
		Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
		in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
		NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
		Physical or Occupational therapy was selected; Physical or Occupational therapy was	
	97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 - Physic		member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medic	· · · · · · · · · · · · · · · · · · ·	Healthy Families; Physical therapy was requested	1 2023 2023
0/30/2023 4/1/2023 0/30/2023 Wicard	cine Approval training (includes stail climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	1 2023 2023
		point; Body Part for first pass is not in options listed; 6/1/2023; No patient history in the past	
		90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
		complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
		Therapy type is Rehabilitative: The anticipated number of visits is other than 2.; One Body	
		Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to	
		cervical impairments with or without distal symptoms best describes the patient's clinical	
		presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
		Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
		in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
		NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
		Physical or Occupational therapy was selected; Physical or Occupational therapy was	
	97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 - Physic	cal more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medic	cine Approval training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
		point; Body Part for first pass is not in options listed; 6/1/2023; No patient history in the past	
		90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
		complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part	
		selected; No Second Pass; Requestor is not a fax; Fracture selected as the body type/region;	
		Body Part for first pass is Fracture; Physical Therapy; Speech Therapy was not selected; The	
		evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
		cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be	
		asked some questions about your fracture request.; Non-surgical upper or lower limb	
		(extremities) best describes the patient's presentation.; Physical or Occupational therapy	
	0744C Theorem with an	was selected; Physical or Occupational therapy was selected; Physical or Occupational	
4/1/2022	97116 Therapeutic procedure, 1 or	therapy was selected; Magellan does not manage chiropractic but does manage speech	Apr lun
4/1/2023 - Physic	· · · · · · · · · · · · · · · · · · ·	therapy for the member's plan; Physical therapy was requested; The health carrier is NOT	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medic	cine Approval training (includes stair climbing)	New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023

				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is not in options listed; 6/1/2023; No patient history in the past	
				90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
				complete; You will now be asked some questions about your Vestibular Rehab request.;	
				Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of	
				visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	
				Vestibular Rehab selected as the body type/region; Body Part for first pass is Vestibular	
				Rehab; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the	
				future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT	
				related to a diagnosis of Lymphedema.; Moderate objective and functional deficits best	
				describes the patient presentation; Physical or Occupational therapy was selected; Physical	
				or Occupational therapy was selected; Physical or Occupational therapy was selected;	
			97116 Therapeutic procedure, 1 or	Magellan does not manage chiropractic but does manage speech therapy for the member's	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Families; Physical Therapy was requested	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Wiedienie	прріоча	training (merades stail elimbring)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	1 2023 2023
				point; Body Part for first pass is not in options listed; 6/2/2023; No patient history in the past	
				90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
				complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
				Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
				Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits	
				due to cervical impairments without distal symptoms best describes the patient's clinical	
				presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
				, , , , , , , , , , , , , , , , , , , ,	
				Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
				in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
				NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
			0744 C The constitution of	Physical or Occupational therapy was selected; Physical or Occupational therapy was	
. /. /			97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is not in options listed; 6/2/2023; No patient history in the past	
				90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
				complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
				Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
				Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to	
				cervical impairments with or without distal symptoms best describes the patient's clinical	
				presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
				Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
				in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
				NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
			97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
, , , ====	, ,	PP	3 (1 1	

				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is not in options listed; 6/2/2023; No patient history in the past	
				90 days; Evaluation dates less than 90 days in the past; Surgical; 4/27/2023; Post-Op; Lower	
				Leg selected as the specific body part; Body Part pass complete; Questions about your Lower	
				Leg request: ; The anticipated number of visits is other than 2.; Three or more visits	
				anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass;	
				Requestor is not a fax; Moderate objective and functional deficits: constant symptoms	
				and/or symptoms that are intensified with activity with moderate loss of range of motion,	
				strength, or ability to perform daily tasks best describes the patient presentation; Lower	
				Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg;	
				Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation	
				date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The	
				rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
				therapy was selected; Physical or Occupational therapy was selected; Physical or	
				Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
			97116 Therapeutic procedure, 1 or	does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023 4/1/2023	·	Approval	training (includes stair climbing)	Physical therapy was requested	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Wedicine	Approvai	training (includes stail climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	1 2023 2023
				point; Body Part for first pass is not in options listed; 06/05/2023; No patient history in the	
				past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
				complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
				Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
				Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits	
				due to cervical impairments without distal symptoms best describes the patient's clinical	
				presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
				Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
				in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
				NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
			97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is not in options listed; 6/5/2023; No patient history in the past	
				90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
				complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
				Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
				Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits	
				due to cervical impariments with distal symptoms best describes the patient's clinical	
				presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
				Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
				in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
				NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
			97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023		Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
r criotini body i art selection, i eriotini body i art selection, i nisti ass, second i ass check	
point; Body Part for first pass is not in options listed; 6/5/2023; No patient history in the pas	t
90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
complete; Questions about your Head/Neck request:, Three or more visits anticipated;	
Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to	
cervical impairments with or without distal symptoms best describes the patient's clinical	
presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
Physical or Occupational therapy was selected; Physical or Occupational therapy was	
97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 - Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
	·
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Healthy Families; Physical therapy was requested	2 2023 2023
Perform Redu Dark Selection, Dark - D	
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
point; Body Part for first pass is not in options listed; 06/05/2023; No patient history in the	
past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part	
selected; No Second Pass; Requestor is not a fax; Fracture selected as the body type/region;	
Body Part for first pass is Fracture; Physical Therapy; Speech Therapy was not selected; The	
evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be	
asked some questions about your fracture request.; Non-surgical upper or lower limb	
(extremities) best describes the patient's presentation.; Physical or Occupational therapy	
was selected; Physical or Occupational therapy was selected; Physical or Occupational	
97116 Therapeutic procedure, 1 or therapy was selected; Magellan does not manage chiropractic but does manage speech	
4/1/2023 - Physical more areas, each 15 minutes; gait therapy for the member's plan; Physical therapy was requested; The health carrier is NOT	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
point; Body Part for first pass is not in options listed; 06/05/2023; No patient history in the	
past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/19/2023; Post-Op;	
Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative;	
One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is	
other than Physical Therapy or Occupational Therapy. The patient was previously	
independent with mobility and now requires human assistance and/or an assistive device to	
walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and	
Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical	
Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is	
not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a	
diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
Physical or Occupational therapy was selected; Physical or Occupational therapy was	
selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
97116 Therapeutic procedure, 1 or was selected; Magellan does not manage chiropractic but does manage speech therapy for	
	Anglin
	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Hampshire Healthy Families	1 2023 2023

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/06/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits	
due to cervical impairments without distal symptoms best describes the patient's clinical	
presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
Physical or Occupational therapy was selected; Physical or Occupational therapy was	
97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the	
	or-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Healthy Families; Physical therapy was requested 1 2023 20	
Perform Body Part selection; First Pass; Second Pass check	23
point; Body Part for first pass is not in options listed; 6/6/2023; No patient history in the past	
90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
complete; Questions about your Head/Next request;; Three or more visits anticipated;	
Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits	
due to cervical impairments without distal symptoms best describes the patient's clinical	
presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
Physical or Occupational therapy was selected;	
	or-Jun
	-23
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
point; Body Part for first pass is not in options listed; 06/06/2023; No patient history in the	
past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to	
cervical impairments with or without distal symptoms best describes the patient's clinical	
presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
Physical or Occupational therapy was selected; Physical or Occupational therapy was	
Physical or Occupational therapy was selected; Physical or Occupational therapy was 97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the	
Physical or Occupational therapy was selected; Physical or Occupational therapy was 97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the	or-Jun

					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is not in options listed; 06/06/2023; No patient history in the	
					past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
					complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part	
					selected; No Second Pass; Requestor is not a fax; The requesting provider is other than	
					Physical Therapy or Occupational Therapy; The patient was NOT previously independent	
					with mobility and now requires human assistance and/or an assistive device to walk and/or	
					transfer; At least one of the following apply; Increase in frequency of falls, Decline in	
					transfers, bed mobility or transitional movements and/or Decline in independence with	
					mobility (walking or wheelchair mobility); The anticipated number of visits is other than 2.;	
					Gait, Balance and Falls selected as the body type/region; Body Part for first pass is	
					Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
					in the future; Physical Therapy was requested; The rehabilitation is NOT related to a	
					diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				97116 Therapeutic procedure, 1 or	selected; Physical or Occupational therapy was selected; Magellan does not manage	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	chiropractic but does manage speech therapy for the member's plan; Physical therapy was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	requested; The health carrier is NOT New Hampshire Healthy Families	1 2023 2023
					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is not in options listed; 06/07/2023; No patient history in the	
					past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
					complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
					Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
					Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits	
					due to cervical impariments with distal symptoms best describes the patient's clinical	
					presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
					Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
					in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
					NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is not in options listed; 06/07/2023; No patient history in the	
					past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
					complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
					Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
					Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to	
					cervical impairments with or without distal symptoms best describes the patient's clinical	
					presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
					Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
					in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
					NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
				-		

				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is not in options listed; 06/07/2023; No patient history in the	
				past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/07/2023; Post-Op;	
				Body Part pass complete; Questions about your Head/Neck request:; Three or more visits	
				anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.;	
				One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional	
				deficits due to cervical impariments with distal symptoms best describes the patient's	
				clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
				Head/Neck; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical;	
				The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
				Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
				or Occupational therapy was selected; Physical or Occupational therapy was selected;	
			97116 Therapeutic procedure, 1 or	Magellan does not manage chiropractic but does manage speech therapy for the member's	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Families; Physical therapy was requested	1 2023 2023
			<u> </u>	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is not in options listed; 6/8/2023; No patient history in the past	
				90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
				complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
				Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
				Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to	
				cervical impairments with or without distal symptoms best describes the patient's clinical	
				presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
				Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
				NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
			97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
	· ·	• •	5,	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is not in options listed; 6/8/2023; No patient history in the past	
				90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
				complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part	
				selected; No Second Pass; Requestor is not a fax; The requesting provider is other than	
				Physical Therapy or Occupational Therapy; The patient was previously independent with	
				mobility and now requires human assistance and/or an assistive device to walk and/or	
				transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as	
				the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech	
				Therapy was not selected; The evaluation date is not in the future; Physical Therapy was	
				requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
				NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	
			97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families	1 2023 2023
, , ====	, ,	111111111111111111111111111111111111111	31	, : :	

		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
		point; Body Part for first pass is not in options listed; 06/08/2023; No patient history in the	
		past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg	
		selected as the specific body part; Body Part pass complete; Questions about your Lower Leg	
		request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated;	
		Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a	
		fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that	
		are intensified with activity with moderate loss of range of motion, strength, or ability to	
		perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as	
		the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy	
		was not selected; The evaluation date is not in the future; The rehabilitation is NOT related	
		to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
		Physical or Occupational therapy was selected; Physical or Occupational therapy was	
	0744 C. Th	selected; Physical or Occupational therapy was selected; Magellan does not manage	
	97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical therapy was	
4/1/2023 - Physical	more areas, each 15 minutes; gait	requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine	Approval training (includes stair climbing)	requested	1 2023 2023
		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
		point; Body Part for first pass is not in options listed; 6/9/2023; No patient history in the past	
		90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
		complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
		Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
		Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits	
		due to cervical impariments with distal symptoms best describes the patient's clinical	
		presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
		Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
		in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
		NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
		Physical or Occupational therapy was selected; Physical or Occupational therapy was	
	97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 - Physical	more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine	Approval training (includes stair climbing)	Healthy Families; Physical therapy was requested	2 2023 2023
-,,,	,,,	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
		point; Body Part for first pass is not in options listed; 06/09/2023; No patient history in the	
		past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
		complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
		Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
		Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to	
		cervical impairments with or without distal symptoms best describes the patient's clinical	
		presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
		Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
		in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
		NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
	0744671	Physical or Occupational therapy was selected; Physical or Occupational therapy was	
	97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 - Physical	more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine	Approval training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/9/2023; No patient history in the past	
90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to	
cervical impairments with or without distal symptoms best describes the patient's clinical	
presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
Physical or Occupational therapy was selected; Physical or Occupational therapy was	
97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 - Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Healthy Families; Physical therapy was requested	2 2023 2023
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
point; Body Part for first pass is not in options listed; 06/12/2023; No patient history in the	
past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01-01-2017; Post-Op;	
Body Part pass complete; Questions about your Head/Neck request:; Three or more visits	
anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.;	
One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional	
deficits due to cervical impariments with distal symptoms best describes the patient's	
clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
Head/Neck, Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical;	
The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
or Occupational therapy was selected; Physical or Occupational therapy was selected;	
97116 Therapeutic procedure, 1 or Magellan does not manage chiropractic but does manage speech therapy for the member's	
4/1/2023 - Physical more areas, each 15 minutes; gait plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Families; Physical therapy was requested	1 2023 2023
Perform Body Part selection; First Pass; Second Pass check	1 2023 2023
point; Body Part for first pass is not in options listed; 06/13/2023; No patient history in the	
past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits	
due to cervical impairments without distal symptoms best describes the patient's clinical	
presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
Physical or Occupational therapy was selected; Physical or Occupational therapy was	
97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 - Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Healthy Families; Physical therapy was requested	1 2023 2023

Perform Body Part selection; Perform Body Part selection; First F	Pass; Second Pass check
point; Body Part for first pass is not in options listed; 06/14/202	3; No patient history in the
past 90 days; Evaluation dates less than 90 days in the past; Non	n-Surgical; Body Part pass
complete; Questions about your Head/Neck request:; Three or n	more visits anticipated;
Therapy type is Rehabilitative; The anticipated number of visits i	is other than 2.; One Body
Part selected; No Second Pass; Requestor is not a fax; Mild or mo	oderate functional deficits
due to cervical impairments without distal symptoms best descr	ibes the patient's clinical
presentation; Head/Neck selected as the body type/region; Body	y Part for first pass is
Head/Neck; Physical Therapy; Speech Therapy was not selected;	: The evaluation date is not
in the future; The rehabilitation is NOT related to a diagnosis of o	cancer.; The rehabilitation is
NOT related to a diagnosis of Lymphedema.; Physical or Occupat	tional therapy was selected;
Physical or Occupational therapy was selected; Physical or Occup	pational therapy was
97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does man	age speech therapy for the
4/1/2023 - Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carr	ier is NOT New Hampshire Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Healthy Families; Physical therapy was requested	1 2023 2023
Perform Body Part selection; Perform Body Part selection; First F	
point; Body Part for first pass is not in options listed; 6/14/2023;	
past 90 days; Evaluation dates less than 90 days in the past; Non	•
complete; Questions about your Head/Neck request:; Three or n	
Therapy type is Rehabilitative; The anticipated number of visits i	• • •
Part selected; No Second Pass; Requestor is not a fax; Mild or mo	•
due to cervical impairments without distal symptoms best descr	
presentation; Head/Neck selected as the body type/region; Body	· ·
Head/Neck; Physical Therapy; Speech Therapy was not selected;	·
in the future; The rehabilitation is NOT related to a diagnosis of	
NOT related to a diagnosis of Lymphedema.; Physical or Occupat	
Physical or Occupational therapy was selected; Physical or Occup	
97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does mana	
4/1/2023 - Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carr	
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Healthy Families; Physical therapy was requested	1 2023 2023
Perform Body Part selection; Perform Body Par	
point; Body Part for first pass is not in options listed; 06/14/202:	
past 90 days; Evaluation dates less than 90 days in the past; Non	
complete; Three or more visits anticipated; Therapy type is Reha	
selected; No Second Pass; Requestor is not a fax; The requesting	•
Physical Therapy or Occupational Therapy; The patient was prev	• •
mobility and now requires human assistance and/or an assistive	
transfer; The anticipated number of visits is other than 2.; Gait, B	,
the body type/region; Body Part for first pass is Gait/Balance; Ph	
Therapy was not selected; The evaluation date is not in the futur	
requested; The rehabilitation is NOT related to a diagnosis of car	
NOT related to a diagnosis of Lymphedema.; Physical or Occupat	
	. ,
Physical or Occupational therapy was selected; Physical or Occup	, ,
97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does mana	
4/1/2023 - Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carr	·
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Healthy Families	1 2023 2023

	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
	point; Body Part for first pass is not in options listed; 6/14/2023; No patient history in the	
	past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/4/2023; Post-Op;	
	Body Part pass complete; Questions about your Head/Neck request:; Three or more visits	
	anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.;	
	One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits	
	due to cervical impairments with or without distal symptoms best describes the patient's	
	clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
	Head/Neck; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical;	
	The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
	cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
	Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
	or Occupational therapy was selected; Physical or Occupational therapy was selected;	
97116 Therapeutic procedure, 1 or	Magellan does not manage chiropractic but does manage speech therapy for the member's	
4/1/2023 - Physical more areas, each 15 minutes; gait	plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy A	pr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing)	Families; Physical therapy was requested 1 2023 2	
	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
	point; Body Part for first pass is not in options listed; 6/15/2023; No patient history in the	
	past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
	complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
	Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
	Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to	
	cervical impairments with or without distal symptoms best describes the patient's clinical	
	presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
	Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
	in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
	NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
	Physical or Occupational therapy was selected; Physical or Occupational therapy was	
97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 - Physical more areas, each 15 minutes; gait		pr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing)	Healthy Families; Physical therapy was requested 1 2023 2	
от о	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
	point; Body Part for first pass is not in options listed; 6/16/2023; No patient history in the	
	past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
	complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
	Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
	Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to	
	cervical impairments with or without distal symptoms best describes the patient's clinical	
	presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
	Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
	in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
	NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
	Physical or Occupational therapy was selected; Physical or Occupational therapy was	
97116 Therapeutic procedure, 1 or	selected, Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 - Physical more areas, each 15 minutes; gait		pr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing)	Healthy Families; Physical therapy was requested 1 2023 2	
O/30/2023 A/2/2023 Medicine Approval daming (includes stail climbing)	Teathing Families, Friginal dictapy was requested 1 2023 2	023

				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is not in options listed; 06/19/2023; No patient history in the	
				past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
				complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
				Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
				Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to	
				cervical impairments with or without distal symptoms best describes the patient's clinical	
				presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
				Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
				in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
				NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
			97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023	•	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Wedicine	Арргочаг	training (includes stail climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	1 2023 2023
				point; Body Part for first pass is not in options listed; 6/20/2023; No patient history in the	
				past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
				complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
				Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
				Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits	
				due to cervical impairments without distal symptoms best describes the patient's clinical	
				presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
				Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
				in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
				NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
			07446.71	Physical or Occupational therapy was selected; Physical or Occupational therapy was	
			97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is not in options listed; 6/20/2023; No patient history in the	
				past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
				complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
				Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
				Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits	
				due to cervical impariments with distal symptoms best describes the patient's clinical	
				presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
				Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
				in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
				NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
			97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
, , .,	, ,	PP	3 (1 a and land a shift of advance	

	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
	point; Body Part for first pass is not in options listed; 06/20/2023; No patient history in the	
	past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
	complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
	Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
	Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to	
	cervical impairments with or without distal symptoms best describes the patient's clinical	
	presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
	Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
	in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
	NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
0744CTh	Physical or Occupational therapy was selected; Physical or Occupational therapy was	
·	tic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the	A 1
· ·	h 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (include	· · · · · · · · · · · · · · · · · · ·	1 2023 2023
	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
	point; Body Part for first pass is not in options listed; 06/21/2023; No patient history in the	
	past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
	complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
	Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
	Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits	
	due to cervical impariments with distal symptoms best describes the patient's clinical	
	presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
	Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
	in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
	NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
	Physical or Occupational therapy was selected; Physical or Occupational therapy was	
97116 Therapeu	tic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 - Physical more areas, each	h 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (include	es stair climbing) Healthy Families; Physical therapy was requested	2 2023 2023
	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
	point; Body Part for first pass is not in options listed; 6/21/2023; No patient history in the	
	past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
	complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
	Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
	Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits	
	due to cervical impariments with distal symptoms best describes the patient's clinical	
	presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
	Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
	in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
	NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
	Physical or Occupational therapy was selected; Physical or Occupational therapy was	
97116 Theraneu	tic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the	
·	h 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (include	The state of the s	1 2023 2023
0/30/2023 4/1/2023 0/30/2023 ividuicine Approvai training (include	s stair clinibing) ————————————————————————————————————	1 2023 2023

				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is not in options listed; 6/21/2023; No patient history in the	
				past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
				complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
				Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
				Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to	
				cervical impairments with or without distal symptoms best describes the patient's clinical	
				presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
				Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
				in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
				NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
			97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
0,00,000	2,00,200			Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is not in options listed; 6/21/2023; No patient history in the	
				past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
				complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part	
				selected; No Second Pass; Requestor is not a fax; The requesting provider is other than	
				Physical Therapy or Occupational Therapy; The patient was NOT previously independent	
				with mobility and now requires human assistance and/or an assistive device to walk and/or	
				transfer; At least one of the following apply; Increase in frequency of falls, Decline in	
				transfers, bed mobility or transitional movements and/or Decline in independence with	
				mobility (walking or wheelchair mobility); The anticipated number of visits is other than 2.;	
				Gait, Balance and Falls selected as the body type/region; Body Part for first pass is	
				Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
				in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
			0744 C The construction and an advantage of an	Physical or Occupational therapy was selected; Physical or Occupational therapy was	
4/4/2022	5 1 1		97116 Therapeutic procedure, 1 or	selected; Physical or Occupational therapy was selected; Magellan does not manage	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	chiropractic but does manage speech therapy for the member's plan; Physical therapy was	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	requested; The health carrier is NOT New Hampshire Healthy Families	1 2023 2023
				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is not in options listed; 06/22/2023; No patient history in the	
				past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
				complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
				Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
				Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits	
				due to cervical impariments with distal symptoms best describes the patient's clinical	
				presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
				Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
				in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
				NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
			97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023

					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is not in options listed; 6/22/2023; No patient history in the	
					past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
					complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
					Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
					Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to	
					cervical impairments with or without distal symptoms best describes the patient's clinical	
					presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
					Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
					in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
					NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is not in options listed; 06/22/2023; No patient history in the	
					past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
					complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part	
					selected; No Second Pass; Requestor is not a fax; The requesting provider is other than	
					Physical Therapy or Occupational Therapy; The patient was previously independent with	
					mobility and now requires human assistance and/or an assistive device to walk and/or	
					transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as	
					the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech	
					Therapy was not selected; The evaluation date is not in the future; Physical Therapy was	
					requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
					NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families	1 2023 2023
					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is not in options listed; 06/23/2023; No patient history in the	
					past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
					complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
					Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
					Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to	
					cervical impairments with or without distal symptoms best describes the patient's clinical	
					presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
					Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
					in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
					NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
				J ,		

				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is not in options listed; 6/23/2023; No patient history in the	
				past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
				complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
				Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
				Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to	
				cervical impairments with or without distal symptoms best describes the patient's clinical	
				presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
				Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
				in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
				NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
			97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is not in options listed; 6/23/2023; No patient history in the	
				past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
				complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part	
				selected; No Second Pass; Requestor is not a fax; Fracture selected as the body type/region;	
				Body Part for first pass is Fracture; Physical Therapy; Speech Therapy was not selected; The	
				evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
				cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be	
				asked some questions about your fracture request.; Non-surgical upper or lower limb	
				(extremities) best describes the patient's presentation.; Physical or Occupational therapy	
				was selected; Physical or Occupational therapy was selected; Physical or Occupational	
			97116 Therapeutic procedure, 1 or	therapy was selected; Magellan does not manage chiropractic but does manage speech	
4/4/2022	Dhooteel		· · · · · · · · · · · · · · · · · · ·		A 1
4/1/2023 -	Physical Physical	A I	more areas, each 15 minutes; gait	therapy for the member's plan; Physical therapy was requested; The health carrier is NOT	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is not in options listed; 6/23/2023; No patient history in the	
				past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
				complete; You will now be asked some questions about your Vestibular Rehab request.;	
				Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of	
				visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	
				Vestibular Rehab selected as the body type/region; Body Part for first pass is Vestibular	
				Rehab; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the	
				future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT	
				related to a diagnosis of Lymphedema.; Mild objective and functional deficits best describes	
				the patient presentation; Physical or Occupational therapy was selected; Physical or	
				Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
			97116 Therapeutic procedure, 1 or	does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical Therapy was requested	1 2023 2023
0,50,2025 4,1,2025	0,30,2023 WEGICITE	Approvai	danning (includes stail climbilig)	Triysical metapy was requested	1 2023 2023

past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Heady/Neck request; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2., One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distals symptoms best describes the patient's clinical presentation; Heady/Neck, selected as the body type/region; Body Part for first pass is Heady/Neck, Physical Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer, and the future of the future; The rehabilitation is NOT related to a diagnosis of concupational therapy was selected; Physical or Occupational therapy was selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of tymphedema. Physical or Occupational therapy was selected; Physical or Occupational t	4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	point; Body Part for first pass is not in options listed; 6/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; At least one of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023
past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Coccupational therapy was selected;	6/30/2023		6/30/2023 Medicine Physical		more areas, each 15 minutes; gait training (includes stair climbing) 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NO	Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check						point; Body Part for first pass is not in options listed; 6/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	

					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is not in options listed; 06/27/2023; No patient history in the	
					past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
					complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
					Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
					Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits	
					due to cervical impairments without distal symptoms best describes the patient's clinical	
					presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
					Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
					in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
					NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Wedicine	Арргочаг	training (includes stail climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	1 2023 2023
					point; Body Part for first pass is not in options listed; 6/27/2023; No patient history in the	
					past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
					complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
					Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
					Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to	
					cervical impairments with or without distal symptoms best describes the patient's clinical	
					presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
					Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
					in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
					NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
				0744671	Physical or Occupational therapy was selected; Physical or Occupational therapy was	
. /. /				97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	3 2023 2023
					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is not in options listed; 6/27/2023; No patient history in the	
					past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
					complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part	
					selected; No Second Pass; Requestor is not a fax; The requesting provider is other than	
					Physical Therapy or Occupational Therapy; The patient was previously independent with	
					mobility and now requires human assistance and/or an assistive device to walk and/or	
					transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as	
					the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech	
					Therapy was not selected; The evaluation date is not in the future; Physical Therapy was	
					requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
					NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families	1 2023 2023
		•			·	

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/08/2023; Post-Op; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is
past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/08/2023; Post-Op; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is
Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is
anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is
One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is
due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is
clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is
Hand March Blood at Therene Contact Therene are to be to death of Book On an New Consider
Head/Neck; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical;
The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of
cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or
Occupational therapy was selected; Physical or Occupational therapy was selected; Physical
or Occupational therapy was selected; Physical or Occupational therapy was selected;
97116 Therapeutic procedure, 1 or Magellan does not manage chiropractic but does manage speech therapy for the member's
4/1/2023 - Physical more areas, each 15 minutes; gait plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Apr
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Families; Physical therapy was requested 1 2023 202
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check
point; Body Part for first pass is not in options listed; 6/28/2023; No patient history in the
past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass
complete; Questions about your Head/Neck request:; Three or more visits anticipated;
Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body
Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to
cervical impairments with or without distal symptoms best describes the patient's clinical
presentation; Head/Neck selected as the body type/region; Body Part for first pass is
Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not
in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is
NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;
Physical or Occupational therapy was selected; Physical or Occupational therapy was
97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the
4/1/2023 - Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Apr
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Healthy Families; Physical therapy was requested 2 2023 202
6/36/2025 4/2/2025 O/36/2025 Heatene Approval during includes star climbing) Heaten includes star climbing includes star climbing.
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check
point; Body Part for first pass is not in options listed; 6/28/2023; No patient history in the
past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass
complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part
selected; No Second Pass; Requestor is not a fax; Fracture selected as the body type/region;
Body Part for first pass is Fracture; Physical Therapy; Speech Therapy was not selected; The
avaluation data is not in the future. The rehabilitation is NOT related to a diagnosis of
evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of
cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be
cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be asked some questions about your fracture request.; Non-surgical upper or lower limb
cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be asked some questions about your fracture request.; Non-surgical upper or lower limb (extremities) best describes the patient's presentation.; Physical or Occupational therapy
cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be asked some questions about your fracture request.; Non-surgical upper or lower limb (extremities) best describes the patient's presentation.; Physical or Occupational therapy was selected; Physical or Occupational
cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be asked some questions about your fracture request.; Non-surgical upper or lower limb (extremities) best describes the patient's presentation.; Physical or Occupational therapy was selected; Physical or Occupational the
cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be asked some questions about your fracture request.; Non-surgical upper or lower limb (extremities) best describes the patient's presentation.; Physical or Occupational therapy was selected; Physical or Occupational

6/30/2023 4/1, 4/1/2023 - 6/30/2023 4/1,	Physical	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Physical therapy was requested; Physical therapy was requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; Lower Leg selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Shoulder request: ; The anticipated number of visits is other than 2.; Neither Pre-Op, Post- Op or Non-Surgical; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Lower Leg; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested;	1 2023 2023 Apr-Jun 1 2023 2023
4/1/2023 -	Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request:; Questions about your Head/Neck request:; Neither Pre-Op, Post-Op or Non-Surgical; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Head/Neck; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request:; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative;	Apr-Jun
4/1/2023 - 6/30/2023 4/1	Physical /2023 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Knee; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request:; Neither Pre-Op, Post-Op or Non-Surgical; Two Body Parts selected; Second Pass Starting; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Gait/Balance; Physical Therapy was requested; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	Apr-Jun 1 2023 2023

				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Questions about your Head/Neck request:; Neither Pre-Op, Post-Op or Non-Surgical; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request:; Physical or Occupational therapy was selected; Physical or	
4/1/2022	Dha. a		97116 Therapeutic procedure, 1 or	Occupational therapy was selected; The member's plan does not require the collection of	Amma lace
4/1/2023 -	Physical Physical	A	more areas, each 15 minutes; gait	start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested; Physical therapy was requested	1 2023 2023
1/1/2022			97116 Therapeutic procedure, 1 or	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Questions about your Head/Neck request:; Neither Pre-Op, Post-Op or Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request:; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	collection of start and end dates; Previous auth data retrieved, type of habilitation =	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Rehabilitative; Physical therapy was requested; Physical therapy was requested	1 2023 2023
			97116 Therapeutic procedure, 1 or	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; One Body Part selected; No Second Pass; Fracture selected as the body type/region; Body Part for first pass is Fracture; Three or more visits anticipated; The previous auth did not address any body parts; You will now be asked some questions about your fracture request.; Post surgical upper or lower limb (extremities) best describes the patient's presentation.; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request:; Physical or Occupational therapy was selected; The member's plan does not	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	require the collection of start and end dates; Previous auth data retrieved, type of	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	habilitation = Rehabilitative; Physical therapy was requested	1 2023 2023
4/1/2023 -	Dhwieel		97116 Therapeutic procedure, 1 or	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part pass complete; One Body Part selected; No Second Pass; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy was requested; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation =	Apr luc
	Physical Physical	A	more areas, each 15 minutes; gait	taran da antara da a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Rehabilitative	4 2023 2023

					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is not in options listed; Body Part pass complete; Questions	
					about your Head/Neck request:; The anticipated number of visits is other than 2.; One Body	
					Part selected; No Second Pass; Mild or moderate functional deficits due to cervical	
					impairments without distal symptoms best describes the patient's clinical presentation;	
					Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Three or	
					more visits anticipated; The previous auth did not address any body parts; Three or more	
					visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ;	
				97116 Therapeutic procedure, 1 or	Physical or Occupational therapy was selected; The member's plan does not require the	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	collection of start and end dates; Previous auth data retrieved, type of habilitation =	Apr-Jun
6/30/2023 4/1	/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Rehabilitative; Physical therapy was requested	2 2023 2023
			•••	<u> </u>	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is not in options listed; Body Part pass complete; Questions	
					about your Head/Neck request:; The anticipated number of visits is other than 2.; One Body	
					Part selected; No Second Pass; Mild or moderate functional deficits due to cervical	
					impariments with distal symptoms best describes the patient's clinical presentation;	
					Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Three or	
					more visits anticipated; The previous auth did not address any body parts; Three or more	
					visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ;	
				97116 Therapeutic procedure, 1 or	Physical or Occupational therapy was selected; The member's plan does not require the	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	collection of start and end dates; Previous auth data retrieved, type of habilitation =	Apr-Jun
6/30/2023 4/1	/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Rehabilitative; Physical therapy was requested	8 2023 2023
0/30/2023 4/1	1/2023	0/30/2023 Wedicine	Approvai	training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	0 2023 2023
					point; Body Part for first pass is not in options listed; Body Part pass complete; Questions	
					about your Head/Neck request:; The anticipated number of visits is other than 2.; One Body	
					Part selected; No Second Pass; Severe functional deficits due to cervical impairments with or	
					without distal symptoms best describes the patient's clinical presentation; Head/Neck	
					selected as the body type/region; Body Part for first pass is Head/Neck; Three or more visits	
					anticipated; The previous auth did not address any body parts; Three or more visits	
					anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical	
				97116 Therapeutic procedure, 1 or	or Occupational therapy was selected; The member's plan does not require the collection of	
4/1/2023 -		Dhysical		more areas, each 15 minutes; gait	start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative;	Anr lun
6/30/2023 4/1	/1 /2022	Physical 6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested	Apr-Jun 3 2023 2023
0/30/2023 4/1	1/2023	6/30/2023 Medicine	Арргочаг	training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	3 2023 2023
					point; Body Part for first pass is not in options listed; Lower Leg selected as the specific body	
					part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated	
					number of visits is other than 2.; One Body Part selected; No Second Pass; Mild objective and	
					functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or	
					ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip	
					selected as the body type/region; Body Part for first pass is Lower Leg; Three or more visits	
					· · · · · · · · · · · · · · · · · · ·	
					anticipated; The previous auth did not address any body parts; Three or more visits	
				0744 C.Th	anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical	
. /. /2022		51 · ·		97116 Therapeutic procedure, 1 or	or Occupational therapy was selected; The member's plan does not require the collection of	
4/1/2023 -	14 12022	Physical Physical		more areas, each 15 minutes; gait	start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative;	Apr-Jun
6/30/2023 4/1	1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested	2 2023 2023

					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is not in options listed; Lower Leg selected as the specific body	
					part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated	
					number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate	
					objective and functional deficits: constant symptoms and/or symptoms that are intensified	
					with activity with moderate loss of range of motion, strength, or ability to perform daily	
					tasks best describes the patient presentation; Lower Extremity/Hip selected as the body	
					type/region; Body Part for first pass is Lower Leg; Three or more visits anticipated; The	
					previous auth did not address any body parts; Three or more visits anticipated; This is not a	
					gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy	
				97116 Therapeutic procedure, 1 or	was selected; The member's plan does not require the collection of start and end dates;	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	requested	2 2023 2023
5/30/2023	., 1, 2023	5, 55, 2025 Wicaldine		a a (marades stati elimbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	2 2023 2023
					point; Body Part for first pass is not in options listed; Lower Leg selected as the specific body	
					part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated	
					number of visits is other than 2.; One Body Part selected; No Second Pass; Severe objective	
					and functional deficits: constant intense symptoms with severe loss of range of motion,	
					strength, or ability to perform daily tasks best describes the patient presentation; Lower	
					Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Three	
					or more visits anticipated; The previous auth did not address any body parts; Three or more	
					visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ;	
				97116 Therapeutic procedure, 1 or	Physical or Occupational therapy was selected; The member's plan does not require the	
4/1/2023 -		Dhysical				Anr lun
6/30/2023	4/1/2022	Physical 6/30/2023 Medicine	A	more areas, each 15 minutes; gait	collection of start and end dates; Previous auth data retrieved, type of habilitation =	Apr-Jun 1 2023 2023
6/30/2023	4/1/2023	6/30/2023 Wedicine	Approval	training (includes stair climbing)	Rehabilitative; Physical therapy was requested	1 2023 2023
					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Shoulder; 2/23/2023; No patient history in the past 90 days;	
					Evaluation dates less than 90 days in the past; Surgical; 2/10/2023; Post-Op; Shoulder	
					selected as the specific body part; Body Part pass complete; Questions about your Shoulder	
					request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The	
					anticipated number of visits is other than 2.; One Body Part selected; No Second Pass;	
					Requestor is not a fax; Severe objective and functional deficits: severe loss of range of	
					motion, strength, or ability to perform daily tasks best describes the patient's clinical	
					presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech	
					Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future;	
					The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
					to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
				97116 Therapeutic procedure, 1 or	or Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 10/1/2022; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/30/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cymphedema.; Physical or Occupational therapy was selected; Physi	Apr-Jun 1 2023 2023

				97116 Therapeutic procedure, 1 or	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the ody type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested	1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 3/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/10/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Campaional therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 -		Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/03/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	2 2023 2023
				÷ . 0/	, , , , , , , , , , , , , , , , , , , ,	

4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine A	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait Approval training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/4/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Decupational therapy was selected; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait Approval training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cymphedema.; Physical or Occupational therapy was selected; Physical physical therapy was requested. The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/5/2023; No patient history in the past 90 days;	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait Approval training (includes stair climbing)	Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023

					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Shoulder; 4/5/2023; No patient history in the past 90 days;	
					Evaluation dates less than 90 days in the past; Surgical; 4/3/2023; Post-Op; Shoulder	
					selected as the specific body part; Body Part pass complete; Questions about your Shoulder	
					request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The	
					anticipated number of visits is other than 2.; One Body Part selected; No Second Pass;	
					Requestor is not a fax; Severe objective and functional deficits: severe loss of range of	
					motion, strength, or ability to perform daily tasks best describes the patient's clinical	
					presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech	
					Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future;	
					The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
					to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
				97116 Therapeutic procedure, 1 or	or Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Shoulder; 04/06/2023; No patient history in the past 90	
					days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the	
					specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three	
					or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated	
					number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a	
					fax; Mild or moderate objective and functional deficits without instability: sporadic	
					symptoms with minimal to moderate loss of range of motion, strength, or ability to perform	
					daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the	
					body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is	
					not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The	
					rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Physical or	
				97116 Therapeutic procedure, 1 or	Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Shoulder; 4/6/2023; No patient history in the past 90 days;	
					Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific	
					body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more	
					visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of	
					visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe	
					objective and functional deficits with instability: constant or intense symptoms with severe	
					loss of range of motion, strength, or ability to perform daily tasks best describes the	
					patient's clinical presentation; Upper Extremity selected as the body type/region; Physical	
					Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
					rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
					diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
				97116 Therapeutic procedure, 1 or	does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
C /20 /2022	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested	3 2023 2023

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/6/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of	
	Apr-Jun 2023 2023
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families; Physical therapy was requested 1 2023 2	2023 2023
	Apr-Jun 2023 2023
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cumphedema.; Physical or Occupational therapy was selected; Phy	Apr-Jun
	2023 2023

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/07/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region;	
specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region;	
or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region;	
number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region;	
fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region;	
with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region;	
with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region;	
the patient's clinical presentation; Upper Extremity selected as the body type/region;	
The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
97116 Therapeutic procedure, 1 or does not manage chiropractic but does manage speech therapy for the member's plan;	
	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Physical therapy was requested 1 2023	1023
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
point; Body Part for first pass is Shoulder; 4/7/2023; No patient history in the past 90 days;	
Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific	
body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more	
visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of	
visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe	
objective and functional deficits with instability: constant or intense symptoms with severe	
loss of range of motion, strength, or ability to perform daily tasks best describes the	
patient's clinical presentation; Upper Extremity selected as the body type/region; Physical	
Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
97116 Therapeutic procedure, 1 or does not manage chiropractic but does manage speech therapy for the member's plan;	
	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Physical therapy was requested 2 2023	
0/30/2023 4/1/2023 0/30/2023 inequalitie Approval daming (includes stail climbing) rhysical therapy was requested 2 2023	.023
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
point; Body Part for first pass is Shoulder; 4/10/2023; No patient history in the past 90 days;	
Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific	
body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more	
visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of	
visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild	
or moderate objective and functional deficits with instability: sporadic symptoms with	
minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best	
describes the patient's clinical presentation; Upper Extremity selected as the body	
type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
type/region; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the	Apr-Jun

4/1/2023 - Physical 6/30/2023 4/1/2023 6/30/2023 Medicine Ap	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait pproval training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
0/30/2023 4/1/2023 0/30/2023 Wedicine Ap	pprovai training (includes stail climbing)	саттел в мот теем паптрыше пеациу ганинев, гнузьсаг инетару was requested	1 2023 2023
4/1/2023 - Physical 6/30/2023 4/1/2023 6/30/2023 Medicine Ap	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait oproval training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - Physical	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	point; Body Part for first pass is Shoulder; 4/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
, ,	pproval training (includes stair climbing)	Physical therapy was requested.	1 2023 2023

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/5/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request;; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2, One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The repablication of Cocupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupati							
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families; Physical therapy was requested 1 2023 2023 Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	44 (222		Ohuri			point; Body Part for first pass is Shoulder; 4/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/5/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does	
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The		. /. /	•		, , , , ,		
rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Caupacitional therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; 4/1/2023 - Physical Physical more areas, each 15 minutes; gait Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Apr-Jun Physical therapy was requested training (includes stair climbing) Physical therapy was requested	4/1/2023 -		Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of Cocupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Decupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does 4/1/2023 - Physical manage speech therapy for the member's Pan; Physical therapy was requested; The health Apr-Jun	4/1/2023 -		Physical			point; Body Part for first pass is Shoulder; 4/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families; Physical therapy was requested 1 2023 2023	1.7	4/1/2023	•	Approval	, , , , ,		

4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/15/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
0,30,2023 4,1,2023	0/30/2023 Medicille	πρρισναι	training finerages stan chimping)	carrier 13 (40) New Hampsime Fleating Families, Frigsteal therapy was requested	1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cymphedema.; Physical or Occupational therapy was selected; Phy	Apr-Jun 2 2023 2023
4/1/2023 -	Physical		97116 Therapeutic procedure, 1 or	Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan;	Anslun
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	more areas, each 15 minutes; gait training (includes stair climbing)	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 2 2023 2023
	,		<u>.</u> .	, .	

Perform Body Part Leiection, Perform Body Part selection, First Pass, Second Pass Check point, Body Part for selection, First Pass, Second Pass Check point, Body Part for selection date less than 90 days; Evaluation date less than 90 days in the past 100 days; Call Pass Check part, Body Part pass completes, Questions should your Shoulder request; Three or more visit anticipated, Therapy type is Pathabilitation; Nor Surgical, The anticipated or more visit anticipated, Therapy type is Pathabilitation; Nor Surgical, The anticipated or more visit anticipated, Therapy Special Pass Pass Check pass (Nor Surgical, Pass Pass Pass Pass Pass Pass Pass Pas			
4/1/2023 Physical Medicine Approval training (includes stair climbing) Perform Body Part selection: Perform Body Part selection: First Pass; Second Pass check point; Body Part Seys Second Pass Seco		point; Body Part for first pass is Shoulder; 04/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan	
6/30/2023 Medicine Approval training (includes stair climbing) Physical therapy was requested Perform Body Part selection; Pirst Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past, Surgical; 04/06/2023; Post-Og. Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; Three or more visits anticipated; Therapy thes Reabhilitation; Post-Og. The anticipated number of visits is other than 2.; One Body Part selected, No Second Pass; Requestor is not a faz, Severe objective and functional deficits; severy less of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity Section of Cocupational therapy was selected; Physical or Occupational therapy was selected; Physical Occupational therapy was selected; Physical Occupational therapy was selected; Physical Occupatio	• • • • • • • • • • • • • • • • • • • •	- · · · · · · · · · · · · · · · · · · ·	Ama I
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/13/2023, No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/06/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The evaluation of the set of the rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT	•		
point; Body Part for first pass is Shoulder; 4/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	Physical more areas, each 15 minutes; gait	point; Body Part for first pass is Shoulder; 04/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/06/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of therapy was selected; Physical or Occupational therapy was selected; Physical or Occu	
NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the 4/1/2023 - Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun	Physical more areas, each 15 minutes; gait	point; Body Part for first pass is Shoulder; 4/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of corcupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Healthy Families; Physical therapy was requested 1 2023 2023	23 6/30/2023 Medicine Approval training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023

97116 Therapeutic procedure, 1 or 4/1/2023 - Physical more areas, each 15 minutes; gait 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
o, so, 2525 , 2, 2025 o, so, 2025 medicine , pprovai	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	1 2023 2023
	point; Body Part for first pass is Shoulder; 4/17/2023; No patient history in the past 90 days;	
	Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more	
	visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of	
	visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild	
	or moderate objective and functional deficits without instability: sporadic symptoms with	
	minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best	
	describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
	in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
	NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
0741C They are this assessment of a second s	Physical or Occupational therapy was selected; Physical or Occupational therapy was	
97116 Therapeutic procedure, 1 or 4/1/2023 - Physical more areas, each 15 minutes; gait	selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing)	Healthy Families; Physical therapy was requested	2 2023 2023
	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
	point; Body Part for first pass is Shoulder; 04/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the	
	specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three	
	or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated	
	number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a	
	fax; Severe objective and functional deficits with instability: constant or intense symptoms	
	with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region;	
	Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
	The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
	to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
97116 Therapeutic procedure, 1 or	Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 - Physical more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing)	Physical therapy was requested	1 2023 2023

Perform 80xy Part a Selection, Perform 80xy Part a Vinit size selected. Perform 80xy Part a Vinit size selected is selected in the specific body part. Body Part a Vinit size selected is 80x yin the part 80x 90x; Evaluation dises is set han 50 days in the past, Port Support 10x 90x; Evaluation dises is set han 50 days in the past, Port Support 10x 90x; Evaluation dises is set han 50 days in the past, Port Support 10x 90x; Evaluation dises is set han 50 days in the past, Port Support 10x 90x; Evaluation dises is set han 50 days in the past, Port Support 10x 90x; Evaluation dises is set han 50 days in the past, Port Support 10x 90x; Evaluation dises is set han 50 days in the past, Port Support 10x 90x; Evaluation dises in the set of the Support 10x 90x; Evaluation dises in S							
### April 1997 Physical Medicine Approval Physical Meriany was requested, The health carrier is NOT New Hampshrie Healthy Families; April 1907 Physical Meriany was requested and provided to training (includes stair climbing) Physical Meriany was requested Physical Meriany was requested; The Past, Second Pass check point, Body Part pass compliets; Questions about your Shoulder request; Three or more visits is other than 2, One Body Part pass compliets; Questions about your Shoulder request; Three or more visits is other than 2, One Body Part pass complients; Questions about your Shoulder request; Three or more visits is other than 2, One Body Part pass complients; Questions about your Shoulder request; Three or more visits is other than 2, One Body Part pass complients; Questions about your Shoulder request; Three or more visits is other than 2. One Body Part pass complients; Questions about your Shoulder request; Three or more visits is other than 2. One Body Part pass complients; Questions about your Shoulder request; Three or more visits is other than 2. One Body Part pass complients; Questions about your Shoulder request; Three or more visits is other than 2. One Body Part selection; No Treated to a diagnosis of complete and functions of the structure; Three visits was the part of the					97116 Therapeutic procedure. 1 or	point; Body Part for first pass is Shoulder; 4/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan	
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Physical therapy was requested 1 2023 2023 Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Centek pionit, Eody Part for first pass is Shoulder, Declaration and the specific body part body Part selection; Perform Body Part selection; First Pass; Second Pass Centek pionit, Eody Part for first pass is Shoulder, Declaration and the specific body part Body Part pass complete; Questions about your Shoulder request; Three or more visits anticipated: Therapy type is Rehabilitative, Non-Surgical; The anticipated number of visits is other than 2; One Body Part selected, No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability, constant symptoms and/or symptoms that are intensified with activity with moderate lass or fange of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type-figon; Physical Interpay Speech Therapy was not selected. The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The pass of	4/1/2023 -		Physical				Δnr-lun
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/17/2023. No patient history in the past 90 day; behalten of these less than 90 days; in the shaft 90 days; behalten of selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; Three or more visit anticipated. Therapy type is heliabilitative; Non-surgical; The anticipated number of visits is other than 2; One Body Part selected; No Second Pass. Requestor is not a fax: Severe objective and functional deficits without instability; constant; symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength or ability to perform daily task best describes the patient's clinical pre-1 upper factor of the patient's clinical date is not in the factor of the patient's clinical date is not in the factor of the patient's clinical date is not in the factor of the patient's clinical date is not in the factor of the patient's clinical date is not in the factor of the patient's clinical date is not in the factor of the patient's clinical date is not in the patient's clinical date is not in the patient's clinical dat		1/1/2023	•	Approval			·
point; Body Part for first pass is Shoulder; 04/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; Three or more visits anticipated; Therapy the is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or or Occupational therapy was selected; Physical or or Occupational therapy was selected; Nagellan does not manage chiropractic but does 4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun		1/1/2023	•	Approval	more areas, each 15 minutes; gait	point; Body Part for first pass is Shoulder; 04/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health	•
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families; Physical therapy was requested 1 2023 2023	1.1		•		more areas, each 15 minutes; gait	point; Body Part for first pass is Shoulder; 04/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of Concert.; The occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health	· ·
	6/30/2023 4,	1/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023

Perform Body Part sinetistics, Perform Body Part sinetistics, Fister Pass, Second Pass check point, Body Part for Intelligent Depthy and Souther A 1867 (2012). Beginning the past of the part of the			
koolaaton dates ies shan 50 days in the past, Non Surgial; Shoulder elected as the specific body parts, 60y/ Intra pastice; Discoting Should be relieved as the specific body part, 60y/ Intra past of previous anticipated; Discoting Should be surgical; The or more visit santicipated; Discoting Shoulder selected as the control of visits is other than 2, 2 or an artist of the selected of the selecte		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
body parts skody/Part gass complete; Cuestions about your shoulder request; There or more visits antiquents. There is suggested the antiquent of visits is nother than 2; One Body Parts selected, No Second Pass, Requested in not end fact, Second Pass, Requested in sort of a fact, Second Pass, Requested in the sort of visits is not there than 2; One Body Parts selected, No Second Pass, Requested in sort of the properties with sealing to perform daily tasks best describes the purposer's General present, Uppor Exempting Second Pass selected, Physical or Concupational therapy was selected. Physical or Pass of the purposer's General present in the pass of the pass of the purposer's General present in the pass of the purposer's General present in the pass of the purposer's General present the pass of the purposer's General present in the pass of the p		point; Body Part for first pass is Shoulder; 4/18/2023; No patient history in the past 90 days;	
wists anotopated, Therapy year is Rehabilitative, Non-Surgical, The anticipated marber of visits to other than 2,000 Pers selected, to select severe objective and functional deficits with instability, constant or internse symptoms with severe loss of range of mortal and lives to make that a constant or internse symptoms with severe loss of range of mortal and lives the body type/region. Physical therapy was requested. ### 17/2/2021 ### 19/2/2021 ### 19/2/2021 ### 19/2/2022 ### 19/2/2023		Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific	
visits is other than 2, One Book Part selectedy. No Second Pass, Requestor is not a fars, Severe objective and included fiction with installity, constant or intensity, constant or intensity, constant or intensity, constant or intensity, constant or intensity is extend as the body pyte /region. Physical Therapy, Speech Therapy was collected. The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of concert. The rehabilitation is NOT related to a diagnosis of concert. The rehabilitation is NOT related to a diagnosis of concert. The rehabilitation is NOT related to a diagnosis of concert. The rehabilitation is NOT related to a diagnosis of concert. The rehabilitation is NOT related to a diagnosis of the concert. The rehabilitation is NOT related to a diagnosis of the concert. The rehabilitation is NOT related to a diagnosis of the concert. The rehabilitation is NOT related to a diagnosis of the concert. The rehabilitation is not read to concert. The rehabilitation is not related to a diagnosis of the concert. The rehabilitation is not remained the representation is not concert. The rehabilitation is not remained the representative procedure. In remaining includes start climbing in the representative procedure. In remaining includes start climbing in re		body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more	
objective and functional deficits with instability, constant or interes symptoms with severe loss of range of perform adily tasks bet describes the patient's clinical presentation. J Upper Extremity selected as the body type/region, Physical Therapy, Special Prevalution date is not in the future. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of type-prevalent interprev ses elected, Physical or Occupational therapy was selected. Megallan or one areas, each 15 minutes; gat Physical therapy was selected, Physical or Occupational therapy was selected. Physical or Occupational therapy was selected. The path of th		visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of	
loss of range of motion, strength, or ability to perform doly bask best describes the patient's clinical presentation. () Upper Externity selected as the body pyper/geino, Physical Therapy, Speech Therapy was not selected. Physical or Coupational therapy was selected. Physical or Coupational therapy was selected. Physical or Occupational therapy was se		visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe	
patients, Super-Extremity, selected as the body type/region, Physical Therapy, Speech Therapy, was not selected, the evaluation date is not in the future. The rehabilitation is NOT related to a diagnost of cancer; The		objective and functional deficits with instability: constant or intense symptoms with severe	
Therapy. Speech Therapy was not selected, The evaluation date is not in the future, The rehabilitation is NOT related to a diagnosis of lavery, the rehabilitation is NOT related to a diagnosis of lavery, the rehabilitation is NOT related to a diagnosis of lavery, the rehabilitation is NOT related to a diagnosis of lavery, the rehabilitation is NOT related to a diagnosis of lavery, the rehabilitation is NOT related to a diagnosis of lavery, the rehabilitation is NOT related to a diagnosis of lavery was selected. Physical or Cocquational therapy was selected, Physical or Occupational therapy was selected. Physical or Occupational therapy was selected. Physical or Occupational therapy was selected, Physical or Occupational therapy was selected. Physical or Occupational		loss of range of motion, strength, or ability to perform daily tasks best describes the	
rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of symphetems. Physical or Occupational therapy was selected. Physical or Occupational therapy was selected. Physical or Occupational therapy was selected. Magellan does not manage general therapy for the member's plan; more areas, each 15 minutes; galt Physical therapy was requested. The health carrier is NOT New Hampshire Healthy Families; Apr-Jun (1970) 1970 1970 1970 1970 1970 1970 1970 1970		patient's clinical presentation; Upper Extremity selected as the body type/region; Physical	
diagnosis of Lymphedema, Physical or Occupational therapy was selected, Physical or Occupational therapy was selected, Magellan does not manage chiropractic but does manage speech therapy for the member's plan; 4/1/2023 6/30/2023 Medicine Aproval training (includes stair climbing) Physical therapy was requested. The health carrier is NOT New Hampshire Healthy Families; Apr-Jun 6/30/2023 Medicine Aproval training (includes stair climbing) Physical therapy was requested. The health carrier is NOT New Hampshire Healthy Families; Apr-Jun 6/30/2023 Medicine Aproval training (includes stair climbing) Physical therapy was requested. The health carrier is NOT New Hampshire Healthy Families; Apr-Jun 6/30/2023 Medicine Aproval training (includes stair climbing) Perform Body Part selection, Perform Body Part selection, First Pass; Second Pass check points 6/09 Part flost pass is shoulder; 4/15/2023, hop patient history in the past 90 days; Evaluation dates less than 90 days in the past. Non-Surgical; Shoulder selected as the specific body part; 6/09 Part pass complete, Questions about your Shoulder request; Three or more visits anticipated; The second Pass Requestor is not a fax, Mild or moderate objective and functional deficits with instability; sporadic symptoms with or moderate loss of range of motion, strength, or ability to perform daily to perform		Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
Occupational therapy was selected. Physical or Occupational therapy was selected. Magellan does not manage chiropractic but does manage septed therapy for the member's plan; 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Physical therapy was requested. The health carrier is NOT New Hampshire Healthy Families; Apr-Jun (2002) Physical therapy was requested. The health carrier is NOT New Hampshire Healthy Families; Apr-Jun (2002) Physical therapy was requested. The health carrier is NOT New Hampshire Healthy Families; Perform Body Part selection. Perform Body Part selection, First Pass; Second Pass check point, Body Part for first pass is Shoulder, P19/2023, No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder request; Three or more visits antiquent. Plant pass complete; Questions about your Shoulder request; Three or more visits antiquent. Plant pass complete; Questions about your Shoulder request; Three or more visits antiquent. Plant pass complete; Questions about your Shoulder request; Three or more visits antiquent. Plant pass complete; Questions about your Shoulder request; Three or more visits antiquent. Plant pass complete; Questions about your Shoulder request; Three or more visits in soften than 2, One Body Part selection; No Second Pass; Requestor in not a far, Mild or moderate loss of range of motion, strength, or ability to perform did y tasks best describe the patient's clinical presentation; Upper Externally selected as the body type/region; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future. Physical process of the patient of the patient of described in NoT releated to a diagnosis of cancer. The rehabilitation is NOT releated to a diagnosis of cancer. The rehabilitation is NOT releated to a diagnosis of cancer. The rehabilitation is NOT releated to a diagnosis of cancer. The rehabilitation is NOT releated to a diagnosis of cancer. The rehabilitation is NOT releated to a		rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
971.16 Therapeutic procedure, 1 or does not manage chirporactic but does manage speech therapy for the member's plan; 4/1/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Physical therapy was requested. Physical therapy was requested. Physical therapy was selected, Physical therapy was selected, Physical to Cocupational therapy was selected, Physical to Physical therapy was requested. Physical therapy was selected, Physical to Cocupational therapy was selected, Physical to Span Physical therapy was selected, Physical to Physical therapy was selected, Physical to Cocupa		diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
4/1/2023 Physical Physical (p30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Famillies; Qap-Jun (p30/2023 New Hampshire Healthy Famillies) Physical therapy was requested (p30/2023 New Hampshire Healthy Famillies) Physical therapy was requested (p30/2023 New Hampshire Healthy Famillies) Physical Therapy to the maintenance of the page of		Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Physical therapy was requested 2 2 2023 2023 Physical for Coupational therapy was requested 2 2 2023 2023 2023 Physical for Solidary and Solidary Solida	97116 Therapeutic procedure, 1 or	does not manage chiropractic but does manage speech therapy for the member's plan;	
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/3/2023. No patient history in the past 90 days; In Past Non-Surgical. The anticipated as the specific body part; Body Part pass complete; Questions about your Shoulder requests; Three or more visits anticipated; The appropriated number of visits is other than 2; One Body Part pass complete; Questions about your Shoulder requests; Three or more visits anticipated; The appropriated number of visits is other than 2; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability; sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform dialy tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region, Physical Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of tymphedema; Physical or Occupational therapy was selected; Physical or Procupational therapy was selected; Physical or Occupational therapy was necessary or the past 90 days; Evaluation date is not in the future; Three or more visits anticipated; Threap type is Reha	4/1/2023 - Physical more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
point; Body Part for first pass is Shoulder; 4/19/2023. No patient history in the past 90 days; Evaluation dates less than 90 days in the past, Non-Surgical, Shoulder selected as the expertite body part Body Part pass complete; Cuestions about your Shoulder request; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2; One Body Part selected; No Second Pass; Requestor in ort a fax; Mild or moderate objective and functional deficits with instability; sporadic symptoms with minimal to moderate objective and functional deficits with instability; sporadic symptoms with minimal to moderate objective and functional deficits with instability sporadic symptoms with minimal to moderate objective and functional deficits with instability sporadic symptoms with minimal to moderate objective and functional deficits with instability or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy, was not selected; the evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Cumphodeman, Physical or Occupational therapy was selected; Physical Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational t	6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing)	Physical therapy was requested	2 2023 2023
point; Body Part for first pass is Shoulder; 4/19/2023. No patient history in the past 90 days; Evaluation dates less than 90 days in the past, Non-Surgical, Shoulder selected as the expertite body part Body Part pass complete; Cuestions about your Shoulder request; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2; One Body Part selected; No Second Pass; Requestor in ort a fax; Mild or moderate objective and functional deficits with instability; sporadic symptoms with minimal to moderate objective and functional deficits with instability; sporadic symptoms with minimal to moderate objective and functional deficits with instability sporadic symptoms with minimal to moderate objective and functional deficits with instability sporadic symptoms with minimal to moderate objective and functional deficits with instability or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy, was not selected; the evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Cumphodeman, Physical or Occupational therapy was selected; Physical Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational t			
Evaluation dates less than 90 days in the past, Non-Surgical; Shoulder selected as the specific body part; Baody Part asso complete; Ucestions about your Shoulder request; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2, 20 no Body Parts selected; No Secrod Pass; Requestor is not a fax, Mild or moderate objective and functional deficits with instability; sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of the speech therapy was selected; Physical or Occupational therapy was selected; Physical Occupational therapy was selected;		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
body part; Body Part pass complete; Questions about your Shoulder request; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate loss of range of motion, strength, or ability to perform faily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of type physical or Occupational therapy was selected; Physical Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical or Occupational therapy was selected; Magellan does not manage speech therapy for the member's plan; Physical or Occupatio		point; Body Part for first pass is Shoulder; 4/19/2023; No patient history in the past 90 days;	
wists anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patients' clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis o		Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific	
wists is other than 2; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of stronger, The rehabilitation is NOT related to a diagnosis of stronger, Physical or Occupational therapy was selected; Physical or Occupational therapy was requested. Physical or Occupational therapy was requested. Physical or Occupational therapy was requested. Physical therapy was requested. Perform Body Parts selection; Perform Body Parts selection; Perform Body Parts selected as the body part selection; Perform Body Parts selected as the body part selected in the past, Non-Surgical; The anticipated number of visits is other than 2; One Body Part selected; No Second Pass; Requestor is not a fax, Severe objective and functional deficits with instability; constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy was requested. Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Phys		body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more	
or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of tymphedema. Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested. 4/1/2023		visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of	
minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy, Speech Therapy was not selected; the evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer and therapy was selected; Physical or Occupational therapy was sequested. 4/1/2023		visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild	
describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therappy, Speech Therapp was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a		or moderate objective and functional deficits with instability: sporadic symptoms with	
type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer., The rehabilitation is NOT related to a diagnosis of tymphedema; Physical or Occupational therapy was selected; Physical or Occupational ther		minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best	
in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema., Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Healthy Families; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Healthy Families; Physical therapy was requested. 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Healthy Families; Physical therapy was requested. Perform Body Part selection; Perform Body Part selected; No Second Pass, Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a di		describes the patient's clinical presentation; Upper Extremity selected as the body	
NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical therapy was requested to dea manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun Healthy Families; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun Apr-Jun Adpr-Jun Apr-Jun		type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the more areas, each 15 minutes; gait Perform Body Part selection; Perform Body Part selected as the specific body part, Body Part pass complete; Questions about your Shoulder request; ; Three or more visits and inclinated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of more or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy, Speech Therapy was not selected; Physical or Occupational therapy was selected; Physical or Occupational therap		in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun Healthy Families; Physical therapy was requested the application, Perform Body Part selection, Perform Body Part s		NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
4/1/2023 - Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun Healthy Families; Physical therapy was requested 2 2023 2023 Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part first pass is Shoulder; 6/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;		Physical or Occupational therapy was selected; Physical or Occupational therapy was	
Healthy Families; Physical therapy was requested 2 2023 2023 Perform Body Part selection; First Pass; Second Pass check point; Body Part selection; For first pass is Shoulder; 04/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass, Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The realuation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Magellan 97116 Therapeutic procedure, 1 or does not manage chiropractic but does manage speech therapy for the member's plan; 4/1/2023 - Physical more areas, each 15 minutes; gait Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Apr-Jun	97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occu	4/1/2023 - Physical more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
point; Body Part for first pass is Shoulder; 04/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy the is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Alagellan 97116 Therapeutic procedure, 1 or does not manage chiropractic but does manage speech therapy for the member's plan; 4/1/2023 - Physical more areas, each 15 minutes; gait Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Apr-Jun	6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing)	Healthy Families; Physical therapy was requested	2 2023 2023
days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cupational therapy was selected; Physical or Occupational therapy was selected; Magellan Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; 4/1/2023 - Physical more areas, each 15 minutes; gait Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Apr-Jun		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan 97116 Therapeutic procedure, 1 or does not manage chiropractic but does manage speech therapy for the member's plan; 4/1/2023 - Physical more areas, each 15 minutes; gait Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Apr-Jun		point; Body Part for first pass is Shoulder; 04/19/2023; No patient history in the past 90	
or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cumpartional therapy was selected; Physical or Occupational ther		days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the	
number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Concert; The rehabilitation of Cocupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan 97116 Therapeutic procedure, 1 or does not manage chiropractic but does manage speech therapy for the member's plan; Apr-Jun Physical or Physical or Not New Hampshire Healthy Families; Apr-Jun		specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three	
fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation or NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan 97116 Therapeutic procedure, 1 or does not manage chiropractic but does manage speech therapy for the member's plan; 4/1/2023 - Physical more areas, each 15 minutes; gait Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Apr-Jun		or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated	
with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan 97116 Therapeutic procedure, 1 or does not manage chiropractic but does manage speech therapy for the member's plan; 4/1/2023 - Physical more areas, each 15 minutes; gait Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Apr-Jun		number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a	
the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan 97116 Therapeutic procedure, 1 or does not manage chiropractic but does manage speech therapy for the member's plan; 4/1/2023 - Physical more areas, each 15 minutes; gait Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Apr-Jun		fax; Severe objective and functional deficits with instability: constant or intense symptoms	
Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan 97116 Therapeutic procedure, 1 or does not manage chiropractic but does manage speech therapy for the member's plan; 4/1/2023 - Physical more areas, each 15 minutes; gait Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Apr-Jun		with severe loss of range of motion, strength, or ability to perform daily tasks best describes	
The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cancer.; The rehabilitation is NOT related to a diagnosis of Cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; 4/1/2023 - Physical more areas, each 15 minutes; gait Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Apr-Jun		the patient's clinical presentation; Upper Extremity selected as the body type/region;	
to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan 97116 Therapeutic procedure, 1 or does not manage chiropractic but does manage speech therapy for the member's plan; 4/1/2023 - Physical more areas, each 15 minutes; gait Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Apr-Jun		Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan 97116 Therapeutic procedure, 1 or does not manage chiropractic but does manage speech therapy for the member's plan; 4/1/2023 - Physical more areas, each 15 minutes; gait Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Apr-Jun			
Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan 97116 Therapeutic procedure, 1 or does not manage chiropractic but does manage speech therapy for the member's plan; 4/1/2023 - Physical more areas, each 15 minutes; gait Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Apr-Jun			
97116 Therapeutic procedure, 1 or does not manage chiropractic but does manage speech therapy for the member's plan; 4/1/2023 - Physical more areas, each 15 minutes; gait Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Apr-Jun			
4/1/2023 - Physical more areas, each 15 minutes; gait Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Apr-Jun	97116 Therapeutic procedure, 1 or	does not manage chiropractic but does manage speech therapy for the member's plan;	
C/00/2022 A/a/2022 C/00/2022 No. divisor Assessed Assesse	4/1/2023 - Physical more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Physical therapy was requested	6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing)	Physical therapy was requested	1 2023 2023

					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan	
				97116 Therapeutic procedure, 1 or	does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested	3 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of coccupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 -		Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 08/01/2020; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selec	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
	. ,	,	er	<u> </u>		

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/17/2022; Post-Op; Shoulder	
point; Body Part for first pass is Shoulder; 4/19/2023; No patient history in the past 90 days;	
Evaluation dates less than 90 days in the past, surgical, 12/17/2022, Post-op, Shoulder	
colorted as the specific hade part Dady Dark pass semplete. Occasions about your Charles	
selected as the specific body part; Body Part pass complete; Questions about your Shoulder	
request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The	
anticipated number of visits is other than 2.; One Body Part selected; No Second Pass;	
Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of	
motion, strength, or ability to perform daily tasks best describes the patient's clinical	
presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech	
Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future;	
The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
97116 Therapeutic procedure, 1 or or Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
	123 2023
o/30/2023 4/1/2023 o/30/2023 inequicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families; Physical therapy was requested 1.20	23 2023
Derform Radiu Part colortions Derform Radiu Part colortions First Page Council Page Aprel	
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
point; Body Part for first pass is Shoulder; 4/20/2023; No patient history in the past 90 days;	
Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific	
body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more	
visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of	
visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe	
objective and functional deficits without instability: constant symptoms and/or symptoms	
that are intensified with activity with moderate loss of range of motion, strength, or ability	
to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as	
the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation	
date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The	
rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
therapy was selected; Physical or Occupational therapy was selected; Physical or	
97116 Therapeutic procedure, 1 or Occupational therapy was selected; Magellan does not manage chiropractic but does	
	Anr lun
	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families; Physical therapy was requested 1 20	23 2023
Perform Park Park apparation, Perform Park Splanting, First Park, Consul Park Splanting,	
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
point; Body Part for first pass is Shoulder; 04/21/2023; No patient history in the past 90	
days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the	
specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three	
or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated	
number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a	
fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms	
with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks	
best describes the patient's clinical presentation; Upper Extremity selected as the body	
type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	
riiysicai di Occupationai triciapy was sciecteu, riiysicai di Occupational triciapy was	
97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the	Apr luc
97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the 4/1/2023 - Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun 123 2023

Perform Body Part selection; Perform Body Part selection; First Pass; Second	Pass check
point; Body Part for first pass is Shoulder; 04/21/2023; No patient history in t	the past 90
days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder s	elected as the
specific body part; Body Part pass complete; Questions about your Shoulder	request: ; Three
or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The a	inticipated
number of visits is other than 2.; One Body Part selected; No Second Pass; Re	equestor is not a
fax; Severe objective and functional deficits with instability: constant or inten	•
with severe loss of range of motion, strength, or ability to perform daily tasks	
the patient's clinical presentation; Upper Extremity selected as the body type	
Physical Therapy Speech Therapy was not selected: The evaluation date is no	
The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation	•
· · · · · · · · · · · · · · · · · · ·	
to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected	•
Occupational therapy was selected; Physical or Occupational therapy was sel	
97116 Therapeutic procedure, 1 or does not manage chiropractic but does manage speech therapy for the meml	The state of the s
4/1/2023 - Physical more areas, each 15 minutes; gait Physical therapy was requested; The health carrier is NOT New Hampshire He	
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Physical therapy was requested	1 2023 2023
Perform Body Part selection; Perform Body Part selection; First Pass; Second	
point; Body Part for first pass is Shoulder; 4/21/2023; No patient history in th	ne past 90 days;
Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selecte	ed as the specific
body part; Body Part pass complete; Questions about your Shoulder request:	; Three or more
visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipate	ed number of
visits is other than 2.; One Body Part selected; No Second Pass; Requestor is r	not a fax; Severe
objective and functional deficits with instability: constant or intense symptor	ms with severe
loss of range of motion, strength, or ability to perform daily tasks best descril	bes the
patient's clinical presentation; Upper Extremity selected as the body type/re	
Therapy; Speech Therapy was not selected; The evaluation date is not in the	T 1
rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NO	·
diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Pl	
Occupational therapy was selected; Physical or Occupational therapy was	•
	, 3
97116 Therapeutic procedure, 1 or does not manage chiropractic but does manage speech therapy for the memil	• •
4/1/2023 - Physical more areas, each 15 minutes; gait Physical therapy was requested; The health carrier is NOT New Hampshire He	, , , , , , , , , , , , , , , , , , , ,
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Physical therapy was requested	1 2023 2023
Perform Body Part selection; Perform Body Part selection; First Pass; Second	Dace chack
point; Body Part for first pass is Shoulder; 4/24/2023; No patient history in th	
Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selecte	•
body part; Body Part pass complete; Questions about your Shoulder request:	
visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipate	
visits is other than 2.; One Body Part selected; No Second Pass; Requestor is i	not a fax; Mild
or moderate objective and functional deficits with instability: sporadic sympt	coms with
minimal to moderate loss of range of motion, strength, or ability to perform	daily tasks best
describes the patient's clinical presentation; Upper Extremity selected as the	body
type/region; Physical Therapy; Speech Therapy was not selected; The evaluat	tion date is not
in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The I	
NOT related to a diagnosis of Lymphedema.; Physical or Occupational therap	
Physical or Occupational therapy was selected; Physical or Occupational therapy	
97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech th	. ,
4/1/2023 - Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT Ne	• •
	1 2023 2023
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Healthy Families; Physical therapy was requested	1 2023 2023

Perform Body Part selection; Perform Body Part selection; Pirst Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative, Non-Surgical; The anticipated number of visits is other than 2; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability; sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Physical or Occupational therapy was requested. 97116 Therapeutic procedure, 1 or Occupational therapy was selected; Physical or Occupational therapy was requested or Occupational therapy was selected; Physical or Occupational therapy was requested. 97116 Therapeutic procedure, 1 or Occupational therapy was requested. The health of Occupational therapy was requested or Occupational therapy was requested. The health of Occupational therapy was requested or Occupational therapy was requested to a diagnosis of Occupational therapy was requested to a diagnosis of Occup	Apr-Jun 1 2023 2023
97116 Therapeutic procedure, 1 or does not manage chiropractic but does manage speech therapy for the member's plan;	Apr lup
4/1/2023 - Physical more areas, each 15 minutes; gait Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; 6/30/2023 Medicine Approval training (includes stair climbing) Physical therapy was requested	Apr-Jun 1 2023 2023
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Physical or Occupational therapy was selected; Physical or Occup	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023

4/1/2023 -		Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/7/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cocupational therapy was selected; Physical or Occupational therapy was selected; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/6/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to Occupational therapy was selected; Physical or O	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine Ap	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait proval training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
6/30/2023 4/1/2023	6/30/2023 Medicine Ap	proval training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine Ap	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait proval training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Decupational therapy was selected; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait pproval training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 64/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The nember's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023

Perform Body Part selection, Perform Body Parts Plans, Second Plans check point; Body Part for First, pass (Poly Part for First, pass) (Poly Part for Part fass) (Poly Part fast) (Poly Part for Part fass) (Poly Part for Part fast) (Poly							
days, Evaluation dates less than 90 days in the past, Non-Surgicis, Shoulder selected as the seed to body and though court for the member's plan. The physical form of the physical or constraints of the physical or constraints of the physical or constraints. The physical form of the past of the physical or constraints. The physical form of the past of						Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
specific body part 4 body Part pass complete, Questions about your Shoulder request; Three or more with an intelligence of more with an intelligence of the part o						point; Body Part for first pass is Shoulder; 04/26/2023; No patient history in the past 90	
or more visits to other bar. J. One Body Part scienced No Surgool: The anticipated number of visits to other bar. J. One Body Part scienced No Surgool: The anticipated anticipated inclinated indicins with instability: constant or intense symptoms with savere loss of motion, strength, or ability per perform sally its absent describes the patients' clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy was not selected. The evaluation date is not in the future! The rehabilitation is NOT related to a diagnost of cancer, the rehabilitation is NOT related to a diagnost of cancer, the rehabilitation is NOT related to a diagnost of cancer, the rehabilitation is NOT related to a diagnost of cancer, the rehabilitation is NOT related to a diagnost of cancer, the rehabilitation is NOT related to a diagnost of cancer, the rehabilitation is NOT related to a diagnost of cancer, the rehabilitation is NOT related to a diagnost of the patients. Physical therapy was not excluded. The rehabilitation is NOT related to a diagnost of the patients of the pat						days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the	
number of visits is other than 2, One Body Part selection, No Second Pass, Requestor is not a fag, Severe object and functional deficits with instability, contact or intense symptoms with severe loss of range of motions, streight, or ability to perform daily tasks best describes the patients', client of microsia deficits to in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema, Physical or Occupational therapy was selected; Physical or Physical therapy was selected; Physical or Occupational the						specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three	
figs. Severe objective and functional deficits with installability, constant or intense symptoms with severe loss of ability to perform daily tasks best describes the patient's clinical precentation. Upper Extremity selected as the body type/region; Physical Temporal and the law of the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabil						or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated	
figs. Severe objective and functional deficits with instability, constant or internse symptoms with severe loss and per distinus, stereign, a ability to perform daily tasks best describes the pattern's clinical presentation. Upper Extremity selected as the body type/region; Physical Temporary was not selected. The equilation date in one in the future, The rehabilitation is NOT related to a diagnosis of cancer; the chabilitation is NOT related to a diagnosis of control, the chabilitation is NOT related to a diagnosis of control, the chabilitation is NOT related to a diagnosis of control, the chabilitation is NOT related to a diagnosis of control, the chabilitation is NOT related to a diagnosis of control, the chabilitation is NOT related to a diagnosis of control, the chabilitation is NOT related to a diagnosis of control, the chabilitation is NOT related to a diagnosis of control, the chabilitation is NOT related to a diagnosis of control, the chabilitation is NOT related to a diagnosis of control, the chabilitation is NOT related to a diagnosis of control, the chabilitation is NOT related to a diagnosis of control, the chabilitation is NOT related to a diagnosis of control, the chabilitation is NOT related to a diagnosis of control, the chabilitation is NOT related to a diagnosis of control, the chabilitation is NOT related to a diagnosis of control, the chabilitation is NOT related to a diagnosis of control is not in the future. The rehabilitation is NOT related to a diagnosis of control is the chabilitation is NOT related to a diagnosis of control is the chabilitation is NOT related to a diagnosis of control is the chabilitation is NOT related to a diagnosis of control is the chabilitation is NOT related to a diagnosis of control is the chabilitation is NOT related to a diagnosis of control is the chabilitation is NOT related to a diagnosis of control is the chabilitation is NOT related to a diagnosis of control is the chabilitation is NOT related to a diagnosis of control is the chabilitation is NOT related						number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a	
with severe loss of range of motions, strength, or ability to perform daily tasks best describes the patient's clinical and presentation; Upper Earminy selected, as the obody hyper/region; Physical therapy, Speech Therapy was not selected, the evaluation date in ont in the future. The rehabilitation is NOT related to a diagnosis of Lymphedema, Physical of Occupational therapy was selected, Physical or Occupational therapy was selected, Physical manual of the patients of the patien						· · · · · · · · · · · · · · · · · · ·	
the patient's dirical presentation; Upper Extremity selected as the body type/region; Physical Therapy Speech Therapy was reselected, the patient on Selected, the evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagno							
Physical Threapy, Speech Therapy was not selected. The evaluation date is not in the future: The rehabilitation is Not Trelated to a diagnosis of Lancer, 11 metablitation is Not Trelated to a diagnosis of Lancer, 11 metablitation is Not Trelated to a diagnosis of Lancer, 11 metablitation is Not Trelated to a diagnosis of Lancer, 11 metablitation is Not Trelated to a diagnosis of Lancer, 11 metablitation is Not Trelated to a Coupational threapy was selected. Physical or Occupational threapy was selected. Physical Occupational threapy for the member's plan; Physical threapy was selected; the Metablitation is Not Trelated to a diagnosis of Lancer, 11 members of the Physical Physica							
The rebabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of the proposal for the proposal of coupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested. The health carrier is NOT New Hampshire Healthy Samples (Physical or Occupational therapy was requested.) Aprivation of the proposal desired of the proposal of							
diagnosis of Lymphetedima, Physical or Occupational therapy was selected, Magellan does not manage chiropractic but does manage speech therapy for the member's plan, Physical therapy was requested. The health carrier is NOT New Hampshire thetalthy Families; Aprium (Aprium) (A						, , , , , , , , , , , , , , , , , , , ,	
Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; and provided the provided of the more areas, each 15 minutes; gait of the physical therapy was requested; The health carrier is NOT New Hampshire Health y Families; Apr-lum for a visit and the provided of the past of						•	
97116 Therapeutic procedure, 1 or does not manage chiropractic but does manage speech therapy for the member's plan; 4/1/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) 97116 Therapeutic procedure, 1 or does not manage chiropractic but does manage speech therapy for the member's plan; 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; pat the plant for the plant pass complete; Questions about your "Shoulder requests; Three or more vists a microparted mumber of visits is other than 2. One Book Plant selection; but your "Shoulder requests; Three or more vists a microparted mumber of visits is other than 2. One Book Plant selected; No Second Pass; Requestor is not a far, Severe objective and unutcinal edicinity to perform daily asks best describes the patients indical presentation; Jupper Extremity septoms with severe loss of range of motion, strength, or ability to perform daily asks best describes the patients indical presentation; Jupper Extremity selected, 2 Physical Therapy was selected; The evaluation and test is not in the future. The rehabilitation is NOT related to a diagnosis of cancer; the rehabilitation is NOT related to a diagnosis of unpheterina; Physical or Occupational therapy was selected, Magelland desired an adaption of the plant of the patients of the patie							
4/1/2023 - 4/1/2023 6/38/2023 Medicine Approval more areas, each 15 minutes; gatt 6/30/2023 4/1/2023 6/38/2023 Medicine Approval training (includes stair climbing) Physical therapy was requested. The health carrier is NOT New Hampshire Healthy Familles; Approval Perform Body Part selection; Perform Body Part selection; Pist Pass; Second Pass check pion; the past Non-Surgial; Shoulder selected as the specific body parts perform thosy by Part for Inst past Shoulder, 4/28/2023; No patient history in the past 9/30 days; Evaluation dates less than 90 days in the past; Non-Surgial; Shoulder selected as the specific body parts. Body Part pass complete, Questions about your Shoulder request: Time or more visits anticipated; Therapy type is Rehabilitative; Non-Surgial; The anticipated number of visits to both parts. Body Part passes ompleted; Questions about your Shoulder request: Time or more visits anticipated; Therapy type is Rehabilitative; Non-Surgial; The anticipated number of visits to both than 2/2 one Body Parts elected; No Second Pass; Requestor is not a fas. Severe ologicitive and functional deficits with instability; constant or intense symptoms with severe loss of range of motion, strength, or ability to perform ally tables bet describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy was not selected; The real-buildation is NOT related to a diagnosis of tymphedema; Physical or Occupational therapy was selected; Physical or or Physical or Occu							
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Perform Body Part selection, Perform Body Part selection, First Pass; Second Pass; Second Pass check point; Body Part for first pass is Shoulder; 47/26/2023. No pattent history in the past 90 days; Explained notates; less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; Three or more visitant offices with increasing the pattent of					• •		
Perform Body Part selection, Perform Body Part selection, First Pass, Second Pass check point. Body Part for first pass is Shoulder 24/26/2023. No Body Part selected as the specific body parts. Body Part for first pass is Shoulder 24/26/2023. No Body Parts selected as the specific body parts. Body Part pass complete. Questions about your Shoulder request: "Three or more visits anticipated; The anticipated number of visits is other than 2.) One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficts with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation. Jupper Extremity selected as the body typer/egion, Physical Therapy. Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of support the past you as selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested. The health carrier is NOT New Hampshire Healthy Families; Apr-Jun 12023 2023 41/2023 6/30/2023 Medicine Approval training (includes stair climbing) Physical therapy was requested. The health carrier is NOT New Hampshire Healthy Families; Apr-Jun 12023 2023 Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Seck point; Body Part for first pass is Shoulder equest; Three or more wists anticipated; Threapy type is Rehabilitative, Non-Surgical; Shoulder selected as the specific body parts and past the past years of	1 ' '		•		, , , ,		· ·
point; Body Part for first pass is Shoulder; 4/26/2023. No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; † Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits other than 2. One Body Part selected; No Second Pass, Requester is not a fair, Severe objective and functional deficits with instability; constant or intense symptoms with sewere loss of range of motion, strength, or ability to perform day list ask best describes the patients's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy, Sepech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of tumpledema, Physical or Occupational therapy was selected; Physical or Occupational therapy was selected as the body type/region; Phy	6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)		1 2023 2023
Evaluation dates less than 90 days in the past, Non-Surgical; Shoulder selected as the specific body part, Body Part pass complete; Questions about your Shoulder request; Three or more wishs anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of wishs to other than 2, One Body Part selected; No Second Pass, Requestor is not a far, Severe objective and functional deficits with instability; constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the paller of selected; Mose conditions as the body type (eggion; Physical or Occupational therapy was selected; Physical or Occupational therapy was not selected; Non-Surgical; Phosical or Occupational therapy was not selected; Non-Surgical; Phae anticipated unmer or visits anticipated; Interpay type is Rehabilitative; Non-Surgical; Phae anticipated unmer or visits anticipated; Physical or Occupational therapy was						· · · · · · · · · · · · · · · · · · ·	
body part; Body Part pass complete; Questions about your Shoulder request; Three or more visits anticipated; Threapy you is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability; constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected is the body type/region; Physical Therapy, specific Therapy was not selected; The valuation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer and therapy was selected; Physical or Occupational therapy was selected; Physical Occupational therapy was selected; Physical or Occupational therapy was selected; Physical dured or Occupational therapy was select						point; Body Part for first pass is Shoulder; 4/26/2023; No patient history in the past 90 days;	
visits is anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass, Requestor is not a fax; Severe objective and functional deficits with instability; constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Externally selected as the body type/region. Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of clinacer;. The rehabilitation is NOT related to a diagnosis of clinacer; The rehabilitation is NOT related to a diagnosis of concern; The rehabilitation is NOT related to a diagnosis of concerns the representation of Cocupational therapy was selected. Physical or Occupational therapy was selected, Magellan does not manage chiropractic but does manage speech therapy for the member's plan; ### Physical therapy was requested of the member's plan; ### Physical therapy was requested. The health carrier is NOT New Hampshire Healthy Families; ### Apr-Jun 6/30/2023 ### Apr selection; Perform Body Part selection; Pist Pass; Second Pass check point; Body Part selection; Perform Body Part selection; Pist Pass; Second Pass check point; Body Part selection; Perform Body Part selection; Pist Pass; Second Pass check point; Body Part pass complete; Questions about your Shoulder request; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; Doubled release the specific body part; Body Part pass complete; Questions about your Shoulder request; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selection, Non-Surgical; Thou anticipated number of visits is other than 2.; One Body Part selection, Non-Surgical; Thou anticipated number of visits is other than 2.; One Body Part selection, Non-Surgical; Thou anticipated numbe						Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific	
wists is other than 2; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability; constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region, Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of supplements; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; 4/1/2023 - Physical more areas, each 15 minutes; gait more areas, each 15 minutes; gait Physical therapy was requested. The health carrier is NOT New Hampshire Healthy Families; Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Physical therapy was requested. The health carrier is NOT New Hampshire Healthy Families; Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Physical therapy was requested. The health carrier is NOT New Hampshire Healthy Families; Apr-Jun 6/30/2023 4/1/2023 Apr-Jun 6/30/2023 Medicine Approval training (includes stair climbing) Physical therapy was requested. The patient schild includes the stan 90 days in the past; Non-Surgical; Shoulder selected as the specific body part, Body Part past complete, Questions about your Shoulder request; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2; One Body Part selection; Poscond Pass, Requestor is not a fax, Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the						body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more	
objective and functional deficits with instability: constant or intense symptoms with sever loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy. Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation of Not related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was						visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of	
loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy, Speech Therapy was not selected. The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of canneer, The rehabilitation is NOT related to a diagnosis of Lymphedema. Physical or Occupational therapy was selected; Physical or						visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe	
patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer, The diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical does not manage speech therapy for the member's plan; Apr-Jun does not manage chiropractic but does manage speech therapy for the member's plan; Apr-Jun does not manage chiropractic but does manage speech therapy for the member's plan; Apr-Jun does not manage chiropractic but does manage speech therapy for the member's plan; Apr-Jun does not manage chiropractic but does manage speech therapy for the member's plan; Apr-Jun does not manage chiropractic but does manage speech therapy for the member's plan; Apr-Jun does not manage chiropractic but does manage speech therapy for the member's plan; Apr-Jun does not manage chiropractic but does manage speech therapy for the member's plan; Apr-Jun does not manage chiropractic but does manage speech therapy for the member's plan; Apr-Jun does not manage chiropractic but does manage speech therapy for the member's plan; Apr-Jun does not manage chiropractic but does manage speech therapy for the member's plan; Apr-Jun does not manage chiropractic but does Apr-Jun does not manage chiropractic but does manage speech therapy for the member's plan; Apr-Jun does not manage chiropractic but does manage speech therapy for the member's plan; Apr-Jun does not manage chiropractic but does Apr-Jun does not manage						objective and functional deficits with instability: constant or intense symptoms with severe	
Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of the specific body part; selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 426/2023, No patient history in the past 90 days; Evaluation dates in so therapy was requested as the body type; or long to the remove of visits is other than 2; One Body Part selection; Perform Body Part selection; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 426/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2; One Body Part selection; Perform Body Part selection; Perform Pass (Pass) and the past Non-Surgical; The anticipated number of visits is other than 2; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability; constant symptoms and/or symptoms and or s						loss of range of motion, strength, or ability to perform daily tasks best describes the	
rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of tymphedema, Physical or Occupational therapy was selected, Physical or Occupational therapy was requested. 4/1/2023 Physical Physical more areas, each 15 minutes; gait Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Apr-Jun 6/30/2023 Apr-Jun 6/30/2023 Medicine Approval training (includes stair climbing) Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; The anticipated as the specific body part; Body Part pass (passed on the past) Non-Surgical; The anticipated number of visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits other than 2.; One Body Part selected; No Second Pass; Requestor is not afax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform adily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future. The rehabilitation is NOT related to a diagnosis of tymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The health Apr-Jun manage speech therapy for the member's plan; Physical therapy was requested. The health Apr-Jun						patient's clinical presentation; Upper Extremity selected as the body type/region; Physical	
diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; 4/1/2023 - Physical more areas, each 15 minutes; gait does not manage chiropractic but does manage speech therapy for the member's plan; Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Apr-Jun 6/30/2023 Medicine Approval training (includes stair climbing) Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health Apr-Jun						Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; 4/1/2023 - Physical more areas, each 15 minutes; gait does not manage chiropractic but does manage speech therapy for the member's plan; Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Apr-Jun 6/30/2023 Medicine Approval training (includes stair climbing) Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health Apr-Jun						rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chirorpractic but does manage speech therapy for the member's plan; 4/1/2023 - Physical more areas, each 15 minutes; gait more areas, each 15 minutes; gait physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Physical therapy was requested 1 2023 2023 Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Then past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Then past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Then past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Then past 90 days; Evaluation dates less than 90 days; Evalua							
97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Apr-Jun 6/30/2023 4/1/2023 Medicine Approval training (includes stair climbing) Physical therapy was requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part spass complete; Questions about your Shoulder request; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health Apr-Jun Marchael and the past of the manage chiropractic but does							
4/1/2023 - Physical more areas, each 15 minutes; gait Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Physical therapy was requested 1 2023 2023 Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part foor first pass is Shoulder; 4/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is not related to a diagnosis of cancer of the evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is not related to a diagnosis of cancer. The rehabilitation is not related to a diagnosis of cancer. The rehabilitation is not related to a diagnosis of cancer. The rehabilitation is not related to a diagnosis of cancer. The rehabilitation is not related to a diagnosis of cancer. The rehabilitation is not related to a diagnosis of cancer. The rehabilitation is not related to a diagnosis of cancer. The rehabilitation is not related to a diagnosis of ca					97116 Therapeutic procedure, 1 or		
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Proform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health Apr-Jun	4/1/2023 -		Physical		• • •		Δnr-lun
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Three or more visits anticipated, Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.		4/1/2022	•	Approval	· · · · · · · · · · · · · · · · · · ·		· ·
point; Body Part for first pass is Shoulder; 4/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does 4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun	0/30/2023	4/1/2023	0/30/2023 Wiedicilie	Арргочаг	training (includes stair climbing)	Priysical therapy was requested	1 2023 2023
point; Body Part for first pass is Shoulder; 4/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does 4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun						Perform Body Part selection: Perform Body Part selection: First Pass: Second Pass shock	
Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cancer.; The rehabilitation is NOT related to a diagnosis of Cocupational therapy was selected; Physical or Occupational therapy was selected; The health Apr-Jun						•	
body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or 97116 Therapeutic procedure, 1 or Occupational therapy was selected; Magellan does not manage chiropractic but does 4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun							
visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does 4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun						, , , , , , , , , , , , , , , , , , , ,	
visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does 4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun							
objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of concerc.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or 97116 Therapeutic procedure, 1 or Occupational therapy was selected; Magellan does not manage chiropractic but does 4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun							
that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or 97116 Therapeutic procedure, 1 or Occupational therapy was selected; Magellan does not manage chiropractic but does 4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun							
to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or 97116 Therapeutic procedure, 1 or Occupational therapy was selected; Magellan does not manage chiropractic but does 4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun							
the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or 97116 Therapeutic procedure, 1 or Occupational therapy was selected; Magellan does not manage chiropractic but does 4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun						,	
date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or 97116 Therapeutic procedure, 1 or Occupational therapy was selected; Magellan does not manage chiropractic but does 4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun							
rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or 97116 Therapeutic procedure, 1 or Occupational therapy was selected; Magellan does not manage chiropractic but does 4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun							
therapy was selected; Physical or Occupational therapy was selected; Physical or 97116 Therapeutic procedure, 1 or Occupational therapy was selected; Magellan does not manage chiropractic but does 4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun						date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The	
97116 Therapeutic procedure, 1 or Occupational therapy was selected; Magellan does not manage chiropractic but does 4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun						rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun						therapy was selected; Physical or Occupational therapy was selected; Physical or	
					97116 Therapeutic procedure, 1 or	Occupational therapy was selected; Magellan does not manage chiropractic but does	
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families; Physical therapy was requested 1 2023 2023	4/1/2023 -		Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
	6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/5/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cymphedema; Physical or Occupational therapy was selected; Physical or Physical or Occupational therapy was selected; Physical Occupational th							
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/5/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Coccupational therapy was selected; Physical or Occupational therapy was selected; Physical or Physical or Physical or Decompational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Physical or Occupational therapy was selected; Physical Occupational			•	Approval	more areas, each 15 minutes; gait	point; Body Part for first pass is Shoulder; 04/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/30/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was s	Apr-Jun 1 2023 2023
point; Body Part for first pass is Shoulder; 4/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/5/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical 97116 Therapeutic procedure, 1 or or Occupational therapy was selected; Magellan does not manage chiropractic but does 4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health	6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
	1 ' '		Physical 6/30/2023 Medicine	Approval	• • •	point; Body Part for first pass is Shoulder; 4/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/5/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does	Apr-Jun 1 2023 2023
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Coccupational therapy was selected; Physical or Occupational thera	4/1/2023 -		Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun 1 2023 2023

Perform Body Part selection; Perform Body Part selection; First	Pass; Second Pass check
point; Body Part for first pass is Shoulder; 04/27/2023; No patie	
days; Evaluation dates less than 90 days in the past; Non-Surgio	
specific body part; Body Part pass complete; Questions about y	
or more visits anticipated; Therapy type is Rehabilitative; Non-	
number of visits is other than 2.; One Body Part selected; No Se	
fax; Mild or moderate objective and functional deficits without	instability: sporadic
symptoms with minimal to moderate loss of range of motion, s	
daily tasks best describes the patient's clinical presentation; Up	per Extremity selected as the
body type/region; Physical Therapy; Speech Therapy was not so	elected; The evaluation date is
not in the future; The rehabilitation is NOT related to a diagnos	is of cancer.; The
rehabilitation is NOT related to a diagnosis of Lymphedema.; Pl	nysical or Occupational
therapy was selected; Physical or Occupational therapy was sel	ected; Physical or
97116 Therapeutic procedure, 1 or Occupational therapy was selected; Magellan does not manage	chiropractic but does
4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therap	y was requested; The health Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families; Physical thera	by was requested 1 2023 2023
Perform Body Part selection; Perform Body Par	Pass; Second Pass check
point; Body Part for first pass is Shoulder; 4/27/2023; No patier	nt history in the past 90 days;
Evaluation dates less than 90 days in the past; Non-Surgical; Sh	oulder selected as the specific
body part; Body Part pass complete; Questions about your Sho	ulder request: ; Three or more
visits anticipated; Therapy type is Rehabilitative; Non-Surgical;	The anticipated number of
visits is other than 2.; One Body Part selected; No Second Pass;	Requestor is not a fax; Severe
objective and functional deficits without instability: constant sy	mptoms and/or symptoms
that are intensified with activity with moderate loss of range of	motion, strength, or ability
to perform daily tasks best describes the patient's clinical pre; l	Jpper Extremity selected as
the body type/region; Physical Therapy; Speech Therapy was no	· ·
date is not in the future; The rehabilitation is NOT related to a c	,
rehabilitation is NOT related to a diagnosis of Lymphedema.; Pl	
therapy was selected; Physical or Occupational therapy was sel	• •
97116 Therapeutic procedure, 1 or Occupational therapy was selected; Magellan does not manage	•
4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therap	
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families; Physical therap	
Perform Body Part selection; Perform Body Part selection; Ferform Body Part selection; First	
point; Body Part for first pass is Shoulder; 4/28/2023; No patien	
Evaluation dates less than 90 days in the past; Non-Surgical; Sh	·
body part; Body Part pass complete; Questions about your Sho	
visits anticipated; Therapy type is Rehabilitative; Non-Surgical;	·
visits is other than 2.; One Body Part selected; No Second Pass;	•
objective and functional deficits with instability: constant or int	
loss of range of motion, strength, or ability to perform daily tas	
patient's clinical presentation; Upper Extremity selected as the	
Therapy; Speech Therapy was not selected; The evaluation date	•
rehabilitation is NOT related to a diagnosis of cancer.; The reha	
diagnosis of Lymphedema.; Physical or Occupational therapy w	
Occupational therapy was selected; Physical or Occupational the	.,
97116 Therapeutic procedure, 1 or does not manage chiropractic but does manage speech therapy	• •
4/1/2023 - Physical more areas, each 15 minutes; gait Physical therapy was requested; The health carrier is NOT New	
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Physical therapy was requested	1 2023 2023

				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is Shoulder; 5/1/2023; No patient history in the past 90 days;	
				Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific	
				body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more	
				visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of	
				visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe	
				objective and functional deficits without instability: constant symptoms and/or symptoms	
				that are intensified with activity with moderate loss of range of motion, strength, or ability	
				to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as	
				the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation	
				date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The	
				rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
				therapy was selected; Physical or Occupational therapy was selected; Physical or	
			97116 Therapeutic procedure, 1 or	Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 -	Dhysical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr lup
6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Amazaral		carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is Shoulder; 5/1/2023; No patient history in the past 90 days;	
				Evaluation dates less than 90 days in the past; Surgical; 04/25/2023; Post-Op; Shoulder	
				selected as the specific body part; Body Part pass complete; Questions about your Shoulder	
				request:; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The	
				anticipated number of visits is other than 2.; One Body Part selected; No Second Pass;	
				Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of	
				motion, strength, or ability to perform daily tasks best describes the patient's clinical	
				presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech	
				Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future;	
				The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
				to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
			0744671	Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
			97116 Therapeutic procedure, 1 or	or Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
				Buffers Bad Bad all the Buffers Bad Bad all the Election Second Bas shade	
				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is Shoulder; 5/1/2023; No patient history in the past 90 days;	
				Evaluation dates less than 90 days in the past; Surgical; 4/27/2023; Post-Op; Shoulder	
				selected as the specific body part; Body Part pass complete; Questions about your Shoulder	
				request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The	
				anticipated number of visits is other than 2.; One Body Part selected; No Second Pass;	
				Requestor is not a fax; Mild objective and functional deficits: minimal loss of range of	
				motion, strength, or ability to perform daily tasks best describes the patient's clinical	
				presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech	
				Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future;	
				The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
				to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
				Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
			97116 Therapeutic procedure, 1 or	or Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023

					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/02/23; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 - 6/30/2023	4/4/2022	Physical 6/30/2023 Medicine	Approval	more areas, each 15 minutes; gait training (includes stair climbing)	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/4/2222		Okust sel		97116 Therapeutic procedure, 1 or	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cocupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 - 6/30/2023	4/1/2022	Physical 6/30/2023 Medicine	Approval	more areas, each 15 minutes; gait training (includes stair climbing)	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
0/30/2023	wy 1/2023	0/30/2023 Medicine	Арргочаг	97116 Therapeutic procedure, 1 or	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/02/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan;	1 2025 2025
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested	1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The evaluation does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/3/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cymphedema; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
point; Body Part for first pass is Shoulder; 05/03/2023; No patient history in the past 90	
days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the	
specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three	!
or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated	
number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a	ı
fax; Severe objective and functional deficits with instability: constant or intense symptoms	
with severe loss of range of motion, strength, or ability to perform daily tasks best describes	
the patient's clinical presentation; Upper Extremity selected as the body type/region;	
Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
Occupational therapy was selected; Physical or Occupational therapy was selected; Magellar	1
97116 Therapeutic procedure, 1 or does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 - Physical more areas, each 15 minutes; gait Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Physical therapy was requested	1 2023 2023
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
point; Body Part for first pass is Shoulder; 5/3/2023; No patient history in the past 90 days;	
Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specifi	С
body part; Body Part pass complete; Questions about your Shoulder request: ; Three or mor	e
visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of	
visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Sever	e
objective and functional deficits with instability: constant or intense symptoms with severe	
loss of range of motion, strength, or ability to perform daily tasks best describes the	
patient's clinical presentation; Upper Extremity selected as the body type/region; Physical	
Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or	
Occupational therapy was selected; Physical or Occupational therapy was selected; Magellar	
97116 Therapeutic procedure, 1 or does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 - Physical more areas, each 15 minutes; gait Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Physical therapy was requested	2 2023 2023
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
point; Body Part for first pass is Shoulder; 5/3/2023; No patient history in the past 90 days;	
Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specifi	
body part; Body Part pass complete; Questions about your Shoulder request: ; Three or mor	2
visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of	
visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Sever	e
objective and functional deficits without instability: constant symptoms and/or symptoms	
that are intensified with activity with moderate loss of range of motion, strength, or ability	
to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as	
the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation	
date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer., The	
rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
therapy was selected; Physical or Occupational therapy was selected; Physical or	
97116 Therapeutic procedure, 1 or Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health	Aprilio
4/1/2023 - Prysical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health families; Physical therapy was requested carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun
	1 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine Approva	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/04/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine Approva	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupatio	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine Approva	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait al training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/27/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy, Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023

Perform Body Part selection; Perform Body Par							
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part selection; Perfor first pass; is Shoulder; 05(08)/2023. No patient history in the past 90 days; Evaluation dates less than 90 days in the past Non-Surgical. Picture and the past Non-Surgical Picture and Past Non-Surgical Picture Pictur	1.5	4/1/2023	•	Annroval	more areas, each 15 minutes; gait	point; Body Part for first pass is Shoulder; 5/8/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	· ·
point, Body Part for first pass is Shoulder; 05/08/2023. No patient history in the past 90 days; Evaluation dates lests than 90 days; in the past, Non-Surgical; Thomas relicted as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated. Therapy type is Nehabilitative, Non-Surgical; The anticipated number of visits is tother than 2, To be Body Part selected, Policy and Secretary in a daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region. Special Therapy, Special Therapy, son sot selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of tymphedma, Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested. The health of 30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hompshire healthy families; Physical therapy was requested. The health Apr-Jun dates less than 90 days; Evaluation dates	6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
point; Body Part for first pass is Shoulder; 5/8/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Noscondational therapy was selected; Physical or Occupational therapy was selected; Physical		4/1/2023	•	Approval	more areas, each 15 minutes; gait	point; Body Part for first pass is Shoulder; 05/08/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; The health	· ·
	4/1/2023 -			Approval	97116 Therapeutic procedure, 1 or	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/8/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was	

Perform Body Part selection, Perform Part selection				
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part selection; Perform Body Part selection; Possibilitation; P		more areas, each 15 minutes; gait	point; Body Part for first pass is Shoulder; 05/08/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/21/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to Occupational therapy was selected; Physical or Occupational therapy was selected;	
point, Body Part for first pass is Shoulder; 5/R/2023, No patient history in the past 50 days; Evaluation dates less than 90 days in the past, 50 grid; a 3/R/20/203, Porc); Shoulder selected as the specific body part, Body Part pass complete; Questions about your Shoulder request; Three or more visits is inteligiated. Three pays type is Rehabilitative; Post-Op; the articipated number of visits is other than 2, one Body Part selected, No Second Pass, Requestor is not a fax; Severe objective and functional deficits, severe loss of range of motion, strength, or ability to perform adily tasks best describes the patients' clinical presentation; Upper Extremity, selected as the body type/region; Physical Therapy, Speach Therapy was not selected; Post-Op on No-surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of ron. Or no-surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of ron. Or coupstional therapy was selected; Physical or Occupational therapy was requested. Physical or Occupational therapy was requested. Physical or Occupational therapy was requested. The health are presented to the past selected, Physical or Occupational therapy was requested. The health are presented to the past selected, Physical or Occupational therapy was requested. The health are presented to the past selected, Physical or Occupational therapy was requested. The health are presented to the past selected, Physical or Occupational therapy was requested. The health are presented to the past selected, Physical or Occupational therapy was requested. The health are presented to selected as the past selected, Physical or occupational therapy was selected; The anticipated number of visits anticipated, past past selected, Physical Physical Physical Ph	6/30/2023 4/1/2023 6/30/2023 Medicine	Approval training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
point; Body Part for first pass is Shoulder; 5/9/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun	1	more areas, each 15 minutes; gait	point; Body Part for first pass is Shoulder; 5/8/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/29/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to Occupational therapy was selected; Physical or Occupational therapy was selected; Physic	· ·
17173 7173 OF SOLUTION OF SOLU	4/1/2023 - Physical	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/9/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun

				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/09/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the	
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	specific body part; Body Part pass complete; Questions about your Shoulder request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/9/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a Occupational therapy was selected; Physical or Occupational therapy was selected; Physical therapy was requested.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/09/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/9/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/09/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/20/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Physical therapy was requested. The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested Perform Body Part selection; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; U	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023

4/1/2023 -		Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; \$/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Ju n
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of coccupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
		Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
4/1/2023 -		Filysical		more areas, each 13 minutes, gait	manage speech therapy for the member's plan, rhysical therapy was requested, the health	Apr-Juli

4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of coccupational therapy was selected; Physical or Occupational ther	Apr-Jun 1 2023 2023
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of coccupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cocupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 2 2023 2023

4/1/2023 -		Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 3 2023 2023
4/1/2023 -		Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/24/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Physical therapy was selected; Physical or Occupational therap	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
3,33,2023	., _, _5_5	-, 55, 2525 Wickinic	pp. 0 vui		Employ was requested	1 2023 2023

					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Shoulder; 5/16/2023; No patient history in the past 90 days;	
					Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific	
					body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more	
					visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of	
					· · · · · · · · · · · · · · · · · · ·	
					visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild	
					or moderate objective and functional deficits without instability: sporadic symptoms with	
					minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best	
					describes the patient's clinical presentation; Upper Extremity selected as the body	
					type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
					in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
					NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1	1/2023 6/30)/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Shoulder; 05/17/2023; No patient history in the past 90	
					days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the	
					specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three	
					or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated	
					number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a	
					fax; Mild or moderate objective and functional deficits without instability: sporadic	
					symptoms with minimal to moderate loss of range of motion, strength, or ability to perform	
					daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the	
					body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is	
					not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The	
					rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Physical or	
				97116 Therapeutic procedure, 1 or	Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1	1/2023 6/30	/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Shoulder; 5/17/2023; No patient history in the past 90 days;	
					Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific	
					body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more	
					visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of	
					visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe	
					objective and functional deficits with instability: constant or intense symptoms with severe	
					loss of range of motion, strength, or ability to perform daily tasks best describes the	
					patient's clinical presentation; Upper Extremity selected as the body type/region; Physical	
					Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
					rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
					diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
				97116 Therapeutic procedure, 1 or	does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023 4/1	1/2023 6/30	/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested	2 2023 2023
				5.		

4/1/2023 -		Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedma.; Physical or Occupational therapy was selected; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosi of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a Cocupational therapy was selected; Physical or Occupational therapy was selected; Physical plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 2 2023 2023
2,00,2020 4,1,2020	3/ 30/ 2023 Wicalchile	. 1991.0401		Treating ramines, representations requested	2 2023 2023
				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more	
				visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with	
				minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best	
				describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
				in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
				NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
			97116 Therapeutic procedure, 1 or	Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/22/2023; No patient history in the past 90 days;	
				Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific	
				body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more	
				visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of	
				visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe	
				objective and functional deficits with instability: constant or intense symptoms with severe	
				loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical	
				Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
				rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
				diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
			0744071	Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
4/1/2023 -	Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested. The health carrier is NOT New Hampshire healthy ranniles,	1 2023 2023
., ., .,	.,,	's b. s. s.		,	

4/1/2023 -		Physical (1992)		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/27/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/4/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupati	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023 - 4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of coccupational therapy was selected; Physical or Occupational ther	Apr-Jun 1 2023 2023
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of coccupational therapy was selected; Physical or Occupational therapy was selected; Physical therapy was requeste	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023

4/1/2023 - 6/20/2023 - 4/2	/1/2022	Physical	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cccupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy for the member's plan; Physical therapy was requested.	Apr-Jun 1 2023 2022
6/30/2023 4/3	/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
4/1/2023 - 6/30/2023 4/:	/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/24/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/:		Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 05/30/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of Cocupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023

6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Healthy Families: Physical therapy was requested Perform Body Part selection, Perform Selection, Perform Body Part Selection, Perform Bo							
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/30/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/26/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical, The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of physical or Occupational therapy was selected;	6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	more areas, each 15 minutes; gait training (includes stair climbing)	point; Body Part for first pass is Shoulder; 5/30/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cocupational therapy was selected; Physical or Occupational therapy was selected; Physical or Descriptional therapy was requested. The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/30/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of mo	Apr-Jun 1 2023 2023
point; Body Part for first pass is Shoulder; 5/30/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/26/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational t	6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested	1 2023 2023
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families; Physical therapy was requested 1 2023 2023	4/1/2023 -			Approval	97116 Therapeutic procedure, 1 or	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/30/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/26/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cocupational therapy was selected; Physical or Occupational therapy was selected; Descriptions of Compational therapy was selected; Physical or Occupational therapy was selected; Physical	Apr-Jun 1 2023 2023

4/1/2023 -		Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
		Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/31/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; The health	Apr-Jun
4/1/2023 - 6/30/2023		6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/19/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical therapy was requested; The health carrier is NOT New Hampshire Heal	Apr-Jun 1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Medicine	Approvai	training (includes stair climbing)	carrier is NOT New nampshire nearthy ramilies; Physical therapy was requested	1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/01/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/01/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023

4/1/2023 -		Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/1/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; The health	Apr-Ju n
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/02/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/06/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupa	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/06/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023

4/1/2023 -		Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/6/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/28/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to Occupational therapy was selected; Physical or Occupational therapy was selected; The health	Apr-Ju n
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/06/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/15/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therap	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/8/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/8/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/8/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/17/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/9/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cocupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Annroval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cocupational therapy was selected; Physical or Occupational therapy was selected; Physical or Description of the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun 1 2023 2023
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of tymphedema; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023		Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cupphedema.; Physical or Occupational therapy was selected; Physical or Description of the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023

	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
	Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
97116 Therapeutic procedure, 1 or	does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 - Physical more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing)	Physical therapy was requested	1 2023 2023
	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
	point; Body Part for first pass is Shoulder; 6/13/2023; No patient history in the past 90 days;	
	Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific	
	body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more	
	visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of	
	visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe	
	objective and functional deficits with instability: constant or intense symptoms with severe	
	loss of range of motion, strength, or ability to perform daily tasks best describes the	
	patient's clinical presentation; Upper Extremity selected as the body type/region; Physical	
	Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
	rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
	diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
97116 Therapeutic procedure, 1 or	Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 - Physical more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
	Physical therapy was requested, the health carrier is NOT New Hampstille healthy ramilles,	1 2023 2023
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing)	Priysical therapy was requested	1 2025 2025
	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
O744C The war and	Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
97116 Therapeutic procedure, 1 or	or Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 - Physical more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023

					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/13/2023; No patient history in the past 90 days;	
					Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific	
					body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more	
					visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of	
					visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe	
					objective and functional deficits without instability: constant symptoms and/or symptoms	
					that are intensified with activity with moderate loss of range of motion, strength, or ability	
					to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as	
					the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation	
					date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The	
					rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Physical or	
				97116 Therapeutic procedure, 1 or	Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
0,50,2025	1, 1, 2020	0,00,2020 11100101110	7.66.014.	training (morages starr emilioning)	carrier is not frew namps in a freating frammes, i register and requested	1 2020 2020
					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Shoulder; 6/14/2023; No patient history in the past 90 days;	
					Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific	
					body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more	
					visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of	
					visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild	
					or moderate objective and functional deficits without instability: sporadic symptoms with	
					minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best	
					describes the patient's clinical presentation; Upper Extremity selected as the body	
					type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
					in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
					NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Shoulder; 06/14/2023; No patient history in the past 90	
					days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the	
					specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three	
					or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated	
					number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a	
					fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes	
					the patient's clinical presentation; Upper Extremity selected as the body type/region;	
					Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
					The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
					to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
				97116 Therapeutic procedure, 1 or	does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested	1 2023 2023
, ,	, ,	, ,	P.P. 2144	0 (12 · · · · · · · · · · · · · · · · · · ·	

4/1/2023 - 6/30/2023 4/1/	Physical 2023 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	Apr-Jun 1 2023 2023
				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
4/1/2023 - 6/30/2023 4/1/	Physical 2023 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 4 2023 2023

4/1/2023 -		Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/16/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occu	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
				97116 Therapeutic procedure, 1 or	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/16/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
				97116 Therapeutic procedure, 1 or	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy wan ont selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 -	4 /4 /2022	Physical		more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested	2 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/26/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
0/30/2023	4/1/2023	0/30/2023 WieuiCine	Approvar	training (includes stail clinibing)	carrier is NOT New nampshire nearing rainnes, Physical therapy was requested	1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/16/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Three	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation of Cocupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023

Perform Rosy Part Selections, Perfor							
### Physical Merago was requested, The health carrier is NOT New Hampshire Healthy Families; Apr-Jun 6/30/2023 ### Variong (includes stair climbing) ### Physical therapy was requested. The health carrier is NOT New Hampshire Healthy Families; Apr-Jun 6/30/2023 ### Variong (includes stair climbing) ### Physical therapy was requested. ### Physical therapy was requested. ### Physical therapy was requested. ### Physical therapy was requested was the specific body part; Body Part selections. ### Physical therapy was requested was the specific body part; Body Part specifics. Pendago was prompter; Questions about your Shoulder request: 1 Three or more visits another than 2, One Body Part selected, No Second Pass; Requestor is not a fax; Sewere objective and functional deficits without instability constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to parfarm with a series without with a stability constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to parfarm with a series with a stable with a stable with a series with a stable with a series with a stable with a series with a stable wi						point; Body Part for first pass is Shoulder; 6/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Physical therapy was requested 2 2023 2023 2023 Physical for first pass as Shoulder, 6/20/2023; No patient history in the past 90 days; Evaluation dates is the most office of the complete of visits on the past, 100-100 part of past of the past shoulder, 6/20/2023; No patient history in the past 90 days; Evaluation dates is the most office of visits an inclipated; Therapy type is Rehabilitative, 100-100 part past of part past on about your Shoulder request: Time of more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits on the than 2, one douby our steelected, No Second Pass; Requestor is not a fax, Severe objective and functional deficits without instability. Constant symptoms and/or symptoms that are intensified with activity with moderate loss of rage of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region, Physical Therapy. Speech Therapy was necessary to the past of the					97116 Therapeutic procedure, 1 or	does not manage chiropractic but does manage speech therapy for the member's plan;	
Perform Body Part selection; Perform Body Part selection; Pirst Pass; Second Pass check point; Body Part for first pass is Shoulder; 8/20/2023. No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical Tshoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; Three or more wists micropated. Therapy type is Rehabilitative; Non-Surgical, The anticipated machiner of visits is other than 2; One Body Part selected; No Second Pass; Requestor is not a fax. Severe objective and functional deficits without installipit; contact symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to parform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected. The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of type particular of Cocapational therapy was selected. Physical or Occapational therapy was selected, Physical or Occapational therapy was selected. Physical or Occapational therapy was requested. The evaluation of the past of the	4/1/2023 -		Physical		more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
point; Body Part for first pass is Shoulder; 6/20/2023. No patient history in the past 90 days; Evaluation datase less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; Three or more visits anticipated, Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2, none Body Part selected; No Secured Pass; Requestor is not a fax. Severe objective and functional deficits without instability; constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, stringth, or ability to perform adily tasks best describes the patient's, Ginical pre; Upper Extremity selected as the body type/region; Physical Therapy, Speech Therapy was not selected; the valuation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of tymphedemae, Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health of Speech selection; Physical Order of Speech Physical or Occupational therapy was requested. The health of Speech Physical or Occupational therapy was requested. The health of Speech Physical or Occupational therapy was requested. The health of Speech Physical or Physical or Occupational therapy was requested. The health of Speech Physical or Occupational therapy was requested. The health of Speech Physical Order Occupational therapy was selected; Physical or Occupational therapy was selec	6/30/2023 4/	/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested	2 2023 2023
point; Body Part for first pass is Shoulder; 6/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/4/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical 97116 Therapeutic procedure, 1 or or Occupational therapy was selected; Magellan does not manage chiropractic but does 4/1/2023 - Physical more areas, each 15 minutes; gait on in the future; manage sepech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun		/1/2023	•	Approval	more areas, each 15 minutes; gait	point; Body Part for first pass is Shoulder; 6/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of concert; The rehabilitation is NOT related to a diagnosis of concert; The occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health	•
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families; Physical therapy was requested 1 2023 2023	1 ' '		•		more areas, each 15 minutes; gait	point; Body Part for first pass is Shoulder; 6/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/4/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
	6/30/2023 4/	/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as t specific body part; Body Part pass complete; Questions about your Shoulder request:; T or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is r fax; Mild or moderate objective and functional deficits with instability: sporadic symptor with minimal to moderate loss of range of motion, strength, or ability to perform daily to best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation NOT related to a diagnosis of Cocupational therapy was selected. Physical or Occupational therapy was selected.	hree not a ms assks not on is ted;
97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the selected of the selec	
4/1/2023 - Physical more areas, each 15 minutes; gait member's plan; Physical therapy was requested; The health carrier is NOT New Hampshi	•
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Healthy Families; Physical therapy was requested	1 2023 2023
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder request:; T or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is r fax; Severe objective and functional deficits with instability: constant or intense symptor with severe loss of range of motion, strength, or ability to perform daily tasks best descr the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the fut The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of concert; The rehabilitation is NOT related to a diagnosis of concert. The rehabilitation is NOT related to a diagnosis of concert. The rehabilitation is NOT related to a diagnosis of concert. The rehabilitation is NOT related to a diagnosis of concert. The rehabilitation is NOT related to a diagnosis of concert. The rehabilitation is NOT related to a diagnosis of concert. The rehabilitation is NOT related to a diagnosis of concert. The rehabilitation is NOT related to a diagnosis of concert. The rehabilitation is NOT related to a diagnosis of concert. The rehabilitation is NOT related to a diagnosis of concert. The rehabilitation is NOT related to a diagnosis of concert. The rehabilitation is NOT related to a diagnosis of concert. The rehabilitation is NOT related to a diagnosis of concert. The rehabilitation is NOT related to a diagnosis of concert. The rehabilitation is NOT related to a diagnosis of concert. The rehabilitation is NOT related to a diagnosis of concert. The rehabilitation is NOT related to a diagnosis of concert. The rehabilitation is NOT related to a diagnosis of concert. The rehabilitation	hree not a ms ibes ure; ted or ellan
4/1/2023 - Physical more areas, each 15 minutes; gait Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Family	
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Physical therapy was requested Perform Body Part selection; Perform Body Part selection; First Pass, Second Pass check point; Body Part for first pass is Shoulder; 6/22/2023; No patient history in the past 90 de Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the sp. body part; Body Part pass complete; Questions about your Shoulder request:; Three or a visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Se objective and functional deficits with instability: constant or intense symptoms with seven loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of concert.; The rehabilitation is NOT related to a diagnosis of Cocupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Mag does not manage chiropractic but does manage speech therapy for the member's plan;	ecific more of evere ere
4/1/2023 - Physical Physical more areas, each 15 minutes; gait Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Famil	lies; Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Physical therapy was requested	1 2023 2023

4/1/2023 -		Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/5/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was to selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; The health	Apr-Ju n
6/30/2023 4	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
4/1/2023 - 6/30/2023 -	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/16/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questiona about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 -		Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 06/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of concer.; The
point; Body Part for first pass is Shoulder; 06/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The
days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The
specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The
or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The
number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The
fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The
symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The
daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The
body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The
not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The
not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The
therapy was selected; Physical or Occupational therapy was selected; Physical or
97116 Therapeutic procedure, 1 or Occupational therapy was selected; Mayellan does not manage chiropractic but does
4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Ag
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families; Physical therapy was requested 1 2023 20
Perform Body Part selection; First Pass; Second Pass check
point; Body Part for first pass is Shoulder; 06/26/2023; No patient history in the past 90
days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the
specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three
or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated
number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a
fax; Severe objective and functional deficits with instability: constant or intense symptoms
with severe loss of range of motion, strength, or ability to perform daily tasks best describes
the patient's clinical presentation; Upper Extremity selected as the body type/region;
Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;
The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related
to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or
Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan
97116 Therapeutic procedure, 1 or does not manage chiropractic but does manage speech therapy for the member's plan;
4/1/2023 - Physical more areas, each 15 minutes; gait Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Ap
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Physical therapy was requested 1 2023 20
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check
point; Body Part for first pass is Shoulder; 6/26/2023; No patient history in the past 90 days;
Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific
body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more
visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of
visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe
objective and functional deficits with instability: constant or intense symptoms with severe
loss of range of motion, strength, or ability to perform daily tasks best describes the
patient's clinical presentation; Upper Extremity selected as the body type/region; Physical
Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The
rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a
diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or
Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan
97116 Therapeutic procedure, 1 or does not manage chiropractic but does manage speech therapy for the member's plan;

4/1/2023 -		Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Ju n
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 -		Physical 6/30/2023 Medicine		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Ju n
6/30/2023			Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: 7, Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
97116 Therapeutic procedure, 1 or does not manage chiropractic but does manage speech therapy for the member's plan; 4/1/2023 - Physical more areas, each 15 minutes; gait Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun 023 2023 Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Physical therapy was requested 1 20	023 2023
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/7/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of Lymphedema, Physical or Occupational therapy was selected; Physical therapy was requested to a diagnosis of Galvacous and the province of the path of o	Apr-Jun 023 2023

6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families, Physical therapy was requested 1 2023 2 Perform Body Part selection, Perform Body Part selection, Pirsz Pass, Second Pass check politic first pass is Shoulder request. Three or more visits anticipated; Therapy type is Rehabilitative, Non-Surgical. The anticipated number of visits and part of the past was provided as the past was provided to the past with the past past of the past past of the past past past past past past past past								
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 6/29/2023; No patient history in the past 90 days; Evaluation date less than 90 days in the past. Non-Surgial; Shoulder request; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgial; The anticipated number of visits is other than 2, one Body Part selected, Non-Surgial; The anticipated number of visits is other than 2, one Body Part selected, Non-Surgial; The anticipated number of visits is other than 2, one Body Part selected, Non-Surgial; The anticipated number of visits is other than 2, one Body Part selected, Non-Surgial; The anticipated number of visits is other than 2, one Body Part selected, Non-Surgial; The anticipated number of visits or high part of the past of visits is other than 2, one Body Part selected, Non-Surgial; The anticipated number of visits is other than 2, one Body Part selected, Non-Surgial; The anticipated number of visits is other than 2, one Body Part selected, Non-Surgial; The anticipated number of visits is other than 2, one Body Part selected, The evaluation date is not in the future; the rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation	4/	/1/2023 -		Physical			point; Body Part for first pass is Shoulder; 06/29/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy want selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does	Apr-Jun
point, Body Part for first pass is Shoulder, 6/29/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past, Non-Surgical; Shoulder selected as the specific body part, Body Part pass complete; Questions about your Shoulder request.; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No. Second Pass, Requestor is not a fax; Mild or moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of pass of the pass of	1.1		4/1/2023	•	Approval		- · · · · · · · · · · · · · · · · · · ·	1 2023 2023
point; Body Part for first pass is Shoulder; 6/29/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or 97116 Therapeutic procedure, 1 or Occupational therapy was selected; Magellan does not manage chiropractic but does			4/1/2023	•	Approval	more areas, each 15 minutes; gait	point; Body Part for first pass is Shoulder; 6/29/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Oscupational therapy was selected; Physical or Oscupational therapy was selected; Physical plan; Physical therapy was selected; The health carrier is NOT New Hampshire	Apr-Jun 2 2023 2023
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families; Physical therapy was requested 1 2023 2	- 1 '		4/1/2023	•	Approval	more areas, each 15 minutes; gait	point; Body Part for first pass is Shoulder; 6/29/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cocupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The health	Apr-Jun 1 2023 2023

				point; Body Part for first pass is Thoracic Spine/Chest; 4/4/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cymphedema; Physical or Occupational	
4/1/2023 - 6/30/2023 4/1/2	Physical 1023 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 4/4/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested?	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2	Physical 1023 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 04/03/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 2 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 4/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/Jumbar impairments with distal symptoms best describes the patient's clinical	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	Apr-Jun 1 2023 2023
			97116 Therepoutic procedure 1 or	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 4/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cupmphedema.; Physical or Occupational therapy was selected; Physical or Occupational	

				past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not	
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 5/3/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cumphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 05/04/2023; No patient history in the	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 04/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023

Perform Body Parts deliction, Perform Body Parts deliction, Prior Basis Second Plass cleeks operity study of parts fast private (Supplement Parts assertation). Private (Supplement Parts). Private (Supplement Pa						
perty 0 days, betaution date less than 90 days in the part, two Surgicit, Phorace Spring/Chest relevation and sold per fine part, two Surgicit, Phorace Spring/Chest request. Three or more visits anticipated, The anticipated number of visits to should select the should represent the should be the part of the should represent the should be the should represent the should represent the should be the should represent the should be the should represent the should be the should represent the s					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
Sping/Chest spected as the specific body part; asocy part; asocy part pass complete; Questions about your throatics Sping-draph type is Rehabilitative; One Body Part spected, No Second Pass; Required; three or more visits anniquent, the anticipated number of virus is other than 2, Therapy type is Rehabilitative; One Body Part spected, No Second Pass; Required; in not a fast, Severe functional deficits, due to thoracid, Jumbar impairments with or without distal symptoms best describes the patient's clinical precedure, 1 or manage charged or concustomatic deficits, and to the Party Spinger, Physical Horacy Speech Therapy was not selected. The evaluation date is not in the Funzier. The rehabilitation is NOT elegant or complete the patient of the pass of t					point; Body Part for first pass is Thoracic Spine/Chest; 5/4/2023; No patient history in the	
your inforact plane. It may be an interest to the property of					past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic	
number of visits is other than 2, Therapy type is Rehabilishiety. One Rody Part selector, No Second Pass, Reputations and exists seed to thoracis/furnhar impairments without distal symptoms best describes the patients' dinical presentation, Spinic/Chest selected as the body byper/group (Physical Therapy, Speech Therapy was not selected; the evaluation date is not in the future; the rehabilitation is NOT related to a diagnosis of Large Physical or Coccapitation (Companies) and Companies of Large Physical or Coccapitation (Coccapitation and Physical Occapitation and Physical or Coccapitation (Coccapitation and Physical or Coccapitation (Coccapit					Spine/Chest selected as the specific body part; Body Part pass complete; Questions about	
Second Pays, Requestor is not a faxe, Sequestor is not a faxe, Mark or more areas, each 15 minutes; gart 4/1/2023 Physical P					your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated	
impairments with or without sidest laymptoms best describes the patient's slinical presentation's, Spine/Chest selected as the body type/regione, Physical Therapy-Spench Therapy was not selected. The evaluation date in on in the future. The rehabilitation is NOT related to a diagnostic of Lymphedema. Physical or Occupational therapy was selected. Physical or occupational therapy was requested for hymolic or Occupational therapy was selected. Physical or occupational therapy was requested for hymolic or occupational therapy was requested for first pass in throat city of hymolic or occupational therapy was requested for hymolic or occupational therapy was requested for first pass in throat city of hymolic or occupational therapy was requested for hymolic or occupational deficit due to the occupation occupation occupation in hymolic or occupational therapy was selected, Physical or occupational deficit due to the occupational therapy was selected, Physical or occupati					number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No	
presentations, Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy for Interver, The rehabilitation is NOT related to a diagnosis of a diagnosis of concert; The rehabilitation is NOT related to a diagnosis of concert. The rehabilitation is NOT related to a diagnosis of concert. The rehabilitation is NOT related to a diagnosis of concert. The rehabilitation is NOT related to a diagnosis of concert. The rehabilitation is NOT related to a diagnosis of concert. The rehabilitation is NOT related to a diagnosis of concert. The rehabilitation is NOT related to diagnosis of concert. The rehabilitation is NOT related to diagnosis of concert. The rehabilitation is NOT related to diagnosis of concert. The rehabilitation is NOT related to a					Second Pass; Requestor is not a fax; Severe functional deficits due to thoracic/lumbar	
Therapy was not selected. The evaluation date is not in the future. The rehabilitation is NOT related to a diagnosis of an energy in rehabilitation is NOT related to a diagnosis of a selected. Physical or Occupational therapy was requested. Physical or Occupational therapy was selected. Physi					impairments with or without distal symptoms best describes the patient's clinical	
related to a diagnosis of ancher; The rehabilitation is NOT related to a diagnosis of lymphedema; Physical or Coupational therapy was selected; Physical or Coup					presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech	
Symphediems Physical or Occupational therapy was selected. Physical or Occupational therapy was requested. The host of the carrier is NOT New Hampshire Healthy Families. Physical Apr-Jun 1/2023 4/1/2023 6/30/2023 Medicine Aprival Training (includes stair climbing) Apr-Jun 1/2023 Apr-Jun 1/202					Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT	
### April 10 ### A					related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
### ST116 Therapeutic procedure, 1 or manage chroporatic but does manage speech therapy for the member's plan; Physical foliations: a more areas, each 15 minutes; gait therapy was requested; the health carrier is NOT New Hampshire Healthy Families; Physical Apr-Lun therapy was requested. The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Lun therapy was requested. The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested. The health carrier is NOT New Hampshire is not purised. Thoracic Spine/Cheat selected as the specific body Part selection; Perform Body Part selection; Perform Body Part selected; Physical or Occupational therapy was requested. The articipated number of visits is other than 2; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax, Wild or more visits anticipated fields due to thoracic/Lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Cheat selected as the body type/regon, Physical Herapy, Speech Therapy was not a fax, Wild or moderate functional deficits due to thoracic/Lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Cheat selected as the body type/regon, Physical Herapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellian does not manage chrisporatic but does manage speech therapy for the member's plan; Physical or Apr-Jun therapy was requested; The health carrier is NOT related to a diagnosis of a current the path therapy was requested; the health carrier is NOT Revel tampshire the Health prairies (NoT New Hampshire Health Parier is NoT Pate New Hampshire Health Parie					Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
### Alt 2023 Physical Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT Key Hampshire Healthy Familles; Physical 1 2023 2023 ### Alt 2023 Medicine Approval training (includes stair climbing) therapy was requested. Perform Body Part selection; First Pass; Second Pass check point, Bedy Part for first pass; In Thoracis CSpine/Chest; 59/12023, No patient history in the past 90 days; Favluation dates less than 90 days in the past; Non-Surgical; Thoracis Spine/Chest selected as the specific body part past; Non-Surgical; Thoracis Spine/Chest selected as the specific body part past sponders; Spine/Chest selected as the specific body part past sponders; Spine/Chest selected as the specific body part past sponders; Spine/Chest selected as the specific body part past spine					therapy was selected; Physical or Occupational therapy was selected; Magellan does not	
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested Perform Body Part selection; Perform Body Part selection; Pirist Pass; Second Pass check point, Body Part for first pass is Thoracic Spine/Chest selected and beginning that the past 90 days; Includes the Stair Climbing of Mays Includes the Stair Cli				97116 Therapeutic procedure, 1 or	manage chiropractic but does manage speech therapy for the member's plan; Physical	
Perform Body Part selection, Perform Body Part selection, First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest Selection (Spine/Chest Spine/Chest Spine/C	4/1/2023 -	Physical		more areas, each 15 minutes; gait	therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Apr-Jun
point, Body Part for first pass is Thoracis Spine/Chest; 5/6/2023. No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-surgical; Thoracis Spine/Chest selected as the specific body part; Body Part pass complete, Questions about your Thoracis Spine/Chest selected as the specific body part; Body Part pass complete, Questions about your Thoracis Spine/Chest selected as the specific body part; Body Part pass complete, Questions about your Thoracis Spine/Chest selected as the patient's clinical presentation; Spine/Chest selected in the valuation date is not in the future; The rehabilitation is NOT related to a diagnosis of the patient's clinical presentation; Spine/Chest selected; The valuation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The reh	6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific hody part; back port part pass complete; Questions about your Thoracic Spine/Chest request; Three or more visits anticipated; The anticipated number of visits is other than 2. Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fare, Mill or moderate functional deficits due to thoracic/umbar impairments without distal symptoms best describes the patient's clinical presentation. Spine/Chest selected as the body type/gengion. Physical Interapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of the patient of the pa					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracis Spine/Chest request; Three or more visits anticipated, The anticipated number of visits is other than 2; Therapy type is Rehabilitative, One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/Lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema, Physical or Occupational therapy was selected; Physical or Occupational therapy was requested. 4/1/2023					point; Body Part for first pass is Thoracic Spine/Chest; 5/9/2023; No patient history in the	
your Thoracic Spine/Chest request;. Three or more wisks anticipated; the anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass, Requestor is not a fax; Mild or moderate functional deficits due to thoracic/Jumbar impairments without distal symptoms best describes the patient's clinical presentations, Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer;. The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer;. The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a d					past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic	
number of visits is other than 2, Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/jumbar impairments without distal symptoms best describes the patient's clinical presentation, Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The representation, Spine/Chest selected; The relation of the representation, Spine/Chest selected as the specific body part; Body Part pass; Second Pass complete; Questions about your Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest selected as the body type/region; Physical or Companional therapy was related to a diagnosis of cancer; The repabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitati					Spine/Chest selected as the specific body part; Body Part pass complete; Questions about	
Second Pass; Requestor is not a fax; Mild of moderate functional deficits due to thoracic/Jumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema, Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT related to a diagnosis of Lymphedema, Physical or Occupational therapy was requested; Magellan does not manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT related to a diagnosis of Lymphedema, Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy families; Physical therapy was requested; The health carrier is NOT new Hampshire Healthy families; Physical Apr-Jun therapy was requested; The health carrier is NOT new Hampshire Healthy families; Physical Apr-Jun therapy was requested; The Past plan therapy was requested to a diagnosis of Lymphedema, Physical or Occupational therapy was selected; Physical or Occupational therapy was requested to a Cocupational therapy was selected; Physical or Occupational therapy was requested; The Past plan therapy or the member's plan; Physical Apr-Jun therapy was requested to The Physical or Occupational therapy was selected; Physical or Occupational therapy was sel					your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated	
thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected, The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer and therapy was requested. The neath control is the representation is not in the future; The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer and the representation; Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest selected as the body type/region; Physical Therapy. Speech Therapy was not selected; The evaluation d					number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No	
presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not therapy was selected; Physical or Occupational therapy was selected; Magellan does not more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun therapy was requested; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was sequested; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical Apr-Jun therapy was requested; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun Apr-J					Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to	
Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema, Physical or Occupational therapy was selected, Physical or Occupational therapy was selected; Now an anage chiropractic but does manage speech therapy for the member's plan; Physical Apr-Jun therapy was requested. 4/1/2023					thoracic/lumbar impairments without distal symptoms best describes the patient's clinical	
related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupat					presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech	
Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested. 4/1/2023					Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT	
therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical 4/1/2023 Physical more areas, each 15 minutes; gait therapy was requested. The healtht carrier is NOT New Hampshire Healthy Families; Physical 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested 1 2023 2023 Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 5/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request; Three or more visits anticipated: The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of anticining. The rehabilitation is NOT related to a diagnosis of anticining the pass of the					related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
97116 Therapeutic procedure, 1 or manage chiropractic but does manage speech therapy for the member's plan; Physical Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 5/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therap					Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun therapy was requested therapy was requested 12 2023 2023 Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 5/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/Jumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical 4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun					therapy was selected; Physical or Occupational therapy was selected; Magellan does not	
training (includes stair climbing) therapy was requested 1 2023 2023 Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 5/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/Jumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical Apr-Jun 4/1/2023 - Physical or More areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical				97116 Therapeutic procedure, 1 or	manage chiropractic but does manage speech therapy for the member's plan; Physical	
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 5/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical oos not manage chiropractic but does manage speech therapy for the member's plan; Physical 4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun	4/1/2023 -	Physical		more areas, each 15 minutes; gait	therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Apr-Jun
point; Body Part for first pass is Thoracic Spine/Chest; 5/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part, Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical 4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun	6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated, The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not 97116 Therapeutic procedure, 1 or manage chiropractic but does manage speech therapy for the member's plan; Physical 4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not 97116 Therapeutic procedure, 1 or manage chiropractic but does manage speech therapy for the member's plan; Physical Apr-Jun 4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun					point; Body Part for first pass is Thoracic Spine/Chest; 5/15/2023; No patient history in the	
your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of lymphedema; Physical or Occupational therapy was selected; Physica					past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic	
number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not 97116 Therapeutic procedure, 1 or manage chiropractic but does manage speech therapy for the member's plan; Physical 4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun					Spine/Chest selected as the specific body part; Body Part pass complete; Questions about	
Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected					your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated	
thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical 4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun					number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No	
presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not 97116 Therapeutic procedure, 1 or manage chiropractic but does manage speech therapy for the member's plan; Physical 4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun					Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to	
Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not 97116 Therapeutic procedure, 1 or manage chiropractic but does manage speech therapy for the member's plan; Physical 4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun					thoracic/lumbar impairments without distal symptoms best describes the patient's clinical	
related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not 97116 Therapeutic procedure, 1 or manage chiropractic but does manage speech therapy for the member's plan; Physical 4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun					presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech	
Lymphedema., Physical or Occupational therapy was selected; Physical or Occupational or Occ					Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT	
therapy was selected; Physical or Occupational therapy was selected; Magellan does not 97116 Therapeutic procedure, 1 or manage chiropractic but does manage speech therapy for the member's plan; Physical 4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun					related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
97116 Therapeutic procedure, 1 or manage chiropractic but does manage speech therapy for the member's plan; Physical 4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun					Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun					therapy was selected; Physical or Occupational therapy was selected; Magellan does not	
				97116 Therapeutic procedure, 1 or	manage chiropractic but does manage speech therapy for the member's plan; Physical	
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested 1 2023 2023	4/1/2023 -	Physical		more areas, each 15 minutes; gait	therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Apr-Jun
	6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023

Perform 8 ody Part selection, Perform 16 ody Part selection, P						
point, Booly and for first gass is Thomacs Spinicy (14/2002). Bool patient history in the past 50 days, Evaluation sets than 50 days in past spinicy (14/2002). Bool Operation of the past 50 days, Evaluation sets than 50 days in the past 50 days, Evaluation of the past 50 days (Evaluation of the past 50 days). The past 50 days (Evaluation of the past 50 days) and the past 50 days (Evaluation of the past 50 days) and the past 50 days (Evaluation of the past 50 days). The past 50 days (Evaluation of the past 50 days) and the past 50 days (Evaluation of the past 50 days) and the past 50 days (Evaluation of the past 50 days). The past 50 days (Evaluation of the past 50 days) and the past 50 days (Evaluation of the past 50 days) and the past 50 days (Evaluation of the past 50 days). The past 50 days (Evaluation of the past 50 days) and the past 50 days (Evaluation of the past 50 days) and the past 50 days (Evaluation of the past 50 days). The past 50 days (Evaluation of the past 50 days) and the past 50 days (Evaluation of the past 50 days) and the past 50 days (Evaluation of the past 50 days) and the past 50 days (Evaluation of the past 50 days) and the past 50 days (Evaluation of the past 50 days) and the past 50 days (Evaluation of the past 50 days) and the past 50 days (Evaluation of the past 50 days) (E					Dorform Body Dart coloction, Dorform Body Dart coloction, First Darc, Second Darc check	
past 80 days, Evaluation date less than 90 days in the past 5 surgical; 470/2023 Post-Cop. Thomose, Spien/Chest request; There or more visits anticipated number of visits is offered as the specific body anti-body Part past opinion past the past 5 surgical strategies of number of visits is offered with or the strategies of number of visits is offered with ordinary ordinary to the format of the strategies of number of visits is offered with offered strategies of number of visits is offered with offered strategies of the strategies of number of visits is offered with offered strategies of the strategie						
Thorace Spine/Chest selected as the sportle body part soldy the analyse of visits is other than 2.1 Therapy type is fieldabilitative, the Body Part selected, No Second Pass, Required functional deficit due to thoracit/jumbar impairments with disals ymptoms best describes the patient's clinical presentation. Spine detected as the body yearplegon, Physical Herapy sous selected. Physical or Cocupational therapy was required to the sold part of the member's plan; Physical or Cocupational therapy was required to the sold part of the member's plan; Physical charge was required to the sold part of the member's plan; Physical therapy was required to the sold part of the member's plan; Physical therapy was required to the sold part of the part of the member's plan; Physical therapy was required to the sold part of the part of the part of the member's plan; Physical therapy was required to the part of th						
about your Treats: Three or more visits anticipated, The anticipated number of visits is other than 2. Therapy was in Sehabilitative, the Sehabilitative that the Sehabili						
number of visits is other than 2.1 Therapy type is Rehabilitative. One Body Part selected, No Second Pars, Reports in one fairs, Mild on moderate functional officits due to thoractifum, harmonic in one fairs, Mild one moderate functional officits due to thoractifum, harmonic in one fairs will one moderate functional officits due to thoractifum, harmonic in one fairs will one official the part of the					Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions	
Second Pass, Requestor is not a fax, Midl or moderate functional deficits due to thoracic/Lumbar impairments with datal symptoms but describes the patient's clinical presentation, Spinic/Chest selected as the body type/region, Physical Therapy, Speech Therapy was not expected, Physical or Occupational therapy was selected, Physical or Occupational therapy was requested. The Ambient of the Occupational therapy was requested to only physical occupational therapy was requested. The Ambient of the Occupational thera					about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated	
thoracyclumbae impairments with distal symptoms best describes the patient's clinical presentations, Spinic/Chest selected as the body type/regining in Februal Therapy Speech Therapy was not selected, Post-Op or Non-Surgical. The evaluation date is not in the future; The rehabilisation is NOT relected to a diagnosis of cancer. The rehabilitation is NOT relected to a diagnosis of Cymphodema, Physical or Occupational therapy was elected. Physical or Occupational therapy was elected physical or Occupational therapy was elected. Physical or Occupational therapy was requested. 4/1/2023 6/30/2023 Medicine 4/1/2023 6/30/2023 Medicine 4/1/2023 6/30/2023 Medicine 4/1/2023 6/30/2023 Medicine 5/20/2023 4/1/2023 6/30/2023 Medicine 5/20/2023 4/1/2023 6/30/2023 Medicine 6/20/2023 4/1/2023 6/30/2023 Medicine 6/20/2023 4/1/2023 6/30/2023 Medicine 6/20/2023 4/1/2023 6/30/2023 Medicine 6/20/2023 4/1/2023 6/30/2023 Medicine 7/20/20/2023 4/1/2023 6/30/2023 Medicine 7/20/20/2023 4/1/2023 6/30/2023 Medicine 7/20/20/2023 4/1/2023 6/30/2023 Medicine 7/20/20/20/20/20/20/20/20/20/20/20/20/20/					number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No	
presentations, Spines/Chest selected as the body type/region. Physical Therappy. Speech Therappy was not selected, Psh-Qp or Inno-margical. The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer., The rehabilitation is NOT related to a diagnosis of cancer. The					Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to	
The raphy was not selected, Post-Op or Non-Surgical, The evaluation date is not in the future; The rehabilishm is NOT related to a diagnosis of care, "The rehabilishm is NOT related to a diagnosis of unphelema," Physical or Occupational therapy was selected, Physical Occupational therapy was required to Occupational therapy was required selected. The path occupational therapy was required to Occupational therapy was required selected. The path occupational therapy was required to Occupational therapy was required selected. The path occupational therapy was required to occupational therapy was req					thoracic/lumbar impairments with distal symptoms best describes the patient's clinical	
The raphy was not selected, Post-Op or Non-Surgical, The evaluation date is not in the future; The rehabilishm is NOT related to a diagnosis of care, "The rehabilishm is NOT related to a diagnosis of unphelema," Physical or Occupational therapy was selected, Physical Occupational therapy was required to Occupational therapy was required selected. The path occupational therapy was required to Occupational therapy was required selected. The path occupational therapy was required to Occupational therapy was required selected. The path occupational therapy was required to occupational therapy was req					presentation: Spine/Chest selected as the body type/region: Physical Therapy: Speech	
The rehabilitation is NOT related to a diagnosis of cancer;. The rehabilitation is NOT related to a diagnosis of cancer, the rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer, the rehabilitation is NOT related to a diagnosis of cancer. The r					, , , , , , , , , , , , , , , , , , , ,	
10 a diagnosis of ixmphedema. Physical or Occupational therapy was selected. Physical therapy was requested. The health Apr-Jun Carrier is NOT we thampshire thealthy ramilies. Physical therapy was requested. 4/1/2023 4/1/2023 Medicine Approval training (includes stair climbing) 4/1/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) 4/1/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) 4/1/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) 4/1/2023 6/30/2023 Medicine					•	
Occupational therapy was selected. Physical or Occupational therapy was selected. Physical content of the past of the					3 ,	
97.113 Therapeutic procedure, 1 or or Occupational therapy was selected. Magellan does not manage chiropractic but does 4/1/2023 4/1/2023 6/30/2023 Medicine Aproval training (includes stair climbing) carrier is NOT New Hampshire Health Yamilies, Physical therapy was requested 1 2023 2023 Perform Body Part selection, First Pass, Second Pass check past 0/40, Evaluation, Perform Body Past selection, First Pass, Second Pass check past 0/40, Evaluation, Perform Body Past selection, First Pass, Second Pass check past 0/40, Evaluation, Perform Body Past selected, Magellan Bodes not manage chiropractic but does manage speech therapy for the member's plan; Physical Perform Body Past selection, Perform Body Past selected, Post Body Past Selected, Physical Performs Post Body						
### A1/2023 Physical				07116 Theresevitie according 1 as		
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Training (includes	4/4/0000	51				
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracis (Spine/Chest; 22/2023). No patient history in the past 90 days; Evaluation dates less than 90 days; In the past, Non-Surgical; Thoracic Spine/Chest selected as the specific body part, Body Part pass complete; Questions about your Thoracic Spine/Chest selected as the specific body part, Body Part pass complete; Questions about your Thoracic Spine/Chest selected as the specific body part, Body Part pass complete; Questions about your Thoracic Spine/Chest selected as the body type/Fegion; Physical Therapy; Speech Therapy was selected; No Second Pass; Requested; Find Find Part Pass; Pass and Pass	' '	•		· · ·	- · · · · · · · · · · · · · · · · · · ·	
point; Body Part for first pass is Thoracic Spline/Chest; 5/22/2023, No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest selected as the pacific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest selected as the body type/region, Physical Therapy; Speech Therapy was not selected; The valuation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was sel	6/30/2023 4/1/2023 6,	/30/2023 Medicine	Approval	training (includes stair climbing)	. , , , , , ,	1 2023 2023
past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical: Thoracic Spine/Chest selected as the psoty por Part pass complete; Questions about your Thoracic Spine/Chest selected as the psoty type Part pass complete; Questions about your Thoracic Spine/Chest selected as the psoty type Part pass complete; Questions about your Thoracic Spine/Chest selected as the posty type per Rehabilitation is Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficts due to thoracic/Lymbar impairments with distal symptoms best describes the patient's clinical presentation, Spine/Chest selected as the body type/egion; Physical Indiracy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of a Lymphedema; Physical or Occupational therapy was selected; Occupational therapy was selected; Occupational therapy was selected; Occupational therapy was selected; Non-Surgical; Thoracic Spine/Chest selected as the pody Part pass completed; Occupational therapy was selected; Non-Surgical; Thoracic Spine/Chest selected as the Dody Part pass complet						
Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracis Spine/Chest request;. Three or more visits anticipated; The anticipated number of visits is other than 2; Therapy type is Rehabilitative; One Body Part selected; No Second Pass, Requestor is not a fax; Mild or moderate functional deflicts due to thoracis/Lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested. The health carrier is NOT wen Hampshire Health Farmilies (Physical or Occupational therapy was requested). The health carrier is NOT wen Hampshire Health Farmilies (Physical Or Occupational therapy was requested). The health carrier is NOT wen Hampshire Health Farmilies (Physical Or Occupational therapy was requested). The health carrier is NOT wen Hampshire Health Farmilies (Physical Or Occupational therapy was requested). The past of Occupational therapy was requested. The April or Moderate functional deflicts due to thoracis/Lumbar impairments with distal symptoms best describes the patients; The anticipated number of visits is other than 2; Therapy type is Rehabilitative; One Body Part selected; No Second Pass, Requestor is not a fax, Mild or moderate functional deflicts due to thoracis/Lumbar inpairments with distal symptoms best describes the patients; Clin						
your Thoracic Spine/Chest request; Three or more visits anticipated; The anticipated number of visits is tother than 2; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax, Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation, Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun therapy was requested; The Phase the carrier is NOT New Hampshire Healthy Families; Physical Occupational therapy was requested; The request; Three or more visits anticipated; The anticipated or Perform Body Part selection;						
number of visits is other than 2. Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/Jumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema, Physical or Occupational therapy was selected; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested: 4/1/2023					Spine/Chest selected as the specific body part; Body Part pass complete; Questions about	
Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/jumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/egion, Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer, the rehabilitation is NOT related to a diagno					your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated	
thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of canner; The rehabilitation is NOT related to a diagnosis of canner; The rehabilitation is NOT related to a diagnosis of canner; The rehabilitation is NOT related to a diagnosis of canner; The rehabilitation is NOT related to a diagnosis of canner; The rehabilitation is NOT related to a diagnosis of canner; The rehabilitation is NOT related to a diagnosis of canner; The rehabilitation is NOT related to a diagnosis of canner; The rehabilitation is NOT related to a diagnosis of canner; The rehabilitation is NOT related to a diagnosis of canner; The rehabilitation is NOT related to a diagnosis of canner; The rehabilitation is NOT related to a diagnosis of canner; The rehabilitation is NOT related to a diagnosis of canner; The relation; Perform Body Part selection; Perform Body Part selection; Perform Body Part selection; Perform Body Part selection; Perform Body Part pass complete, Questions about your Thoracic Spine/Chest selected as the specific body part, Body Part pass complete, Questions about your Thoracic Spine/Chest selected as the specific body part, Body Part selected; No Second Pass; Requested in the future; The rehabilitation is NOT related to a diagnosis of canner; The rehabilitation is NOT related to a diagnosis of canner; The rehabilitation is NOT related to a diagnosis of canner; The rehabilitation is NOT related to a diagnosis of canner; The rehabilitation is NOT related to a diagnosis of canner; The rehabilitation is NOT related to a diagnosis of canner; The rehabilitation is NOT related to a diagnosis of canner; The rehabilitation is NOT related to a diagnosis of canner; The rehabilitation is NOT related to a diagnosis of canner; The rehabilitation is NOT related to a diagnosis of canner; The rehabilitation is					number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No	
presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not therapy was requested; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical Apr-Jun (4)/2023 6/30/2023 Medicine Aproval training (includes stair climbing) therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun (4)/2023 6/30/2023 Medicine Aproval training (includes stair climbing) therapy was requested therapy on the manage chiropractic but does manage speech therapy for the member's plan; Physical Apr-Jun (4)/2023 6/30/2023 Medicine Aproval training (includes stair climbing) therapy was requested therapy was requested to the past 90 days in the past; Non-Surgical; Thoracic Spine/Chest for first pass is Thoracic Spine/Chest for first pass is Thoracic Spine/Chest for first pass; Non-Surgical; Thoracic Spine/Chest request. Three or more visits anticipated; Non-Second Pass; Requestor is not a fax, Mild or moderate functional deficits due to thoracic/Jumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation is NOT related to a diagnosis of Lymphedema. Physical or Occupational therapy was selected; Physical or Occupatio					Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to	
Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema, Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical or Manage chiropractic but does manage speech therapy for the member's plan; Physical Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Aproval training (includes stair climbing) therapy was requested; The health carrier is NOT New Hampshine Healthy Fahrs; Physical Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Aproval training (includes stair climbing) therapy was requested: Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 5/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part, Body Part pass complete; Questions about your Thoracic Spine/Chest request; Three or more visits anticipated, The anticipated number of visits is other than 2; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/Jumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Thoracy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema, Physical or Occupational therapy was selected; Physical or Scrupational therapy was selected; Physical or Scrupational therapy was selected; Physical or Scrupational therapy was selected; Ph					thoracic/lumbar impairments with distal symptoms best describes the patient's clinical	
related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupati					presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech	
Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested: 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested: 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested: 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested: 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested: 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested: 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested: 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested: 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested: 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested: 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected: Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Mealthy Families; Physical Apr-Jun Apr-Jun was requested; The health carrier is NOT New Hampshire Mealthy Families; Physical Apr-Jun Apr-J					Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT	
therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical 4/1/2023 Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun 4/1/2023 6/30/2023 Medicine Aproval training (includes stair climbing) therapy was requested Aproval training (includes stair climbing) therapy was requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part selection; For first pass is Thoracic Spine/Chest; 5/23/2023, No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part, Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated in umber of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass, Requestor is not a fax; Mild or moderate functional deficits due to thoracic/Jumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical Apr-Jun 4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun					related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical 4/1/2023 Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun 4/1/2023 6/30/2023 Medicine Aproval training (includes stair climbing) therapy was requested 4/1/2023 Perform Body Part selection; Pierform Body Part selection; Fierforms Body Part selection; Fiorforms Bo					Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
97116 Therapeutic procedure, 1 or manage chiropractic but does manage speech therapy for the member's plan; Physical 4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 5/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days; Interapt space complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NoT related to a diagnosis of of cancer.; The rehabilitation is NoT related to a diagnosis of of cancer.; The rehabilitation is NoT related to a diagnosis of of cancer. The rehabilitation is NoT related to a diagnosis of of cancer. The rehabilitation is NoT related to a diagnosis of of cancer. The rehabilitation is NoT related to a diagnosis of of cancer. The rehabilitation is NoT related to a diagnosis of of cancer. The rehabilitation is NoT related to a diagnosis of of cancer. The rehabilitation is NoT related to a diagnosis of of cancer. The rehabilitation is NoT related to a diagnosis of cancer. The rehabilitation is NoT related to a diagnosis of cancer. The rehabilitation is NoT related to a diagnosis of cancer. The rehabilitation is NoT related to a diagnosis of cancer. The rehabilitation is NoT rel						
4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested 1 2023 2023 Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 5/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest selected as the shabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/Jumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy. Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy for the member's plan; Physical Apr-Jun 41/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun				97116 Therapeutic procedure, 1 or	· · · · · · · · · · · · · · · · · · ·	
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 5/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Nagellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical 4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun	4/1/2023 -	Physical				Δnr-lun
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 5/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Thorapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema, Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical 4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical		•	Annroval	, , ,		•
point; Body Part for first pass is Thoracic Spine/Chest; 5/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part past; Consultationated in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part specific pody part; Body Part specific past of the past; Order of wisits is other than 2.; Thereory more visits anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational deficits but does manage speech therapy for the member's plan; Physical 4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun	0/30/2023 4/1/2023 0/	750/2025 Wicalcine	Approvai	training (increases stair climbing)		1 2023 2023
past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/Jumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical 97116 Therapeutic procedure, 1 or manage chiropractic but does manage speech therapy for the member's plan; Physical 4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun					•	
Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not 97116 Therapeutic procedure, 1 or manage chiropractic but does manage speech therapy for the member's plan; Physical 4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun						
your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical 4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun					· · · · · · · · · · · · · · · · · · ·	
number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not 97116 Therapeutic procedure, 1 or manage chiropractic but does manage speech therapy for the member's plan; Physical 4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun						
Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational Itherapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not 97116 Therapeutic procedure, 1 or manage chiropractic but does manage speech therapy for the member's plan; Physical 4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun						
thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of concert.; The rehabilitation is NOT related to a diagnosis of concert.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of concert.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related						
presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not 97116 Therapeutic procedure, 1 or manage chiropractic but does manage speech therapy for the member's plan; Physical 4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun					• •	
Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not 97116 Therapeutic procedure, 1 or manage chiropractic but does manage speech therapy for the member's plan; Physical 4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun						
related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not 97116 Therapeutic procedure, 1 or manage chiropractic but does manage speech therapy for the member's plan; Physical 4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun						
Lymphedema:, Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not 97116 Therapeutic procedure, 1 or manage chiropractic but does manage speech therapy for the member's plan; Physical 4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun					· ·	
therapy was selected; Physical or Occupational therapy was selected; Magellan does not 97116 Therapeutic procedure, 1 or manage chiropractic but does manage speech therapy for the member's plan; Physical 4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun					,	
97116 Therapeutic procedure, 1 or manage chiropractic but does manage speech therapy for the member's plan; Physical 4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun						
4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical Apr-Jun					therapy was selected; Physical or Occupational therapy was selected; Magellan does not	
				97116 Therapeutic procedure, 1 or	manage chiropractic but does manage speech therapy for the member's plan; Physical	
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested 1 2023 2023	1 ' '	Physical		more areas, each 15 minutes; gait	therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	
	6/30/2023 4/1/2023 6,	5/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023

	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
	point; Body Part for first pass is Thoracic Spine/Chest; 05/24/2023; No patient history in the	
	past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic	
	Spine/Chest selected as the specific body part; Body Part pass complete; Questions about	
	your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated	
	number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No	
	Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to	
	thoracic/lumbar impairments without distal symptoms best describes the patient's clinical	
	presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech	
	Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT	
	related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
	Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
	therapy was selected; Physical or Occupational therapy was selected; Magellan does not	
97116 Therapeutic procedure, 1 or	manage chiropractic but does manage speech therapy for the member's plan; Physical	
4/1/2023 - Physical more areas, each 15 minutes; gait	therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing)	therapy was requested	1 2023 2023
	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
	point; Body Part for first pass is Thoracic Spine/Chest; 5/26/2023; No patient history in the	
	past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic	
	Spine/Chest selected as the specific body part; Body Part pass complete; Questions about	
	your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated	
	number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No	
	Second Pass; Requestor is not a fax; Severe functional deficits due to thoracic/lumbar	
	impairments with or without distal symptoms best describes the patient's clinical	
	presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech	
	Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT	
	related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
	Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
	therapy was selected; Physical or Occupational therapy was selected; Magellan does not	
97116 Therapeutic procedure, 1 or	manage chiropractic but does manage speech therapy for the member's plan; Physical	
4/1/2023 - Physical more areas, each 15 minutes; gait	therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing)	therapy was requested	1 2023 2023
	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
	point; Body Part for first pass is Thoracic Spine/Chest; 05/31/2023; No patient history in the	
	past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic	
	Spine/Chest selected as the specific body part; Body Part pass complete; Questions about	
	your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated	
	number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No	
	Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to	
	thoracic/lumbar impairments with distal symptoms best describes the patient's clinical	
	presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech	
	Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT	
	related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
	Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
	therapy was selected; Physical or Occupational therapy was selected; Magellan does not	
97116 Therapeutic procedure, 1 or	manage chiropractic but does manage speech therapy for the member's plan; Physical	
4/1/2023 - Physical more areas, each 15 minutes; gait	therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing)	therapy was requested	1 2023 2023

				point; Body Part for first pass is Thoracic Spine/Chest; 6/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
4/1/2023 - 6/30/2023 4/1/2	Physical 023 6/30/2023 Medicine	n	97116 Therapeutic procedure, 1 or nore areas, each 15 minutes; gait raining (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 6/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2	Physical 023 6/30/2023 Medicine	n	97116 Therapeutic procedure, 1 or nore areas, each 15 minutes; gait raining (includes stair climbing)	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 5/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical toos manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 06/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 6/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.: The rehabilitation is NOT related to a diagnosis of	Apr-Jun 1 2023 2023
					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 6/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to thoracic/lumbar impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT	

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; 06/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body Part pass complete; Questions about your Thoracic Spine/Chest request.; There or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No	
past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated	
Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated	
your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated	
number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No	
Second Pass; Requestor is not a fax; Severe functional deficits due to thoracic/lumbar	
impairments with or without distal symptoms best describes the patient's clinical	
presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech	
Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT	
related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational	
therapy was selected; Physical or Occupational therapy was selected; Magellan does not	
97116 Therapeutic procedure, 1 or manage chiropractic but does manage speech therapy for the member's plan; Physical	
4/1/2023 - Physical more areas, each 15 minutes; gait therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested	1 2023 2023
of soft and	1 2023 2023
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
point; Body Part for first pass is Thoracic Spine/Chest; Thoracic Spine/Chest selected as the	
specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest	
request.; The anticipated number of visits is other than 2.; One Body Part selected; No	
Second Pass; Mild or moderate functional deficits due to thoracic/lumbar impairments	
without distal symptoms best describes the patient's clinical presentation; Spine/Chest	
selected as the body type/region; Three or more visits anticipated; The previous auth did not	
address any body parts; Three or more visits anticipated; This is not a gold-card auth;	
97116 Therapeutic procedure, 1 or Questions about the subsequent request: ; Physical or Occupational therapy was selected;	
4/1/2023 - Physical more areas, each 15 minutes; gait The member's plan does not require the collection of start and end dates; Previous auth data	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	2 2023 2023
0/30/2023 4/1/2023 0/30/2023 Neuronie Approval training (includes stall clinibing)	2 2023 2023
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
point; Body Part for first pass is Wrist; 3/15/2023; No patient history in the past 90 days;	
Evaluation dates less than 90 days in the past. Surgical: 2/22/2023; Post-Op: Wrist selected	
as the specific body part; Body Part pass complete; Questions about your Wrist request: ;	
Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	
Severe objective and functional deficits: constant intense symptoms with severe loss of	
range of motion, strength, or ability to perform daily tasks best describes the patient	
presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech	
The raphabilitation is NOT related to a diagnosis of concern The raphabilitation is NOT related.	
The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
to a discovering flower banks of the state o	
to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does	
Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	Apr-Jun 1 2023 2023

6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 5/1/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request; Three or more vists anticipated; The anticipated number of visits is other than 2. Therapy type is Rehabilitative, One Body Part selection, No Second Pass; Requestor is not a fax; Moderate objective and functional deficits; constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Physical Phrappy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cympholeman, Physical not Occupational therapy was selected; Physical or Occupational therapy was selected; Physical therapy was requested. The health carrier is NOT New Hampshire Apr.Jun Healthy Families; Physical therapy was requested. The health carrier is NOT New Hampshire Apr.Jun Healthy Families; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Sody Part pass complete; Questions about your Wrist request; Three or more visit ant						
Evaluation date less than 90 days in the past, Year Surgicile, Wints elected as the specific body parts 600-PP and pass complete, Questions about your Wist request. There or more visits amidigated, The anticipated number of visits is other than 2.7 therapy type is Rehabilitative, One Body settlement of visits is other than 2.7 therapy type is Rehabilitative, One Body settlement of visits is other than 2.7 therapy type is Rehabilitative, One Body settlement of visits is other than 2.7 therapy type is Rehabilitative, One Body settlement of visits is other than 2.7 therapy was not settlement. The visit of visits of the patient of patients of the patient of the patients of the p					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
body part, Body Part pass complete, Questions about your Wist request; Timer or more visits anticipated, The arrivated number of visits to either that 2. Therapy type is Rehabilitative, One Body Part selector, to Second Pass, Requestor is not a fax, Mild objective and functions with immiration loss of range of motion, strength, or ability to perform daily to perform daily to perform daily in the body type/report. Physical or Congational Therapy was not selected. The evaluation date is not in the future; the rehabilitation is NOT related to a diagnosis of ranger. Jamphedemia, Physical or Congational Therapy was not selected. The evaluation date is not in the future; the rehabilitation is NOT related to a diagnosis of performance in the future; the rehabilitation is NOT related to a diagnosis of performance in the future; the rehabilitation is NOT related to a diagnosis of performance in the future; the rehabilitation is NOT related to a diagnosis of performance in the future; the rehabilitation is NOT related to a diagnosis of performance in the future; the rehabilitation is NOT related to a diagnosis of performance in the future; the rehabilitation is NOT related to a diagnosis of performance in the performance in the future is not in the future; the rehabilitation is NOT related to a diagnosis of performance in the future is not in the future; the rehabilitation is NOT related to a diagnosis of performance in the performance in the future is not in the future in the future in the future is not in the future in the future in the future is not in the future in the future in the future is not in the f						
visits antidiopated, The anticipated number of visits is other than 2, Therapy type is Rehabilitative, Operate scleder, No scene Plass, Requested in oak also, Mild objective and functional delicities sporadic symptoms with minimal loss of range of motion, strength, or ability per Externity selected as the body type/region; Physical Therapy speech Therapy was not selected. The visities of the property of the property was not selected. The visities of the property of the property was not selected. The visities of the property of the property was not selected. The visities of the property of the member's plan physical through was not selected. The property of the member's plan physical through was not selected. The property of the member's plan physical through was not selected. The property of the property of the member's plan physical through was not selected. The property of					Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific	
Rebablication of the company of the state of the company of the co					body part; Body Part pass complete; Questions about your Wrist request: ; Three or more	
objective, and affunctional deficits: sporadic symptoms with minimal loss of range of motion, strength, or perform ability stable tot describe the perform stable value to the future. The rehabilitation is NOT related to a diagnosis of symphetema; Physical or Coccupational therapy was produced to a diagnosis of cancer., The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagno					visits anticipated; The anticipated number of visits is other than 2.; Therapy type is	
strength, or ability to perform daily tasks best describes the patient presentation, Upper Enternity selected as the body type/region, Physical Therapy, Seech Therapy was not selected; Therapy the evaluation date is not in the future. The rehabilitation is NOT related to a diagnosis of compendence; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested. The member's plan; Physical therapy was physical or Occupational therapy was selected; Physical Occup					Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild	
Estremily selected as the body type/region; Physical Therapy, Xaan not selected; The evaluation date is not in the future. The rehabilitation is NOT related to a diagnosis of cancer; The evaluation as the not in the future. The rehabilitation is NOT related to a diagnosis of lymphedema; Physical or Decupational therapy was selected; Physical P					objective and functional deficits: sporadic symptoms with minimal loss of range of motion,	
selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Phy					strength, or ability to perform daily tasks best describes the patient presentation; Upper	
disposis of cancer. The rehabilitation is NOT related to a diagnosis of tymphedema; Physical or Cocquational therapy was selected; Physical Ord Cocquational therapy was selected; Physical Or					Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not	
Physical or Occupational therapy was elected; Physical or Occupational therapy was selected; Physical or Occupational t					selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	
selected; Physical or Occupational therapy was selected; Magellan does not manage 41/2023 - Physical more areas, sech 15 minutes; gait 6/30/2023 Medicine Approval training (includes stair climbing) Perform Body Part selection; Perform Body Part selection, Pirst Pass; Second Pass Check point, Body Part for firsts pass; Several Pass; Second Pass Check point, Body Part for firsts pass; Several Pass; Second Pass Check point, Body Part for first pass; Several Pass; Second Pass Check point, Body Part for first pass; Several Pass; Second Pass Check point, Body Part for first pass; Several Pass; Second Pass Check point, Body Part for first pass; Several Pass; Second Pass Check point, Body Part for first pass; Several Pass; Second Pass Check point, Body Part for first pass; Several Pass; Second Pass Check point, Body Part for first pass; Several Pass; Second Pass Check point, Body Part for first pass; Several Pass; Second Pass; Several Pass; Severa					diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
971.16 Therapeutic procedure, 1 or chiropractic but does manage speech therapy for the member's plan; Physical therapy was near, seach 15 minutes; gait requested. The health carrier is NOT New Hampshire Healthy Families; Physical therapy was (1 2023 2023) (1 2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) requested (1 2023 2023) (1 2023 4/1/2023 Medicine Approval training (includes stair climbing) requested (1 2023 2023) (1 2023 Medicine Approval training (includes stair climbing) requested (1 2023 2023) (1 2023 Medicine Approval Medicine) (1 2023 2023 Medicine Approval Medicine) (1 2023 2023 Medicine) (2 2023 Medicine)					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
### Aff2023 - Physical Final Physical Final Physical Final Physical Physica					selected; Physical or Occupational therapy was selected; Magellan does not manage	
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 5/1/2023; No patient, history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part, Body Part pass complete; Questions about your Wrist request; Three or more visits anticipated; The anticipated number of visits is often than 2; Therapy type is Rehabilitative; One Body Part selection, No Second Pass; Requestor is not a fax; Moderate objective and functional deficits; constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Physical Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cymphomema, 2 Physical or Occupational therapy was selected; Physical therapy was requested to the does manage speech therapy for the member's plan; Physical therapy was requested. The health carrier is NOT New Hampshire Apr. Jun 4/1/2023 Apr. Jun				97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical therapy was	
Perform Body Part selection, Perform Body Part selection, First Pass; Second Pass check point, Body Part for first pass is Wirkt; 5/2/203; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part. Body Part pass complete; Questions about your Wrist request; Three or more visits anticipated; The anticipated number of visits is other than 2. Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deflicits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation, Upper Extremity selected as the body type/region; Physical Therapy, Speech Therapy was not selected; the evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The repair of the many part of the many part of the past of t	4/1/2023 -	Physical		more areas, each 15 minutes; gait	requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Apr-Jun
point; Body Part for first pass is Wrist; 5/1/2023, No patient history in the past 90 days; Evaluation dates less than 90 days; in the past, Non Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request; ; Three or more vists anticipated; The anticipated number of Visits is other than 2. Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits; constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer is NOT New Hampshire Aprilum the part of the member's plan; Physical therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical therapy was requested in the part of t	6/30/2023 4/1/20	6/30/2023 Medicine	Approval	training (includes stair climbing)	requested	1 2023 2023
Evaluation dates less than 90 days in the past, Non-Surgical, Wrist selected as the specific body part, Body Part, Body Part pass complete; Questions about your Wrist request; ; Three or more visit amticipated; The anticipated, The anticipated number of visits is other than 2, Therapy type is Rehabilitative, One Body Part selected; No Second Pass, Requestor is not a far, Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity spected as the body type/region; Physical Therapy; Speech Therapy was not selected as the body type/region; Physical Therapy; Speech Therapy was not selected. The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is not situated. The available of the past was not selected. The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitati					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
body part, Body Part pass complete; Questions about your Wrist request: Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax, Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Physical Thorapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cucupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Cucupational therapy was selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Cucupational therapy was selected; Physical or Occupational therapy was selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Cucupational therapy was selected; The health carrier is NOT New Hampshire and Physical or Occupational therapy was requested. 4/1/2023					point; Body Part for first pass is Wrist; 5/1/2023; No patient history in the past 90 days;	
wisits anticipated; The anticipated number of visits is other than 2; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is s NOT related to a diagnosis of cancer; The rehabilitation is on NOT related to a diagnosis of cancer; The rehabilitation is on NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of the rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of Lymphedema, Physical or Occupational therapy was selected; Phy					Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific	
Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Physical Therapy. Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of canner; The rehabilitation is NOT related to a diagnosis of companies and therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested. The hardlet carrier is NOT New Hampshire Apr-Jun (Palaby Families; Physical therapy was requested. The hardlet carrier is NOT New Hampshire Apr-Jun (Palaby Families; Physical therapy was requested. The hardlet carrier is NOT New Hampshire Apr-Jun (Palaby Families; Physical therapy was requested. The hardlet carrier is NOT New Hampshire Apr-Jun (Palaby Families; Physical therapy was requested. The hardlet carrier is NOT New Hampshire Apr-Jun (Palaby Families; Physical or Occupational therapy was requested to point; Body Part selected; Palaby Part selected; Palaby Pala					body part; Body Part pass complete; Questions about your Wrist request: ; Three or more	
objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested. The health carrier is NOT New Hampshire Apr-Jun (6/30/2023 Medicine Approval training (includes stair climbing) Healthy Families; Physical therapy was requested 1 2023 2023 Perform Body Part selection; Perform Body Part selected as the specific body part; Body Part pass complete; Questions about your Wrist request; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a					visits anticipated; The anticipated number of visits is other than 2.; Therapy type is	
with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer., The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of conceptational therapy was selected; Physical or Occupational therapy was s					Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate	
tasks best describes the patient presentation; Upper Extremity selected as the body type/region, Physical Therapy. Speech Therapy was not selected, The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The report wist selected as the specific body part; Body Part selection; Perform Body Part					objective and functional deficits: constant symptoms and/or symptoms that are intensified	
type/region; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of suncers, Physical or Occupational therapy was selected; Physical or Occupational deficits on the future; The rehabilitation is NOT related to a diagnosi of ymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy for the					with activity with moderate loss of range of motion, strength, or ability to perform daily	
in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of tymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested. The part of the part of the physical therapy was requested. The part of the					tasks best describes the patient presentation; Upper Extremity selected as the body	
NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational ther					type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun Healthy Families; Physical therapy was requested 1 2023 2023 Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part selection; Perform Body Part selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of coccupational therapy was selected; Physical or Occupational therap					in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the more areas, each 15 minutes; galt member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Apr-Jun Healthy Families; Physical therapy was requested 1 2023 2023 Advivora 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Healthy Families; Physical therapy was requested 1 2023 2023 Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 05/09/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of concert. The rehabilitation is NOT related to a diagnosis of concert. The rehabilitation is NOT related to a diagnosis of concert. The rehabilitation is NOT related to a diagnosis of concert. The rehabilitation is NOT related to a diagnosis of concert. The rehabilitation is NOT related to a diagnosis of concert. The rehabilitation is NOT related to a diagnosis of concert. The rehabilitation is NOT related to a diagnosis of concert. The rehabilitation is NOT related to a diagnosis of concert. The rehabilitation is NOT related to a diagnosis of concert. The rehabi					NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
### Apr-Jun					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
Healthy Families; Physical therapy was requested 1 2023 2023 Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 05/09/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cymphedema.; Physical or Occupational therapy was 97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the				97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 05/09/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of concer. The rehabilitation is NOT related to a diagnosis of concer. The rehabilitation is NOT related to a diagnosis of concer. The rehabilitation is NOT related to a diagnosis of concer. The rehabilitation is NOT related to a diagnosis of concer. The rehabilitation is NOT related to a diagnosis of concer. The rehabilitation is NOT related to a diagnosis of concer. The rehabilitation is NOT related to a diagnosis of concer. The rehabilitation is NOT related to a diagnosis of concer. The rehabilitation is NOT related to a diagnosis of concer. The rehabilitation is NOT related to a diagnosis of concer. The rehabilitation is NOT related to a diagnosis of concer. The rehabilitation is NOT related to a diagnosis of concer. The rehabilitation is NOT related to a diagnosis of concer. The rehabilitation is NOT related to a diagnosis of concer. The rehabilitation is NOT related to a diagnosis of concer.	4/1/2023 -	Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
point; Body Part for first pass is Wrist; 05/09/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the	6/30/2023 4/1/20	6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cocupational therapy was selected; Physical or Occupational therapy was selec					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
body part; Body Part pass complete; Questions about your Wrist request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occup					point; Body Part for first pass is Wrist; 05/09/2023; No patient history in the past 90 days;	
visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the					Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific	
Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Phys					body part; Body Part pass complete; Questions about your Wrist request: ; Three or more	
objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was					visits anticipated; The anticipated number of visits is other than 2.; Therapy type is	
with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of coccupational therapy was selected; Physical or Occupational therapy was selected; Phys					Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate	
tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the					objective and functional deficits: constant symptoms and/or symptoms that are intensified	
type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cymphedema.; Physical or Occupational therapy was selected; Physical or Oc					with activity with moderate loss of range of motion, strength, or ability to perform daily	
in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the					tasks best describes the patient presentation; Upper Extremity selected as the body	
NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was 97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the					type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
Physical or Occupational therapy was selected; Physical or Occupational therapy was 97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the					in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
97116 Therapeutic procedure, 1 or selected; Magellan does not manage chiropractic but does manage speech therapy for the					NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
4/1/2022 - Physical more areas each 15 minutes: gait member's plan: Physical therapy was requested. The health carrier is NOT New Hampshire April 10				97116 Therapeutic procedure, 1 or	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
71/2023 Thysical more areas, each 15 minutes, gair member 3 plan, thysical dietapy was requested, the health earner is NOT New Hampshire Aprilant	4/1/2023 -	Physical		more areas, each 15 minutes; gait	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Healthy Families; Physical therapy was requested 1 2023 2023	6/30/2023 4/1/20	23 6/30/2023 Medicine	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023

					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Wrist; 5/10/2023; No patient history in the past 90 days;	
					Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific	
					body part; Body Part pass complete; Questions about your Wrist request: ; Three or more	
					visits anticipated; The anticipated number of visits is other than 2.; Therapy type is	
					Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe	
					objective and functional deficits: constant intense symptoms with severe loss of range of	
					motion, strength, or ability to perform daily tasks best describes the patient presentation;	
					Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was	
					not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	
					·	
					diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
					selected; Physical or Occupational therapy was selected; Magellan does not manage	
				97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical therapy was	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	requested	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Wedicine	Арргочаг	training (includes stail climbing)	requesteu	1 2023 2023
					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Wrist; 5/24/2023; No patient history in the past 90 days;	
					Evaluation dates less than 90 days in the past; Surgical; $4/4/2023$; Post-Op; Wrist selected as	
					the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three	
					or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is	
					Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe	
					objective and functional deficits: constant intense symptoms with severe loss of range of	
					· · · · · · · · · · · · · · · · · · ·	
					motion, strength, or ability to perform daily tasks best describes the patient presentation;	
					Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was	
					not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The	
					rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
					diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
				97116 Therapeutic procedure, 1 or	or Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 -		Dhysical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr lup
	. /. /2022	Physical Physical		, , , , ,		Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Wrist; 6/7/2023; No patient history in the past 90 days;	
					Evaluation dates less than 90 days in the past; Surgical; 4/10/2023; Post-Op; Wrist selected	
					as the specific body part; Body Part pass complete; Questions about your Wrist request: ;	
					Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
					type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	
					Moderate objective and functional deficits: constant symptoms and/or symptoms that are	
					intensified with activity with moderate loss of range of motion, strength, or ability to	
					perform daily tasks best describes the patient presentation; Upper Extremity selected as the	
					body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-	
					Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a	
					diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				07467	selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
				97116 Therapeutic procedure, 1 or	was selected; Magellan does not manage chiropractic but does manage speech therapy for	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	the member's plan; Physical therapy was requested; The health carrier is NOT New	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Hampshire Healthy Families; Physical therapy was requested	1 2023 2023

			97/116 Thorapoutic procedure 1 or	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 06/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/06/2023; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Ccupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
4/4/2022	5 1		97116 Therapeutic procedure, 1 or	was selected; Magellan does not manage chiropractic but does manage speech therapy for	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	the member's plan; Physical therapy was requested; The health carrier is NOT New	Apr-Jun
6/30/2023 4/1/2023		Approval	97116 Therapeutic procedure, 1 or	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 6/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cocupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was	1 2023 2023
4/1/2023 -	Physical		more areas, each 15 minutes; gait	requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	1 2023 2023
4/1/2023 -	Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	perform Body Part selection; Perform Body Part Selection; Irist Pass; Second Pass Check point; Body Part for first pass is Wrist; 6/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cocupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023	•	Approval	training (includes stair climbing)	Healthy Families; Physical therapy was requested	1 2023 2023
., ., .,	.,,	1.6		,, ,	

4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Second Pass check point; 5/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/1/2022; Post-Op; Three or more visits anticipated; Therapy type is Rehabilitative; No Second Pass; Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	gold-card auth; Questions about the subsequent request: ; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative	Apr-Jun 17 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	more areas, each 15 minutes; gait training (includes stair climbing)	require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative Physical Therapy was requested; Two visits anticipated; Two visits anticipated; This is not a	Apr-Jun 6 2023 2023
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing) 97116 Therapeutic procedure, 1 or	requested Physical Therapy was requested; One visit anticipated; One visit anticipated; This is not a gold-card auth; Questions about the subsequent request: ; The member's plan does not	1 2023 2023
4/1/2023 -	Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Perform Body Part selection; Second Pass check point; Body Part for second pass is Knee; 04/05/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/14/2023; Post-Op; Questions about your Knee request: ; One visit anticipated; Neither Pre-Op, Post-Op or Non-Surgical; Therapy type is Rehabilitative; Second Pass Starting; Requestor is not a fax; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy was selected; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Apr-Jun
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	pass complete; Questions about your Wrist request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	point; Body Part for first pass is Wrist; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request:; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request:; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Wrist selected as the specific body part; Body Part	Apr-Jun 1 2023 2023
				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	

					This is for an Open procedure; Body Part passes complete; Perform Body Part selection;	
					Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is	
					Hip/Pelvis; Body Part for second pass is Knee; 5/3/2023; No patient history in the past 90	
					days; Evaluation dates less than 90 days in the past; Surgical; 3/17/2023; Post-Op; Hip/Pelvis	
					selected as the specific body part; Knee selected as the specific body part; Body Part pass	
					complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ;	
					Three or more visits anticipated; The anticipated number of visits is other than 2.; The	
					anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; Two	
					Body Parts selected; Second Pass Starting; Requestor is not a fax; The hip is beingn treated.;	
					Moderate objective and functional deficits: constant symptoms and/or symptoms that are	
					intensified with activity with moderate loss of range of motion, strength, or ability to	
					perform daily tasks best describes the patient's presentation best describes th; Moderate	
					objective and functional deficits: constant symptoms and/or symptoms that are intensified	
					with activity with moderate loss of range of motion, strength, or ability to perform daily	
					tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as	
					the first body type/region; Lower Extremity/Hip selected as the second body type/region;	
					Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation	
					date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
					or Occupational therapy was selected; Magellan does not manage chiropractic but does	
				97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023 4/1	1/2023 6/30/	2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
1,00,2020 1,2						
					This is for an Open procedure; Body Part passes complete; Perform Body Part selection;	
					Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is	
					Knee; Body Part for second pass is not in options listed; 5/8/2023; No patient history in the	
					past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/04/2023; Post-Op;	
					Knee selected as the specific body part; Body Part pass complete; Questions about your	
					Knee request: ; Three or more visits anticipated; The anticipated number of visits is other	
					than 2.; Post-Op; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass	
					Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense	
					symptoms with severe loss of range of motion, strength, or ability to perform daily tasks	
					best describes the patient's clinical presentation; The requesting provider is other than	
					Physical Therapy or Occupational Therapy; The patient was previously independent with	
					mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Lower Extremity/Hip was selected	
					, , , , , , , , , , , , , , , , , , , ,	
					as the first body type/region; Gait, Balance and Falls was selected as the second body	
					type/region; Body Part for second pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical	
					Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.; The	
					rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
				97116 Therapeutic procedure, 1 or	or Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
		ysicai		3. 600, 600. 10		/ ipi Juli
6/30/2023 4/1	1/2023 6/30/	2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023

4/1/2023 -	4/4/222	Physical C (20) (2022 Mulisian		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	This is for an Open procedure; Perform Body Part selection; First Pass; Body Part for first pass is Knee; 4/4/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/21/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Post-Op; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Conceptional therapy was selected; Physical or Occupational therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
				97116 Therapeutic procedure, 1 or	This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/4/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/20/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested. The health carrier is NOT New Hampshire healthy ramines,	1 2023 2023
				97116 Therapeutic procedure, 1 or	This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04-03-2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cocupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's	
4/1/2023 -	4/4/2022	Physical		more areas, each 15 minutes; gait	plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Families; Physical therapy was requested	1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/5/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or O	Apr-Jun 1 2023 2023
4/1/2023 -		Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/10/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	Apr-Jun
6/30/2023 4/1/2023 - 6/30/2023		Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/10/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cupational therapy was selected; Physical or Occupational therapy was selected; Physical or Decupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023

First Pass; S history in th 5/1/2023; P Questions a number of v selected; N constant int perform dai selected as: Op or Non-5 to a diagnos Physical or c selected; Pf 97116 Therapeutic procedure, 1 or was selected 4/1/2023 - Physical more areas, each 15 minutes; gait the membe	Open procedure; Perform Body Part selection; Perform Body Part selection; cond Pass check point; Body Part for first pass is Knee; 5/2/2023; No patient e past 90 days; Evaluation dates less than 90 days in the past; Surgical; st-Op; Knee selected as the specific body part; Body Part pass complete; sout your Knee request: ; Three or more visits anticipated; The anticipated sits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part Second Pass; Requestor is not a fax; Severe objective and functional deficits: ense symptoms with severe loss of range of motion, strength, or ability to y tasks best describes the patient's clinical presentation; Lower Extremity/Hip pare body type/region; Physical Therapy; Speech Therapy was not selected; Post-urgical; The evaluation date is not in the future; The rehabilitation is NOT related so f cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; ccupational therapy was selected; Physical or Occupational therapy was sical or Occupational therapy was selected; Physical or Occupational therapy (manage chiropractic but does manage speech therapy for splan; Physical therapy was requested; The health carrier is NOT New Apr-Jun (1902)
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Hampshire	ealthy Families; Physical therapy was requested 1 2023 2023
First Pass; S history in th 5/1/2023; P Questions a number of v selected; No constant int perform dai selected as: Op or Non-5 to a diagnos Physical or o selected; Ph	Open procedure; Perform Body Part selection; Perform Body Part selection; cond Pass check point; Body Part for first pass is Knee; 5/3/2023; No patient e past 90 days; Evaluation dates less than 90 days in the past; Surgical; st-Op; Knee selected as the specific body part; Body Part pass complete; bout your Knee request:; Three or more visits anticipated; The anticipated sits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part Second Pass; Requestor is not a fax; Severe objective and functional deficits: ense symptoms with severe loss of range of motion, strength, or ability to y tasks best describes the patient's clinical presentation; Lower Extremity/Hip he body type/region; Physical Therapy; Speech Therapy was not selected; Post-urgical; The evaluation date is not in the future; The rehabilitation is NOT related so f cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; ccupational therapy was selected; Physical or Occupational therapy was visical or Occupational therapy was selected; Physical or Occupational therapy is Magellan does not manage chiropractic but does manage speech therapy for
4/1/2023 - Physical more areas, each 15 minutes; gait the membe	s plan; Physical therapy was requested; The health carrier is NOT New Apr-Jun
This is for an First Pass; Shistory in the 5/2/2023; PQuestion. Question: selected; Not constant syling range of modifical present the form of the fo	lealthy Families; Physical therapy was requested Open procedure; Perform Body Part selection; Perform Body Part selection; cond Pass check point; Body Part for first pass is Knee; 5/4/2023; No patient e past 90 days; Evaluation dates less than 90 days in the past; Surgical; sost-Op; Knee selected as the specific body part; Body Part pass complete; sout your Knee request: ; Three or more visits anticipated; The anticipated sits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part Second Pass; Requestor is not a fax; Moderate objective and functional deficits: suptoms and/or symptoms that are intensified with activity with moderate loss of ion, strength, or ability to perform daily tasks best describes the patient's intation; Lower Extremity/Hip selected as the body type/region; Physical each Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is ture; The rehabilitation is NOT related to a diagnosis of cancer.; The in s NOT related to a diagnosis of Lymphedema.; Physical or Occupational selected; Physical or Occupational therapy was selected; Magellan has echiropractic but does manage speech therapy for the member's plan;
	apy was requested; The health carrier is NOT New Hampshire Healthy Families; Apr-Jun apy was requested 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/16/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/04/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cucupational therapy was selected; Physical or Occupational therapy was selected; Phy	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/11/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of Cymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; The health carrier is NOT New	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/07/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Concer.; The rehabilitation is NOT related to a Occupational therapy was selected; Physical or Occupational therapy wa	Apr-Jun 1 2023 2023

					This is for an Open procedure; Perform Body Part selection; Perform Body Part selection;	
					First Pass; Second Pass check point; Body Part for first pass is Knee; 05/22/2023; No patient	
					history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical;	
					05/19/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete;	
					Questions about your Knee request: ; Three or more visits anticipated; The anticipated	
					number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part	
					selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits:	
					sporadic symptoms with minimal loss of range of motion, strength, or ability to perform	
					daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as	
					the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-	
					Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a	
					diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
					selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
				97116 Therapeutic procedure, 1 or	was selected; Magellan does not manage chiropractic but does manage speech therapy for	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	the member's plan; Physical therapy was requested; The health carrier is NOT New	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
					This is for an Open procedure; Perform Body Part selection; Perform Body Part selection;	
					First Pass; Second Pass check point; Body Part for first pass is Knee; 5/24/2023; No patient	
					history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical;	
					5/3/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete;	
					Questions about your Knee request: ; Three or more visits anticipated; The anticipated	
					number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part	
					selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	
					constant symptoms and/or symptoms that are intensified with activity with moderate loss of	
					range of motion, strength, or ability to perform daily tasks best describes the patient's	
					clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical	
					Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is	
					not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The	
					rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
				97116 Therapeutic procedure, 1 or	does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested	1 2023 2023
					This is for an Open procedure; Perform Body Part selection; Perform Body Part selection;	
					First Pass; Second Pass check point; Body Part for first pass is Knee; 5/24/2023; No patient	
					history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical;	
					5/23/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete;	
					Questions about your Knee request: ; Three or more visits anticipated; The anticipated	
					number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part	
					selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	
					constant symptoms and/or symptoms that are intensified with activity with moderate loss of	
					range of motion, strength, or ability to perform daily tasks best describes the patient's	
					clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical	
					Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is	
					not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The	
					rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
				97116 Therapeutic procedure, 1 or	does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
1 ' '	4/1/2022	•	Annre	, , , ,	, , , , , , , , , , , , , , , , , , , ,	
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested	1 2023 2023

4/1/2023 - 6/30/2023 4/1/202	Physical 3 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/23/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Decupational therapy was selected; Physical or Occupational therapy was selected; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun 1 2023 2023
4/1/2023 -	Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/23/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of concertional therapy was selected; Physical or Occupational therapy was selected; Phys	Apr-Jun
6/30/2023 4/1/20: 4/1/2023 - 6/30/2023 4/1/20:	Physical	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Hampshire Healthy Families; Physical therapy was requested This is for an Open procedure; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/22/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was select	Apr-Jun 1 2023 2023

					This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/25/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related	
					to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
				97116 Therapeutic procedure, 1 or	was selected; Magellan does not manage chiropractic but does manage speech therapy for	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	the member's plan; Physical therapy was requested; The health carrier is NOT New	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
					This is for an Open procedure; Perform Body Part selection; Perform Body Part selection;	
					First Pass; Second Pass check point; Body Part for first pass is Knee; 06/05/2023; No patient	
					history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical;	
					03/24/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete;	
					Questions about your Knee request: ; Three or more visits anticipated; The anticipated	
					number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	
					constant intense symptoms with severe loss of range of motion, strength, or ability to	
					perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip	
					selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-	
					Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related	
					to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
				97116 Therapeutic procedure, 1 or	was selected; Magellan does not manage chiropractic but does manage speech therapy for	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	the member's plan; Physical therapy was requested; The health carrier is NOT New	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
					This is for an Open procedure; Perform Body Part selection; Perform Body Part selection;	
					First Pass; Second Pass check point; Body Part for first pass is Knee; 6/7/2023; No patient	
					history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/19/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete;	
					Questions about your Knee request: ; Three or more visits anticipated; The anticipated	
					number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part	
					selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	
					constant symptoms and/or symptoms that are intensified with activity with moderate loss of	
					range of motion, strength, or ability to perform daily tasks best describes the patient's	
					clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical	
					Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The	
					rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
				97116 Therapeutic procedure, 1 or	does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 -	4/4/2000	Physical		more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested	1 2023 2023

					This is for an Open procedure; Perform Body Part selection; Perform Body Part selection;	
					First Pass; Second Pass check point; Body Part for first pass is Knee; 6/12/2023; No patient	
					history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical;	
					6/7/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete;	
					Questions about your Knee request: ; Three or more visits anticipated; The anticipated	
					number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part	
					selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	
					constant intense symptoms with severe loss of range of motion, strength, or ability to	
					perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip	
					selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-	
					Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related	
					to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
					selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
				97116 Therapeutic procedure, 1 or	was selected; Magellan does not manage chiropractic but does manage speech therapy for	
4/1/2023 -		Dhusiaal		· · · · · · · · · · · · · · · · · · ·		A 1
	4/4/2022	Physical Physical	A I	more areas, each 15 minutes; gait	the member's plan; Physical therapy was requested; The health carrier is NOT New	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
					This is for an Open procedure; Perform Body Part selection; Perform Body Part selection;	
					First Pass; Second Pass check point; Body Part for first pass is Knee; 06/13/2023; No patient	
					history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical;	
					09/27/2021; Post-Op; Knee selected as the specific body part; Body Part pass complete;	
					Questions about your Knee request: ; Three or more visits anticipated; The anticipated	
					number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part	
					selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits:	
					constant symptoms and/or symptoms that are intensified with activity with moderate loss of	
					range of motion, strength, or ability to perform daily tasks best describes the patient's	
					clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical	
					Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is	
					not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The	
					rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Physical or	
				07446 The constitution of the first terms of the fir	Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
				97116 Therapeutic procedure, 1 or	does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested	1 2023 2023
					This is for an Open procedure; Perform Body Part selection; Perform Body Part selection;	
					First Pass; Second Pass check point; Body Part for first pass is Knee; 06/16/2023; No patient	
					history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical;	
					06/13/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete;	
					Questions about your Knee request: ; Three or more visits anticipated; The anticipated	
					number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part	
					selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:	
					constant intense symptoms with severe loss of range of motion, strength, or ability to	
					perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip	
					selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-	
					Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related	
					to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
					selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
				97116 Therapeutic procedure, 1 or	was selected; Magellan does not manage chiropractic but does manage speech therapy for	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	the member's plan; Physical therapy was requested; The health carrier is NOT New	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Hampshire Healthy Families; Physical therapy was requested	1 2023 2023

				97116 Therapeutic procedure, 1 or	This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/19/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cymphedema.; Physical or Occupational therapy was selected; Physical o	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	the member's plan; Physical therapy was requested; The health carrier is NOT New	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
44/0000		Dhai		97116 Therapeutic procedure, 1 or	This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/19/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine Physical	Approval	training (includes stair climbing) 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Physical therapy was requested This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/20/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	1 2023 2023
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested	1 2023 2023
0,30,2023	., 1, 2023	5,55,2525 Wicalcine	pprovai	a a (merades stan eminoris)		1 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine Appro	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait val training (includes stair climbing)	This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/21/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	Apr-Jun 1 2023 2023
		97116 Therapeutic procedure, 1 or	This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/22/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for	
4/1/2023 -	Physical	more areas, each 15 minutes; gait	the member's plan; Physical therapy was requested; The health carrier is NOT New	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine Appro	val training (includes stair climbing)	Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine Appro	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait val training (includes stair climbing)	This is for an Open procedure; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/29/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/27/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of coccupational therapy was selected; Physical or Occupational therapy was selected; Physical or Decupational therapy was selected; Physical or Decupational therapy was selected; Physical or Occupational therapy was selected; Ph	Apr-Jun 1 2023 2023

				This is for Arthroscopy; Perform Body Part selection; First Pass; Body Part for first pass is	
				Knee; 4/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days	
				in the past; Surgical; 4/4/2023; Post-Op; Knee selected as the specific body part; Body Part	
				pass complete; Questions about your Knee request: ; Three or more visits anticipated; Post-	
				Op; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of	
				the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as	
				the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-	
				Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a	
				diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
			97116 Therapeutic procedure, 1 or	was selected; Magellan does not manage chiropractic but does manage speech therapy for	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	the member's plan; Physical therapy was requested; The health carrier is NOT New	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
			3.	This is for Arthroscopy; Perform Body Part selection; First Pass; Body Part for first pass is	
				Knee; 4/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days	
				in the past; Surgical; 4/6/2023; Post-Op; Knee selected as the specific body part; Body Part	
				pass complete; Questions about your Knee request: ; Three or more visits anticipated; Post-	
				Op; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of	
				the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as	
				the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-	
				Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a	
				diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
			97116 Therapeutic procedure, 1 or	was selected; Magellan does not manage chiropractic but does manage speech therapy for	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	the member's plan; Physical therapy was requested; The health carrier is NOT New	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
0,00,000	0,00,000			, , , , , , , , , , , , , , , , , , , ,	
				This is for Arthroscopy; Perform Body Part selection; First Pass; Body Part for first pass is	
				Knee; 4/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days	
				in the past; Surgical; 4/13/2023; Post-Op; Knee selected as the specific body part; Body Part	
				pass complete; Questions about your Knee request: ; Three or more visits anticipated; Post-	
				Op; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of	
				the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as	
				the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-	
				Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a	
				diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
			97116 Therapeutic procedure, 1 or	was selected; Magellan does not manage chiropractic but does manage speech therapy for	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	the member's plan; Physical therapy was requested; The health carrier is NOT New	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
0,00,2020 4,1,2025	5, 50, 2025 Wicalchie	, ipprovar	a a (merades stan eminority)	Tamps me readily runnes, rhysical dicrapy was requested	1 2023 2023

					This is for Arthroscopy; Perform Body Part selection; First Pass; Body Part for first pass is	
					Knee; 4/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days	
					in the past; Surgical; 4/24/2023; Post-Op; Knee selected as the specific body part; Body Part	
					pass complete; Questions about your Knee request: ; Three or more visits anticipated; Post-	
					Op; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of	
					the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as	
					the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-	
					Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a	
					diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
					selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
				97116 Therapeutic procedure, 1 or	was selected; Magellan does not manage chiropractic but does manage speech therapy for	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	the member's plan; Physical therapy was requested; The health carrier is NOT New	Apr-Jun
6/30/2023 4/	/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
				<u> </u>	This is for Arthroscopy; Perform Body Part selection; First Pass; Body Part for first pass is	
					Knee; 5/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days	
					in the past; Surgical; 5/9/2023; Post-Op; Knee selected as the specific body part; Body Part	
					pass complete; Questions about your Knee request: ; Three or more visits anticipated; Post-	
					Op; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of	
					the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as	
					the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-	
					Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a	
					diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
					selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
				97116 Therapeutic procedure, 1 or	was selected; Magellan does not manage chiropractic but does manage speech therapy for	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	the member's plan; Physical therapy was requested; The health carrier is NOT New	Apr-Jun
6/30/2023 4/	/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
					This is for Arthroscopy; Perform Body Part selection; First Pass; Body Part for first pass is	
					Knee; 5/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days	
					in the past; Surgical; 5/22/2023; Post-Op; Knee selected as the specific body part; Body Part	
					pass complete; Questions about your Knee request: ; Three or more visits anticipated; Post-	
					Op; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of	
					the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as	
					the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-	
					Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a	
					diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
					selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
				97116 Therapeutic procedure, 1 or	was selected; Magellan does not manage chiropractic but does manage speech therapy for	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	the member's plan; Physical therapy was requested; The health carrier is NOT New	Apr-Jun
6/30/2023 4/	/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Hampshire Healthy Families; Physical therapy was requested	1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; First Pass; Body Part for first pass is Knee; 6/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/31/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; Post-Op; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Decupational therapy was selected; Ph	Apr-Jun 1 2023 2023
6/30/2023	4/1/2023	6/30/2023 Wedicine	Арргочаг	training (includes stair climbing)	nampshire healthy ramines, Physical therapy was requested	1 2025 2025
4/4/2022		Dhusiael		97116 Therapeutic procedure, 1 or	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/17/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Dasgellan does not manage chiropractic but does	A a a lua
4/1/2023 - 6/30/2023	4/4/2022	Physical 6/30/2023 Medicine	Approval	more areas, each 15 minutes; gait training (includes stair climbing)	manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
	, , , , = = = =		201100	97116 Therapeutic procedure, 1 or	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 03/30/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/27/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 -	4/1/2022	Physical	Annrawal	more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested	1 2023 2023

4/1/2023 - 6/30/2023 -	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/21/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of coccupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested;	Apr-Jun 1 2023 2023
6/30/2023 4	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested	1 2023 2023
4/1/2023 -	4/1/2022	Physical	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/07/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/03/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023 4	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested	1 2023 2023
4/1/2023 - 6/30/2023 -	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/16/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023

4/1/2023 -	A/1/2022	Physical	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes this climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/5/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of tymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested	1 2023 2023
				97116 Therapeutic procedure, 1 or	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/06/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing) 97116 Therapeutic procedure, 1 or	Physical therapy was requested This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/04/23; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan;	1 2023 2023
4/1/2023 - 6/30/2023	4/1/2022	Physical 6/30/2023 Medicine	Approval	more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun 1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Wieulcine	Approval	training (includes stair climbing)	Physical therapy was requested	1 2023 2023

4/1/2023 - 6/30/2023 4/1	Physical ./2023 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/10/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of Coccupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1	Physical	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/27/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1	Physical	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/31/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/19/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
0/30/2023	4/1/2023	o/30/2023 Medicine	Approvai	training (includes stair climbing)	rnysical therapy was requested	1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 04/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/21/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cocupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 -		Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/18/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Companient therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested	1 2023 2023

4/1/2023 -	A/4/2022	Physical	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/28/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested.	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/01/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/27/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested to the does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/1/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/28/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/1/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/30/2022; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/25/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 -	7 1 2023	Physical Physical	Другочаг	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/28/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cocupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
1	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested	1 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/3/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/27/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is not in the future; The rehabilitation is hor related to a diagnosis of concer.; The rehabilitation is not manage chicperiated; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; Physical or Occupational therapy was re	Apr-Jun 1 2023 2023
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested	1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/3/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/28/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of Coccupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/9/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/5/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of coccupational therapy was selected; Physical or Occupational therapy was requested; Physical therapy was requested; Physical or Occupational therapy was requested; Physical therapy was requested	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023 4	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/8/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4		Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/30/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Camphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/27/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Coccupational therapy was selected; Physical or Occupational therapy was selected; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/12/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of coccupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested;	Apr-Jun 1 2023 2023
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested	1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/16/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/12/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Nor Nor New Hampshire Healthy Families; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/10/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation as NOT related to a diagnosis of cancer.; The rehabilitation of the physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023

6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Physical therapy was requested 1 2023 2023 This is for Arthroscopy, Perform Body Part selection; Perform							
This is for Arthroscopy, Perform Body Part selection, Ferst Pass; Second Pass check point, Body Part or first pass is Knees, \$2/2/2023, No patient history in the past 90 days, Evaluation dates less than 90 days; in the past, \$2/2/2023, No patient history in the past 90 days; Revaluation dates less than 90 days; in the past, \$2/2/2023, No patient history in the past 90 days; Revaluation dates less than 90 days; in the past, \$2/2/2023, No patient history in the past 90 days; Revaluation dates less than 90 days; in the past, \$2/2/2023, No patient history in the past 90 days; Revaluation dates less than 90 days; in the past, \$2/2/2023, No patient history in the past 90 days; Revaluation dates less than 90 days; in the past, \$2/2/2023, No patient history in the past 90 days; Revaluation dates into in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT r			•	Approval	more areas, each 15 minutes; gait	Second Pass check point; Body Part for first pass is Knee; 5/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/6/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ;Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy w	Apr-Jun 1 2023 2023
Second Pass Ohec points, Body Part for first, pass is Knee: 5/22/2023. No patient history in the past 90 days; in the past Sorgical, 5/93/2023. Post-Op; Knee selected as the specific body part. Body Part pass complete, Quastions about your Knee request: Three or more visits anticipated: The anticipated number of visits is other than 2, Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestors in oral fairs. Severe objective and functional deflicits constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily task best describes the patient's clinical presentation; Lower Extremitly/His selected as the body type/region; Physical Therapy was relected; Physical or Occupational therapy was selected.	0/30/202	o 4/1/2023	o/3U/2U23 IVIEGICINE	Approvai	training (includes stair climbing)	rnysicai trierapy was requested	1 2023 2023
This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/22/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Interapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of anagensis of cancer; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupa			•	Approval	more areas, each 15 minutes; gait	Second Pass check point; Body Part for first pass is Knee; 5/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/19/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cocupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun 1 2023 2023
	4/1/2023	-		Approval	97116 Therapeutic procedure, 1 or	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 05/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/22/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan;	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023 4/1/2	Physical 023 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/26/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of coccupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2	Physical 023 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 5/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/25/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of coccupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2	Physical 023 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/1/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/25/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of tymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023 4	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/1/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/31/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4		Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/11/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/5/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023

4/1/2023 - 6/20/2023	A/1/2022	Physical	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/9/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/6/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cocupational therapy was selected; Physical or Occupational therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Heapschire Healths Spanilies; Physical therapy was requested.	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/9/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/7/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of coccupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/6/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation of NOT related to a diagnosis of cancer.; The rehabilitation and therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023

This, ide anti-incomp, preform Rolly Part Relection, Proform Body Part Relection, Perform Rolly Part Relection, Relection, Perform Rolly Part Relection, Perform Rolly Part Relection, Relection Relection, Relection Re						
This is for Arthroscopy, Perform Body Part selection, Pirst Pass; Second Pass Sheek, point, Body Part for first pass is Knee; 613-57023; No patient history in the past 30 days; Evaluation dates less than 90 days in the past 30 days; Evaluation dates less than 90 days; Evaluation dates less than 90 days; Evaluation dates from the future. The resultant procedure, 1 or death of the future of the past 90 days; Evaluation dates from the future of the resultant of the future of the future of the resultant of the future of the resultant of the future of the future of the resultant of the future of	1 1	•	Approval	more areas, each 15 minutes; gait	Second Pass check point; Body Part for first pass is Knee; 06/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/08/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therap	· ·
Second Pass Check point, Body Part for first pass is Knee, 6/15/20/3. No patient history in the past 90 days, Evaluation dates less than 90 days in the past Surgicial 50/66/20/3. Post-Op; fixee selected as the specific body part; Body Part pass complete; Questions about your Knee requests: Three or more visits antiopiated. The anticipated number of visits is other than 2, Post-Op; Therapy type is Rehabilitative; One Body Part selection; Body Part pass complete; Questions about your Knee requests: Three or more visits antiopiated; the anticipated mumber of visits is other than 2, Post-Op; Therapy type is Rehabilitative; One Body Part selection; Prissal Body Part selection; Prissal Body Part selection; Prissal Body Part selection; Prissal Part Selection; Prissal Body Part	0/30/2023 4/1/	ZUZS 0/3U/ZUZS WIEDICINE	Approvai	training (includes stair climbing)	rnysical therapy was requested	1 2023 2023
This is for Arthroscopy, Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/27/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical repry, Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational the		•	Approval	more areas, each 15 minutes; gait	Second Pass check point; Body Part for first pass is Knee; 6/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/06/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	·
			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	97116 Therapeutic procedure, 1 or	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/27/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does	
	1 ' '	,	Approval	, , ,		

4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 06/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/14/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of coccupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested	1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/15/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/16/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested.	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023 4	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/14/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4		Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/21/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 6/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/16/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	Apr-Jun 1 2023 2023

This is for Arthroscopy; Perform Body Part selection; Perform Body Part Second Pass check point; Body Part for first pass is Knee; 6/29/2023; Note of Pass selected as the specific body part; Body Part pass is Knee; 6/29/2023; Note pass selected as the specific body part; Body Part pass complete; Note of Part pass is Knee; 6/29/2023; Note of Part pass of Part selected Requestor is not a fax; Severe objective and functional deficits: constar with severe loss of range of motion, strength, or ability to perform dail the patient's clinical presentation; Lower Extremity/Hip selected as the Physical Therapy; Speech Therapy was not selected; Post-Op or Non-St date is not in the future; The rehabilitation is NOT related to a diagnosi or rehabilitation is NOT related to a diagnosi or rehabilitation is NOT related to a diagnosi or Part pass selected; Physical or Occupational therapy was selected; Physical or Occupation	o patient history in al; 6/27/2023; Post- Questions about your er of visits is other d; No Second Pass; at intense symptoms by tasks best describes body type/region; argical; The evaluation s of cancer.; The or Occupational drysical or aras selected; Magellan member's plan; nire Healthy Families; Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Physical therapy was requested	1 2023 2023
This request id for the Foot.; Body Part passes complete; Perform Body Perform Body Perform Body Part selection; First Pass; Second Pass check point; Body Hilp/Pelvis; Body Part for second pass is not in options listed; 05.731/20 in the past 90 days; Evaluation dates less than 90 days in the past; Non selected as the specific body part; Foot/Ankle selected as the specific pass complete; Questions about your Foot/Ankle request; Questions request:; The anticipated number of visits is other than 2.; There or me The anticipated numb	Part for first pass is 23; No patient history -Surgical; Hip/Pelvis ody part; Body Part about your Pelvis/Hip pre visits anticipated; pilitative; More than 2 2; Second Pass s: constant intense erform daily tasks oderate objective and nsified with activity daily tasks best r/Hip was selected as body type/region; rapy was not selected; ed to a diagnosis of ia.; Physical or ras selected; Physical y was selected; py for the member's
4/1/2023 - Physical more areas, each 15 minutes; gait plan; Physical therapy was requested; The health carrier is NOT New H. 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Families; Physical therapy was requested; Physi	·
	ted 1 2023 2023

This request is for the Foot. Soaly Para passes complete, Perform Body Para selection; Perform Body Par							
Kreep Book Plant for second pass in the depart of the past Non-Single-New selected as the specific body part, Food/Ankler selected as the specific body part, Food/Ankler selected as the specific body part, Food/Ankler selected as the specific body part pass complete, Clearing and your Food part pass of the past Non-Single Plant pass of complete, Clearing and your Food part pass of the past Non-Single Plant pass of complete, Clearing and your Food part pass of the pass of the past Non-Single Plant pass of the pass of the past Non-Single Plant pass of the pass of the past Non-Single Plant pass of the past Non-Single Plant pass of the pass of the past Non-Single Plant pass of the pass Single Plant pass of the pass of th						This request id for the Foot.; Body Part passes complete; Perform Body Part selection;	
past 9 days; brollution dates loss than 90 days in the past, too-Surgical) knee selected as the specific body part pass complete. Questions about your Food April and selected and which part pass complete. Questions about your Food April and Expert Court from the Court of the Co						Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is	
the specific Body part; Food/Anks elected as the specific body part; Body Part pass complete; Questions about your Food/Anks elected is the property of the sound of the part						Knee; Body Part for second pass is not in options listed; 3/28/2023; No patient history in the	
complete, Questions about your found facility request; countering about your Keen request; the anticipated revisits is other than 2, lives or more wist anticipated. The anticipated revisits is other than 2, Non-Surgical, Therapy type is Rehabilitative; More than 28 bytes selected, provide deals on the top 2, Second Plas Starting, Requestor is not a fax; Moderate objective and functional deficits; constant symptoms such as interested with activity with moralized less of range of motion, strength, or ability to perform daily tasks best describes the patients; presentation, and the second plant of the patients of the patients of the patients of the patients; presentation, and the patients of the patients of the patients; presentation, and the patients of the patients of the patients; presentation, and the patients of the patients; presentation is an extended. The patients of presentation is was selected, Physical of Coupstional therapy was selected. Physical of Coupstional therapy was selected, Physical of Coupstional therapy was selected. Physical of Coupstional therapy was selected, Phy						past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as	
The anticipated number of visits is other than 2.7 There or more visits anticipated. The anticipated number of visits is other than 2.6 Now Surgicil. Theretory type is Rehabilitative; More than 2.60 y Parts, 3 + Body Parts						the specific body part; Foot/Ankle selected as the specific body part; Body Part pass	
The anticipated number of visits is other than 2.7 There or more visits anticipated. The anticipated number of visits is other than 2.6 Now Surgicil. Theretory type is Rehabilitative; More than 2.60 y Parts, 3 + Body Parts						complete; Questions about your Foot/Ankle request: ; Questions about your Knee request: ;	
anticipates 2, 1 Augusted number of Visits is other than 2, 1 Augusted estate in the Log 2, Scond Head in the Log 2, Scond Head Stating Requestor in not a face, Moderate objective and functional deficits constant symptomy that are intensified with activity with moderate log 2 frage of motion, strength, or ability to perform daily tasks best describes the patient's presentation, Moderate objective and functional deficits constant symptomy with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation, Moderate objective and functional deficits constant symptomy with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation. When the patient's presentation is the strength of the patient's presentation is presented to the strength of the patient's presentation is presented to the patient's presentation is presented by the presentation is presented by the patient's presentation is presented by the patient's presentation is presented by the presentation is							
More than 2 Body Parts, 3 = Body Regions was selected - provide details on the top 2, Second Parts and Parts of the Body Regions was selected - provide details on the top 2, Second Parts of the Body Regions was selected - provide details on the top 2, Second Parts of the Body Regions was selected - provide details on the top 2, Second Parts of the Body Regions was selected - provide details on the top 2, Second Parts of the Body Regions was selected. Provided the Body Regions was selected - provide details of the Body Regions was selected. Previous was selected. Previous of the Body Regions was selected. Previous of the							
Pass Starting, Requestor is not a fax, Moderate objective and functional deficits: constant symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's foliancial presentation; lower Extrensity/Hip was requested as the first body type/region; Lower Extrensity/Hip was requested as the first body type/region; Lower Extrensity/Hip was requested as the first body type/region; Lower Extrensity/Hip was requested as the first body type/region; Lower Extrensity/Hip was requested as the first body type/region; Lower Extrensity/Hip was requested as the first body type/region; Lower Extrensity/Hip was requested as the first body type/region; Lower Extrensity/Hip was requested as the first body type/region; Lower Extrensity/Hip was requested to a diagnosis of Lower Extrensity/Hip was selected. The selection of Lower Extrensity/Hip was selected, Physical or Occupational therapy was selected. Physical therapy was requested to a diagnosis of Lower Extrensity was requested as the second body regions and the part was requested as the first body part of Lower Extrensity was requested as the first body part of Lower Extrensity was requested as the first body part of Lower Extrensity was requested as the first body part of Lower Extrensity was requested and functional deficits; constant intense symptoms with severe loss of range of motion, strength or a diagnosis of Lower Extrensity Physica						, , , , , , , , , , , , , , , , , , , ,	
symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patients presentation; Moderate objective and functional delicities: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patients of motion, strength, or ability to perform daily tasks best describes the patients of motion, strength, or ability to perform daily tasks best describes the patients of motion, strength, or ability to perform daily tasks best describes the patients of motion, strength, or ability to perform daily tasks best describes the patients of motion, strength, or ability to perform daily tasks best describes the patients of motion, strength, or ability to perform daily tasks best describes the patients of motion, strength, or ability to perform daily tasks best describes the patients of motion, strength, or ability to perform daily tasks best describes the patients of motion, strength, or ability to perform daily tasks best describes the patients of motion, strength, or ability to perform daily tasks best describes the patients of motion, strength, or ability to perform daily daily the patients of motion, strength, or ability to perform daily tasks best describes the patient of motion, strength, or ability to perform daily tasks best describes the patient of motion, strength, or ability to perform daily tasks best describes the patient of motion, strength, or ability to perform daily tasks best describes the patient of motion, strength, or ability to perform daily tasks best describes the patient of parts ability to perform daily tasks best describes the patient of parts ability to perform daily tasks best describes the patient of parts ability to perform daily tasks best describes the patients of motion, strength, or ability to perform daily tasks best describes the patient of parts ability to perform daily tasks bes							
motion, strength, or ability to perform daily tasks best describes the patients' presentation; Moderate begictive and functional deficities constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation, tower Extremity/Hips was selected as the first body type/region, tower Extremity/Hips elected as the second body type/region, body Part for second pass is froot/Ankle Physical Therapy was selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer, and the rehabilitation is NOT related to a diagnosis of cancer, and the rehabilitation is NOT related to a diagnosis of cancer, and the rehabilitation is NOT related to a diagnosis of cancer, and the rehabilitation is NOT related to a diagnosis of cancer, and the rehabilitation is NOT related to a diagnosis of cancer, and the rehabilitation is NOT related to a diagnosis of cancer, and the rehabilitation is NOT related to a diagnosis of cancer, and the rehabilitation is NOT related to a diagnosis of cancer, and the rehabilitation is NOT related to a diagnosis of cancer, and the rehabilitation is NOT related to a diagnosis of cancer, and the rehabilitation is NOT related to a diagnosis of cancer, and the rehabilitation is NOT related to a diagnosis of cancer, and the rehabilitation is NOT related to a diagnosis of cancer, and the rehabilitation is NOT related to a diagnosis of cancer, and the rehabilitation is NOT related to a diagnosis of cancer, and the rehabilitation is NOT related to a diagnosis of cancer, and the rehabilitation is NOT related to a diagnosis of the rehabilitation is NOT related to a diagnosis of cancer, and the rehabilitation is NOT related to a diagnosis of cancer, and the rehabilitation is NOT related to a diagnosis of cancer, and the rehabilitation is NOT related to a diagnosis of cancer, the rehabilitation is NOT related to a diagnosis of cancer, the rehabi						3, 1	
Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, street, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Piles upersonated as the first body type/regingor. Uswer Extremity/Piles describes the patient's clinical presentation; Lower Extremity/Piles describes the patient's clinical presentation; Lower Extremity/Piles describes the patient's clinical presentation; Lower Extremity/Piles describes the patient's previously to perform daily tasks best describes the patient's previously to perform daily tasks best describes the patient's procedure, and a second pass is front/Ankle; Physical Therapy was necessary to the performance of the patient's procedure, and a second pass is front/Ankle; Physical or Cocquational therapy was selected; Physical or Cocquation						, , , , , , , , , , , , , , , , , , , ,	
intensified with activity with moderate loss of range of motion, strength, or ability to perform ally tasks best describes the patients of such as personal way to perform ally tasks best describes the patients of such as personal to the personal way to the perform ally tasks best describes the patients of such as personal to the personal training of the personal traini							
perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/eging; body ty						• • • • • • • • • • • • • • • • • • • •	
was selected as the first body type/region; lower Extremity/fije selected as the second body type/region. Repairs Deptace In Therapy was selected. Physical can be a selected in the future. The rehabilitation is NOT related to a diagnosis of Lymphodema.; Physical or Occupational therapy was selected, Physic							
hype/region, Body Part for second pass is Foot/Ankle; Physical Therapy, vas constitution in the future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer. Straining Requested is the specific body part. Body Part spaces complete, Parker objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or sublity t							
not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnos for Cumper in NoT New selected; Physical or Occupational therapy was selected; Physical department of NoT New more areas, each 15 minutes; gait requested; Physical therapy was requested; The health carrier is NOT New more areas, each 15 minutes; gait training (includes stair climbing) requested in Physical therapy was requested; Physical physical department of the more areas, each 15 minutes; gait training (includes stair climbing) requested in the past 90 Agri passes complete; Perform Body Part selection; Polystop Part perform Body Part selection; Perform Body Part selection; Polystop Part perform Body Part selection; Perform Body Part selection; Polystop Part perform Body Part selection; Perform Body Part selection; Perform Body Part selection; Perform Body Part selection; Polystop Part perform Body Part perform Body Part perform B							
diagnosis of Cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical therapy was Apr-Jun requested 1 2023 2023 This request id for the Foot; Body Part passes complete; Perform Body Part for first pass is Knee; Body Part for second pass is not in options listed; 05/08/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past, Non-Surgical; Knee selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle requests; ; Unestions about your Knee request; ; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Knee selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Knee request; ; The anticipated number of visits is other than 2.; Non-Surgical; Threapy type is Rehabilitative; Two Body Parts selected; Stepondard Pass Saftring, Requestor is not a fax; Severe objective and functional deficits; constant intense symptoms with severe loss of range of motion, strength, or ability to perform dally tasks bet describes the patient's presentation; Lower Extremity/hip was selected, Sheepland objective and functional deficits; constant intense symptoms with severe loss of range of motion, strength, or ability to perform dally tasks bet describes the patient's presentation; Lower Extremity/hip was selected as the first body type/reg							
Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; Physical or Occupational therapy was requested; Physical therapy was requested; Physical therapy was requested; Physical or Occupational therapy was requested; Physical						not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	
selected; Physical or Occupational therapy was selected; Physical by Sphane Sp						diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
was selected, Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New 4/1/2023 - Physical more areas, each 15 minutes; gait Hampshire Healthy Familles; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; Physical for the Poot; Body Part selection; Perform Body Part for first pass is Knee; Body Part for second pass in ton in options listed; 05/08/2023; Non-Surgical; Knee selected as the specific body part; pass possible selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request; Questions about your Knee request; The anticipated number of visits is other than 2; Three or more visits anticipated; The anticipated number of visits is other than 2; Three or more visits anticipated; The anticipated number of visits is other than 2; Three or more visits anticipated; The past you should need to the past selected as the symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits; constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits; constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/hip was selected as the second body type/region; Body Part for second pass is Ford/Ankle; Physical or Occupational therapy was selected; Physical or Occupational therapy was						Physical or Occupational therapy was selected; Physical or Occupational therapy was	
4/1/2023 Physical more areas, each 15 minutes; gait the member's plan; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; Physical therapy was precipility of the post of the post; Body Part passes complete; Perform Body Part selection; Perform Body Parts selected as the specific body part; Pod/Ankle request:; Questions about your Knee request:; The anticipated member of visits is other than 2.; Throe more visits and part selection as the specific body part; Pod/Ankle request:; Questions about your Knee request:; The anticipated member of visits is other than 2.; Throe more visits and part selection; Perform Body Parts selected; Second Pass Satting; Requested; Period; In the anticipated of the anticipated member of visits is other than 2.; Throe more visits and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's principated and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's principated part part selected as the second body type/region; Body Part for second pass is Foot/Ankle; Physical Therapy was requested; Physical o						selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
4/1/2023 - Physical more areas, each 15 minutes; gait raining (includes stair climbing) requested (physical therapy was requested; Physical therapy was 1 2023 2023 2023 2023 2023 2023 2023 20						was selected; Magellan does not manage chiropractic but does manage speech therapy for	
6/30/2023 Medicine Approval training (includes stair climbing) requested This request id for the Foot,; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass Check point, Body Part for first pass is Knee; Body Part for second pass is not in options listed; 05/08/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Non-Surgical; Knee selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Knee request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestors in or a fax; Severe objective and functional deflicits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deflicits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The valuation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of Cucupational therapy was selected; Physical or Occupational therapy was requested; Physical or Occupational therapy was reques					97116 Therapeutic procedure, 1 or	the member's plan; Physical therapy was requested; The health carrier is NOT New	
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Training (includes stair climbing) Training (includes stair climbing) This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part for first pass is Knee; Body Part for second pass is not in options listed; 05/08/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical, Non-Surgical, Non-Surgical, Non-Surgical, Non-Surgical, Non-Surgical, Non-Surgical, Non-Surgical, Sendes elected as the specific body part; Body Part pass complete; Perform Body Part selected as the specific body part; Body Part pass complete; Perform Body Part selected as the specific body part; Body Part pass complete; Perform Body Part pass (and selected as the specific body part; Body Part pass (and selected as the specific body part; Body Part pass (complete; passed on the pass (and selected) as the specific body part, Poor Vankle selected as the specific body part, Poor Vankle selected as the selected second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip asselected as the first body type/region; Body Part for second pass is Foot/Ankle; Physical Therapy, Speech Therapy was not selected; The valuation date is not in the future; The rehabilitation is NOT related to a diagnosis of Cancer; The rehabilitation is NOT related to a diagnosis of Can	4/1/2023 -		Physical		more areas, each 15 minutes; gait	Hampshire Healthy Families; Physical therapy was requested; Physical therapy was	Apr-Jun
This request id for the Foot, Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is not in options listed; 05/08/2023, No patient history in the past 90 days; Evaluation dates less than 90 days in the past, Non-Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Knee request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Three or more visits anticipated, Exhabilitative; Two Body Part Selected; Selected as the second body the part of visits anticipated anticipated and anticipated anticipated anticipated anticipated anticipated anticipated a	6/30/2023 4/	/1/2023 6/30	•	Approval	· · · · · · · · · · · · · · · · · · ·		1 2023 2023
Knee; Body Part for second pass is not in options listed; 05/08/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; knee selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of tymphedema; Physical or Occupational therapy was selected to a diagnosis of tymphedema; Physical or Occupational therapy was selected; Physical therapy was requested; The health more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; T				••	G (This request id for the Foot.; Body Part passes complete; Perform Body Part selection;	
the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Knee request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the second body type/region; body Part for second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or O						Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is	
as the specific body part; Body Part pass complete; Questions about your Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Three or more visits anticipated number of visits is other than 2.; Three or more visits anticipated number of visits is other than 2.; Three or more visits anticipated number of visits is other than 2.; Three or more visits anticipated number of visits is other than 2.; Three or more visits anticipated number of visits is other than 2.; Three or more visits anticipated number of visits is other than 2.; Three or more visits anticipated number of visits is other than 2.; Three or more visits anticipated number of visits is other than 2.; Three or more visits anticipated number of visits is other than 2.; Three or more visits anticipated number of visits is other than 2.; Three or visits anticipated number of visits is other than 2.; Three or visits anticipated number of visits is other than 2.; Three or visits anticipated number of visits is other than 2.; Three or visits is other than 2.; Three or visits anticipated number of visits is other than 2.; Three or visits anticipated number of visits is other than 2.; Three or visits anticipated number of visits is other than 2.; Three or visits anticipated number of visits is other than 2.; Three or visits anticipated number or visits is other than 2.; Three or visits anticipated number or visits is other than 2.; Three or visits anticipated in the anticipated in the anticipated in the anticipated in the anticipat						Knee; Body Part for second pass is not in options listed; 05/08/2023; No patient history in	
complete; Questions about your Foot/Ankle request: ; Questions about your Knee request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's reincial presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health 4/1/2023 - Physical more areas, each 15 minutes; gait Carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; The health						the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected	
complete; Questions about your Foot/Ankle request: ; Questions about your Knee request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's reincial presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health 4/1/2023 - Physical more areas, each 15 minutes; gait Carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; The health						, , , , , , , , , , , , , , , , , , , ,	
The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Campacity and therapy was selected; Physical or Occupational therapy was selected; Phys							
anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; Physical Apr-Jun							
Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cancer.; The rehabilitation is NOT related to a diagnosis of Cancer.; The rehabilitation is NOT related to a diagnosis of Cancer.; The rehabilitation is NOT related to a diagnosis of Cancer.; The rehabilitation is NOT related to a diagnosis of Cancer.; The rehabilitation is NOT related to a diagnosis of Cancer.; The rehabilitation is NOT related to a diagnosis of Cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; Physical or Occupational therapy was requested; Physical therapy was requested; The health Apr-Jun						, , , , , , , , , , , , , , , , , , , ,	
functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; Physical Occupational Physical Occupational Physical Occupational Physical Occupational Physical Occupational Physical Occupational Physical Physical Occupational Physical Physical Occupational Physical Physical Phy							
or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical therapy was requested; The health 4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical Apr-Jun						· · · · · · · · · · · · · · · · · · ·	
and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does 97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health 4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical Apr-Jun						, ,	
strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does 97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; Physical 4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical Apr-Jun							
Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cupational therapy was selected; Physical or Occupational therapy was requested; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; Physical Apr-Jun						• • •	
selected as the second body type/region; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical for Occupational therapy was selected; Physical or Occupational therapy was selected; Physical therapy was requested; Physical or Occupational therapy was selected; Physical therapy was requested; Physical therapy was requested; Physical therapy was requested; Physical Apr-Jun							
Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cuprent of Cocupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does 97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health 4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical Apr-Jun							
rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does 97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health 4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical Apr-Jun						selected as the second body type/region; Body Part for second pass is Foot/Ankle; Physical	
diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does 97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health 4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical Apr-Jun						Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does 97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health 4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical Apr-Jun						rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
or Occupational therapy was selected; Magellan does not manage chiropractic but does 97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health 4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical Apr-Jun						diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health 4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical Apr-Jun						Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health 4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical Apr-Jun						or Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical Apr-Jun					97116 Therapeutic procedure, 1 or		
	4/1/2023 -		Physical				Apr-lun
1 2020 2020		/1/2023 6/30	•	Approval	, , , ,		
	2,00,2020 4/	_,	.,	p. 0 . u.			1 2020 2020

·	ne Foot.; Body Part passes complete; Perform Body Part selection;
Perform Body Part s	election; First Pass; Second Pass check point; Body Part for first pass is
Lumbar Spine; Body	Part for second pass is not in options listed; 6/29/2023; No patient
history in the past 9	Odays; Evaluation dates less than 90 days in the past; Non-Surgical;
Lumbar Spine select	ed as the specific body part; Foot/Ankle selected as the specific body
part; Body Part pass	complete; Questions about your Foot/Ankle request: ; Questions about
	equest: ; The anticipated number of visits is other than 2.; Three or more
	e anticipated number of visits is other than 2.; Therapy type is
·	than 2 Body Parts; 3+ Body Regions was selected - provide details on
· · · · · · · · · · · · · · · · · · ·	ss Starting; Requestor is not a fax; Moderate objective and functional
• /	mptoms and/or symptoms that are intensified with activity with
·	age of motion, strength, or ability to perform daily tasks best describes
· ·	tation; Severe functional deficits due to lumbopelvic impairments with
·	nptoms best describes the patient's clinical presentation; Spine/Chest
	first body type/region; Lower Extremity/Hip selected as the second body
· · · · · · · · · · · · · · · · · · ·	art for second pass is Foot/Ankle; Physical Therapy; Speech Therapy was
	aluation date is not in the future; The rehabilitation is NOT related to a
diagnosis of cancer.	The rehabilitation is NOT related to a diagnosis of Lymphedema.;
Physical or Occupation	onal therapy was selected; Physical or Occupational therapy was
selected; Physical or	Occupational therapy was selected; Physical or Occupational therapy
was selected; Mage	lan does not manage chiropractic but does manage speech therapy for
97116 Therapeutic procedure, 1 or the member's plan;	Physical therapy was requested; The health carrier is NOT New
4/1/2023 - Physical more areas, each 15 minutes; gait Hampshire Healthy	Families; Physical therapy was requested; Physical therapy was Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) requested	1 2023 2023
, , , , , , , , , , , , , , , , , , , ,	ne Foot.; Body Part passes complete; Perform Body Part selection;
Perform Body Part s	election; First Pass; Second Pass check point; Body Part for first pass is
not in options listed	Body Part for second pass is Hand; 06/01/2023; No patient history in
the past 90 days: Ev	aluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle
	fic body part; Hand selected as the specific body part; Body Part pass
·	about your Foot/Ankle request: ; Questions about your Hand request: ;
1 / 1	iber of visits is other than 2.; Three or more visits anticipated; The
·	of visits is other than 2.; Therapy type is Rehabilitative; More than 2
·	
, , ,	Regions was selected - provide details on the top 2; Second Pass
The state of the s	s not a fax; Moderate objective and functional deficits: constant
	mptoms that are intensified with activity with moderate loss of range of
	ability to perform daily tasks best describes the patient's presentation;
·	and functional deficits: constant symptoms and/or symptoms that are
	vity with moderate loss of range of motion, strength, or ability to
· · · · ·	est describes the patient's presentation; Lower Extremity/Hip was
selected as the first	body type/region; Upper Extremity selected as the second body
type/region; Body P	art for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not
selected; The evalua	tion date is not in the future; The rehabilitation is NOT related to a
diagnosis of cancer.	The rehabilitation is NOT related to a diagnosis of Lymphedema.;
Physical or Occupati	onal therapy was selected; Physical or Occupational therapy was
·	Occupational therapy was selected; Physical or Occupational therapy
	lan does not manage chiropractic but does manage speech therapy for
	Physical therapy was requested; The health carrier is NOT New
	Families; Physical therapy was requested; Physical therapy was Apr-Jun
	1 2023 2023
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) requested	1 2023 2023

					This request id for the Foot.; Body Part passes complete; Perform Body Part selection;	
					Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is	
					not in options listed; Body Part for second pass is Hip/Pelvic; 5/30/2023; No patient history	
					in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle	
					selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part	
					pass complete; Questions about your Foot/Ankle request: ; Questions about your Pelvis/Hip	
					request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated;	
					The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; More than 2	
					Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass	
					Starting: Requestor is not a fax; Severe objective and functional deficits: constant intense	
					symptoms with severe loss of range of motion, strength, or ability to perform daily tasks	
					best describes the patient's presentation; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength,	
					or ability to perform daily tasks best describes the patient's presentation best describes the	
					patient's presentation:; Lower Extremity/Hip was selected as the first body type/region;	
					Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is	
					Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
					in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				0711C Thereacoutic procedure 1 or	selected; Physical or Occupational therapy was selected; Magellan does not manage	
4/1/2022		Dhusiaal		97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical therapy was	Ame I.m
4/1/2023 - 6/30/2023	4/1/2022	Physical 6/30/2023 Medicine	Approval	more areas, each 15 minutes; gait	requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Apr-Jun 1 2023 2023
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	requested; Physical therapy was requested	1 2023 2023
					This request id for the Foot.; Body Part passes complete; Perform Body Part selection;	
					Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is	
					not in options listed; Body Part for second pass is Lumbar Spine; 6/21/2023; No patient	
					history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical;	
					Foot/Ankle selected as the specific body part; Lumbar Spine selected as the specific body	
					part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about	
					your Lumbar Spine request: ; The anticipated number of visits is other than 2.; Three or more	
					visits anticipated; The anticipated number of visits is other than 2.; Therapy type is	
					Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe	
					objective and functional deficits: constant intense symptoms with severe loss of range of	
					motion, strength, or ability to perform daily tasks best describes the patient's presentation;	
					Severe functional deficits due to lumbopelvic impairments with or without distal symptoms	
					best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the	
					first body type/region; Spine/Chest selected as the second body type/region; Body Part for	
					first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation	
					date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The	
					· · · · · · · · · · · · · · · · · · ·	
					rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Physical or	
				07116 Theremoutie managed and 1 and	Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
		Dh		97116 Therapeutic procedure, 1 or	does not manage chiropractic but does manage speech therapy for the member's plan;	A
4 /4 /2022				more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
4/1/2023 - 6/30/2023	4/4/2022	Physical 6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested; Physical therapy was requested	1 2023 2023

					This request id for the Foot.; Body Part passes complete; Perform Body Part selection;	
					Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is	
					not in options listed; Body Part for second pass is not in options listed; 4/6/2023; No patient	
					history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical;	
					Foot/Ankle selected as the specific body part; Lower Leg selected as the specific body part;	
					Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your	
					Lower Leg request: ; The anticipated number of visits is other than 2.; The anticipated	
					number of visits is other than 2.; Three or more visits anticipated; Therapy type is	
					Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe	
					objective and functional deficits: constant intense symptoms with severe loss of range of	
					motion, strength, or ability to perform daily tasks best describes the patient's presentation;	
					Moderate objective and functional deficits: constant symptoms and/or symptoms that are	
					intensified with activity with moderate loss of range of motion, strength, or ability to	
					perform daily tasks best describes the patient presentation; Lower Extremity/Hip was	
					selected as the first body type/region; Lower Extremity/Hip selected as the second body	
					type/region; Body Part for first pass is Foot/Ankle; Body Part for second pass is Lower Leg;	
					Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
					The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
					to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
					or Occupational therapy was selected; Magellan does not manage chiropractic but does	
				97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
1/2023 -		Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jui
•	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
	, ,	.,,	PP -	5,	This request id for the Foot.; Body Part passes complete; Perform Body Part selection;	
					Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is	
					not in options listed; Body Part for second pass is not in options listed; 5/24/2023; No	
					patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical;	
					10/1/2021; Post-Op; Lower Leg selected as the specific body part; Foot/Ankle selected as the	
					specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ;	
					Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.;	
					The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy	
					type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide	
					details on the top 2; Second Pass Starting; Requestor is not a fax; Severe objective and	
					functional deficits: constant intense symptoms with severe loss of range of motion, strength,	
					or ability to perform daily tasks best describes the patient's presentation; Severe objective	
					and functional deficits: constant intense symptoms with severe loss of range of motion,	
					strength, or ability to perform daily tasks best describes the patient presentation; Lower	
					Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as	
					the second body type/region; Body Part for first pass is Lower Leg; Body Part for second pass	
					is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical;	
					The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
					cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
					or Occupational therapy was selected; Physical or Occupational therapy was selected;	
					Physical or Occupational therapy was selected; Magellan does not manage chiropractic but	
				97116 Therapeutic procedure, 1 or	does manage speech therapy for the member's plan; Physical therapy was requested; The	
		Physical		more areas, each 15 minutes; gait	health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested;	Apr-Jur
/1/2023 -		Filysical				

This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 6/22/2023; No	
Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is	
not in options iisted, body i art for second pass is not in options listed, o/22/2025, No	
notions history in the past 00 days. Evaluation dates less than 00 days in the past. Non	
patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-	
Surgical; Lower Leg selected as the specific body part; Foot/Ankle selected as the specific	
body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions	
about your Lower Leg request: ; The anticipated number of visits is other than 2.; The	
anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type	
is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on	
the top 2; Second Pass Starting; Requestor is not a fax; Severe objective and functional	
deficits: constant intense symptoms with severe loss of range of motion, strength, or ability	
to perform daily tasks best describes the patient's presentation; Severe objective and	
functional deficits: constant intense symptoms with severe loss of range of motion, strength,	
or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip	
was selected as the first body type/region; Lower Extremity/Hip selected as the second body	
type/region; Body Part for first pass is Lower Leg; Body Part for second pass is Foot/Ankle;	
Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
or Occupational therapy was selected; Magellan does not manage chiropractic but does	
97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested	1 2023 2023
This request id for the Foot.; Body Part passes complete; Perform Body Part selection;	
Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is	
not in options listed; Body Part for second pass is not in options listed; Lower Leg selected as	
the specific body part; Foot/Ankle selected as the specific body part; Body Part pass	
complete; Questions about your Foot/Ankle request: ; Questions about your Lower Leg	
request: ; The anticipated number of visits is other than 2.; The anticipated number of visits	
is other than 2.; Two Body Parts selected; Second Pass Starting; Moderate objective and	
functional deficits: constant symptoms and/or symptoms that are intensified with activity	
with moderate loss of range of motion, strength, or ability to perform daily tasks best	
describes the patient's presentation; Severe objective and functional deficits: constant	
intense symptoms with severe loss of range of motion, strength, or ability to perform daily	
tasks best describes the patient presentation; Lower Extremity/Hip was selected as the first	
body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part	
for first leg; Body Apply Part for second pass is Foot/Ankle; Three or more visits	
anticipated; The previous auth did not address any body parts; Three or more visits	
anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical	
or Occupational therapy was selected; Physical or Occupational therapy was selected; The	
97116 Therapeutic procedure, 1 or member's plan does not require the collection of start and end dates; Previous auth data	A 1
4/1/2023 - Physical more areas, each 15 minutes; gait retrieved, type of habilitative; Physical therapy was requested; Physical therapy was requested therapy was requested.	Apr-Jun 2 2023 2023

This request tall from the Forty, Brough Part, passed providers forty Part selection, Providers and Configuration of the Configuration							
Thomac Specific Notes Body Part for accord poss is not in a gathern blood, 91/7/2023, who patient history in the past 30 days in the past. Non-Surgioi. Thomac is past/free selected as the specific body part; read /Parks elected as the second parks as the specific body part; read /Parks elected as the second parks elected as the second parks as the specific body parks elected as the second park specific body parks elected as the second parks specific body parks elected as the second park specific body parks elected as the second parks specific body parks elected as th							
patient history in the past 90 days, Prolutation dates less than 90 days in the past, Year Surgicial. This process procedure are the sepecific body part is body Part pass complete, Clearation about your Foot, Make Selected as the specific body part is body Part pass complete, Clearation about your Foot, Make Selected as the specific body part is body Part pass complete, Clearation about your Foot, Make Selected S							
Surgeof). Thronic is principles selected as the specific body part. body Part							
specific body part places completed. Duestforms about your for not Available request; Questions about your for not Available request; Substitution of the part of							
Questions about, your Thoracis, Spine/Chest requests. The antidipated number of visits is other han 2; I here on puts anticipatible; the antidipated number of visits is other han 2; I here on puts antidipatible in the puts antidipatible in the puts and pu						· · · · · · · · · · · · · · · · · · ·	
other than 2, Therapy type is Rehables, "Free or more visits and citizened." The anticipated number of visits is other than 2, Therapy type is Rehables." Froe Wood pyr Parts describe, "Second Pass Statistics," Free or Statistics, "Company type is Rehables of Page of Page 1, and the Company type is Rehables of Page of Page 1, and the Company type is Parts of Page 1, and the Company type is Page 1, and the Company of Page 2,							
2. I hencyt type is Rehabilitative; Two doty Parts solected; Scoond Pass Starting, Requestor is not a fax, Moderative, and functional deforts constant symptoms and/or symptoms that are internalified with activity with moderate loss of range of motion, strength, or ability to perform under participation of the participation							
is not a fax, Moderate objective and functional deficits: constant symptoms and/or symptoms that are investigated with activity with moderate loss of range of motions, streight, or ability to perform daily tasks best describes the patient's presentation. Mild or moderate functional deficits due to the moderate loss of range of motions, streight, or ability to perform daily tasks best describes the patient's presentation. Spinicy-florate was selected as the first body type/rigion. Body Profespoin. Lower Settemetry-High selected as the entered body perforpion. Body Profespoin. Lower Settemetry-High selected as the entered body perforpion. Body Profespoin. Body Pr							
symptoms that are intensified with activity with moderate less of range of motion, strength, or ability to perfect the pleants in presentation, filled or moderate functional deficits due to thoracic/ulmahar impairments with distal symptoms best describes the patent's greenestation, filled or miss that symptoms best describes the patent's greenestation; filled from their body typer/region; body Part for second pass is Foot/Anale. Physical or Discoplants of their body typer/region; body Part for second pass is Foot/Anale. Physical or Discoplants therein you shall not in the future. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of concern. The rehabilitation is NOT related to a diagnosis of conce							
or ability per perform dully tasks best describes the patient is presentation, Mild or moderate functional deficits are to thoracic/jumbar impairments with distalk symptoms. Best describes the patient's clinical presentation, Spino/Chest was selected as the record play for first record pass is foot/Ankle, Physical Therapy, Spino/Chest was selected as the second play perforgine. Rook play for first record pass is foot/Ankle, Physical Therapy, spinol play play from the second pass is foot/Ankle, Physical Therapy spinol play play from the second pass is foot/Ankle, Physical Therapy was repeated. The rehabilitation is NOT related to a diagnosis of carear; The re							
functional deficits due to absorate/clumbar impairments with distal symptoms best describes the patient's clinical permaturals; Signific Permaturals; Sign							
the position's directal presentations, Spring/Chest was selected as the first body type/region; Lower Extremity/Hosp selected as the second body type/region, Body Part for second pass is Fool/Ankle; Physical Thrompy, Speech Therapy was not selected; The evaluation date is not in the future Physical or Cocupational threapy was selected, Physical or Cocupational threapy was requested in the payor threapy physical or Cocupational threapy was requested in the payor threapy physical physica							
Lower Externity/Rip selected as the second body type/region; Body Part for second pass is Food/Anlie; Physical Therapy, was not selected; the evaluation date is not in the future; the rehabilitation is NOT related to a diagnosis of cancer; the rehabilitation is NOT related for a diagnosis of cancer; the rehabilitation is NOT related for a diagnosis of cancer; the rehabilitation is NOT related for a diagnosis of cancer; the rehabilitation is NOT related for a diagnosis of cancer; the rehabilitation is NOT related for a diagnosis of cancer; the rehabilitation is NOT related for a diagnosis of cancer; the rehabilitation is NOT related to a diagnosis of cancer; the rehabilitation is NOT related to a diagnosis of cancer; the rehabilitation is NOT related to a diagnosis of cancer; the rehabilitation is NOT related to a diagnosis of cancer; the rehabilitation is NOT related to a diagnosis of cancer; the rehabilitation is NOT related to a diagnosis of cancer; the rehabilitation is NOT related to a diagnosis of cancer; the rehabilitation is NOT related to a diagnosis of cancer; the rehabilitation is NOT related to a diagnosis of cancer; the rehabilitation is NOT related to a diagnosis of cancer; the rehabilitation is NOT related to a diagnosis of cancer; the rehabilitation is NOT related to a diagnosis of cancer; the rehabilitation is NOT related to a diagnosis of cancer; the rehabilitation is NOT related to a diagnosis of cancer; the rehabilitation is NOT related to a diagnosis of cancer; the rehabilitation is NOT related to a diagnosis of cancer; the rehabilitation is NOT related to a diagnosis of cancer; the rehabilitation of the rehabilitation is NOT related to a diagnosis of cancer; the rehabilitation of the rehabilitation is NOT related to a diagnosis of cancer; the rehabilitation of the rehabilitation is NOT related to a diagnosis of cancer; the rehabilitation of the rehabilitation of the rehabilitation is NOT related to a diagnosis of cancer; the rehabilitation of the rehabilitation of the rehabilitation of the							
FootAndie; Physical Therapy; Speech Therapy was not selected; the evaluation date is not in the future. The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of Jerniphedema, Physical or Occupational therapy was selected; Physical or Occupational therapy was not selected; The evaluation date is occupated; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was not selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested. Physical or Occupational therapy was requested to diagnosis of cancer; The rehabilitation is NOT related to adiagnosis of cancer; The rehabilitation is NOT related to adiagnosis of cancer; The rehabilitation is NOT related to adiagnosis of cancer; The rehabilitation is NOT related to adiagnosis of cancer; The rehabilitation is NOT related to adiagnosis of cancer; The rehabilitation is NOT related to adiagnosis of the past, North States and the past of the past of the past o						· · · · · · · · · · · · · · · · · · ·	
in the future, The rehabilitation is NOT related to a diagnosis of Canner; The rehabilitation is NOT related to a diagnosis of Canner; The rehabilitation is NOT related of a diagnosis of Canner (I her rehabilitation is NOT related of a diagnosis of Canner (I her rehabilitation is NOT related to a diagnosis of Canner (I her rehabilitation is NOT related to do diagnosis of Canner (I her pay was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested in page 2014. The page 30 days are page 30 days and page 30 days and page 30 days and page 30 days are page 30 days and page 30 days and page 30 days are page 30 days. Physical therapy was requested in page 30 days; to valuation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part of first pass is not in options listed, 6/26/2033. No patient history in the past 90 days; to valuation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected in the page 30 days; to valuation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected in the page 30 days; to valuation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected in the page 30 days are page 30 days and page 30 days and page 30 days are page 30 days are page 30 days are page 30 days and page 30 days are page						, , , , , , , , , , , , , , , , , , ,	
NOT related to a diagnosis of Lymphedema, Physical for Occupational therapy was selected; Physical or Occupational therapy was selected; Physical property was selected; Physical property was selected; Physical property was selected; Physical property was selected; Physical therapy was selected; Physical property Physical Physical Physical Physical Physical Physical Physical Physical property Physical							
Physical or Occupational therapy was selected; Alagelland oses not manage of chiropractic but does manage speech therapy for the member's plan; Physical therapy was selected; Physical or Occupational therapy was selected; Physical therapy was selected; Physical therapy was selected; Physical therapy was requested. 4/1/2023 4/1/2023 Medicine Approval training (includes stair climbing) requested; Physical therapy was requested. This request id for the Foot.; Perform Body Part selection; First Pass, Body Part for first pass is no in options listed; 6/28/2013. No patient history in the past 900; Past selected; Requestor is not a face; None of the above, Lower Extractive, Body Part selected; Requestor is not a face; None of the above, Lower Extractive, Physical Therapy; Speech Therapy was no selected; Physical or Occupational therapy was selected. Physical or Occupational therapy was selected, Physical or Occupational therapy was selected. Physical or Occupational therapy was selected, Physical or Occupational therapy was requested. The evaluation date is not in the future. The rehabilitation is NOT related to a diagnosis of canner; The rehabilitation is NOT related to a diagnosis of canner; The rehabilitation is NOT related to a diagnosis of canner; The rehabilitation is NOT related to a diagnosis of canner; The rehabilitation is NOT related to a diagnosis of canner; The rehabilitation is NOT related to a diagnosis of canner; The rehabilitation is NOT related to a diagnosis of canner; The rehabilitation is NOT related to a diagnosis of canner; The rehabilitation is NOT related to a diagnosis of canner; The rehabilitation is NOT related to a diagnosis of canner; The rehabilitation is NOT related to a diagnosis of canner; The rehabilitation is NOT related or of the past Note o						the contract of the contract o	
selected, Physical or Occupational therapy was selected, Magellan does not manage of the chiral procedure, 1 or chiral chiral but does manage speech therapy of the member's plan; Physical therapy was requested, The health carrier is NOT New Hampshire Healthy Families; Physical therapy was Apr-Jun requested, The health carrier is NOT New Hampshire Healthy Families; Physical therapy was Apr-Jun requested; Physical therapy was requested. The past selection, First Pass; Body Part for first pass is not in options listed; 6/26/2023, No patient history in the past 90 days; Evaluation dates least should be proceeded by the past of the past 90 days; Evaluation dates least should be proceeded by the past of the past 90 days; Individual of the past 90 days; Individua							
4/1/2023 - Physical more areas, each 15 minutes; gait requested; The health carrier is MOT New Hampshire Healthy Families; Physical therapy was requested. The self-and carrier is MOT New Hampshire Healthy Families; Physical therapy was requested. The self-and carrier is MOT New Hampshire Healthy Families; Physical therapy was requested. The self-and carrier is MOT New Hampshire Healthy Families; Physical therapy was requested. The self-and carrier is MOT New Hampshire Healthy Families; Physical therapy was requested. The self-and carrier is MOT New Hampshire Healthy Families; Physical therapy was requested. The self-and carrier is MOT New Hampshire Healthy Families; Physical therapy was requested. The self-and carrier is MOT New Hampshire Healthy Families; Physical therapy was requested. The self-and carrier is MOT New Hampshire Healthy Families; Physical therapy was requested. The self-and carrier is MOT new Hampshire Healthy Families; Physical therapy was requested. The self-and carrier is MOT new Hampshire Healthy Families; Physical therapy was requested. The self-and carrier is MOT new Hampshire Healthy Families; Physical therapy was requested. The self-and carrier is MOT new Hampshire Healthy Families; Physical therapy was requested. The self-and carrier is MOT new Hampshire Healthy Families; Physical therapy was requested. The self-and carrier is MOT new Hampshire Healthy Families; Physical therapy was requested. The self-and carrier is MOT new Hampshire Healthy Families; Physical therapy was requested. The self-and carrier is MOT new Hampshire Healthy Families; Physical therapy was requested. The path therapy was requested. The self-and carrier is MOT new Hampshire Healthy Families; Physical therapy was requested. The path was self-and in the path of the pa							
4/1/2023 - Physical						, , , , , , , , , , , , , , , , , , , ,	
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) requested; Physical therapy was requested This request id for the Foot; Perform Body Part selection; First Pass, Body Part for first pass is not in options listed; 6/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past, Non-Surpicial, Foot/Ankle request; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is foot/Ankle; Physical Therapy, Specch Therapy was requested. Physical Physical							
This request id for the Foot; Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 6/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankles elected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request; There or more wisits anticipated. Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above; Lower Extremity/hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical or Occupational therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of unphedema; Physical or Occupational therapy was selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits; soradic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extrem	1 1		•		· · · · · · · · · · · · · · · · · · ·		·
is not in aptions listed, 6/26/2023. No patient history in the past 90 days; Evaluation dates less than 90 days in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a	6/30/2023 4,	/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	requested; Physical therapy was requested	1 2023 2023
is not in options listed, 6/26/2023. No patient history in the past 90 days; Evaluation dates less than 90 days in the past 90 days; Evaluation dates less than 90 days in the past, Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete, Questions about your Foot/Ankle request:, Three or more visits anticipated; Therapy type is Rehabilitative, One Body Part selected; Requestor is not a fax; None of the above; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle, Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer, and therapy was selected; Physical or Occupational therapy was requested. The health are passed of the passed of th						This request id for the Foot · Perform Rody Part selection: First Pass· Rody Part for first pass	
less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Threapy. Spech Threapy was reducted; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of Lower Extremity/Hip selected as the specific body part; Body Part pass is Foot/Ankle; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested ### Apr-Jun Apr-Jun ### Apr-Jun #### Apr-Jun ### Apr-Jun #### Apr-Jun #### Apr-Jun #### Apr-Jun #### Apr-Jun ###						, , , , , , , , , , , , , , , , , , , ,	
Body Part pass complete; Questions about your Foot/Ankler request: Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of tymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health Apr-Jun (Ajulous) and Apr-Jun (Ajulous) and Apr-Jun (Ajulous) and Apr-Jun (Ajulous) and Ajulous							
anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema, Physical or Coccupational therapy was selected; Physical or Occupational therapy was requested. The health Apr-Jun 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families; Physical therapy was requested. 1 2023 2023 This request id for the Foot; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass cheek point; Body Part for first pass is not in options listed; 3/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request; The naticipated number of visits is other than 2; Three or more visits anticipated: The repay type is Rehabilitative; One Body Part selected; No Second Pass, Requestor is not a fax; Mild objective and functional deficits; sporadio symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy was not selected. The evaluation of the future; the rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to						, , , , , , , , , , , , , , , , , , , ,	
None of the above; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The erabilitation is NOT related to a diagnosis of tymphedema; Physical or Occupational therapy was selected; The health Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; The health Apr-Jun 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families; Physical therapy was requested 1 2023 2023 This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past, Non-Surgical; Foot/Ankle selected as the specific body aprass complete; Questions about your Foot/Ankle request:; The anticipated number of visits is other than 2.; Three or more visits anticipated, Therapy type is Rehabilitative; One Body Part selection; No Second Pass; Requestor is not a fax; Mild objective and functional deficits; sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of ca							
pass is Foot/Ankle; Physical Therapy. Speech Therapy was not selected. The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of tymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested. Magellan does not manage chiropractic but does work and the past was selected; Physical or Occupational therapy was requested. The health of 30/2023 4/1/2023 6/30/2023 Medicine Aproval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families; Physical therapy was requested 1 2023 2023 2023 2023 2023 2023 2023 20							
is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The enablitation is NOT related to a diagnosis of salected; Apply and selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The enablitation is NOT elated to a diagnosis of salected; Physical or Occupational therapy was selected; The enablitation is NOT elated to a diagnosis of salected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The enablitation is NOT elated to a diagnosis of salected; Physical or Occupational therapy was selected; The leath Apr-Jun							
rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical therapy was requested; The health Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; The health Apr-Jun 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families; Physical therapy was requested 1 2023 2023 This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle, Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of concert; The rehabilitation is NOT related to a diagnosis of concert; The rehabilitation is NOT							
therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families; Physical therapy was requested 1 2023 2023 This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request:; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: spordal symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of						· · · · · · · · · · · · · · · · · · ·	
97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun endowed manage chiropractic but does more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun							
4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families; Physical therapy was requested 1 2023 2023 This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficities: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The					97116 Theraneutic procedure 1 or		
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Carrier is NOT New Hampshire Healthy Families; Physical therapy was requested 1 2023 2023 This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health Apr-Jun Manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun	4/1/2023 -		Physical			1 17 2	Δnr-lun
This request id for the Foot.; Perform Body Part selection; Pirst Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non- Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request; ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or 97116 Therapeutic procedure, 1 or Occupational therapy was selected; Magellan does not manage chiropractic but does 4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun	1 ' '	/1/2023	•	Approval	· · · · · · · · · · · · · · · · · · ·	- · · · · · · · · · · · · · · · · · · ·	
Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of tymphedema.; Physical or Occupational therapy was selected; Physical or O	0,00,000	, -,	.,,	- фр. ста			
patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non- Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request:; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does 97116 Therapeutic procedure, 1 or Occupational therapy was requested; The health Apr-Jun						This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First	
Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical therapy was s						Pass; Second Pass check point; Body Part for first pass is not in options listed; 3/27/2023; No	
about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does 4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun						patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-	
more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremitry/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or 97116 Therapeutic procedure, 1 or Occupational therapy was selected; Magellan does not manage chiropractic but does 4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun						Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions	
Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapp; Speech Therapp was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does 4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun						about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or	
minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does 4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun						more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second	
patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does 4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun						Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with	
first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or 97116 Therapeutic procedure, 1 or Occupational therapy was selected; Magellan does not manage chiropractic but does 4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun						minimal loss of range of motion, strength, or ability to perform daily tasks best describes the	
date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or 97116 Therapeutic procedure, 1 or Occupational therapy was selected; Magellan does not manage chiropractic but does 4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun						patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for	
rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or 97116 Therapeutic procedure, 1 or Occupational therapy was selected; Magellan does not manage chiropractic but does 4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun						first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation	
therapy was selected; Physical or Occupational therapy was selected; Physical or 97116 Therapeutic procedure, 1 or Occupational therapy was selected; Magellan does not manage chiropractic but does 4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun						date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The	
97116 Therapeutic procedure, 1 or Occupational therapy was selected; Magellan does not manage chiropractic but does 4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun						rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun						therapy was selected; Physical or Occupational therapy was selected; Physical or	
					97116 Therapeutic procedure, 1 or	Occupational therapy was selected; Magellan does not manage chiropractic but does	
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families: Physical therapy was requested 1 2023 2023	4/1/2023 -		Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
	6/30/2023 4	/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023

					This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/04/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or	
				97116 Therapeutic procedure, 1 or	Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
4/1/2023 -		Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/4/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The health	Apr -Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
				97116 Therapeutic procedure, 1 or	This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/4/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/16/2023; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Caynphedema.; Physical or Occupational therapy was selected; Dut does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023

4/1/2023 - 6/30/2023 4/1/202	Physical 3 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/202	Physical 3 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/24/2023; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request:; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cocupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/20:	Physical	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023

This request id for the Foot.; Perform Body Part selection; Perform Body Par Pass; Second Pass check point; Body Part for first pass is not in options listed patient history in the past 90 days; Evaluation dates less than 90 days in the Surgical; Foot/Ankle selected as the specific body part; Body Part pass comp about your Foot/Ankle request: ; The anticipated number of visits other it more visits anticipated; Therapy type is Rehabilitative; One Body Part select Pass; Requestor is not a fax; Moderate objective and functional deficits: con and/or symptoms that are intensified with activity with moderate loss of rar strength, or ability to perform daily tasks best describes the patient's preser Extremity/Hip selected as the body type/region; Body Part for first pass is Form Physical Therapy; Speech Therapy was not selected; The evaluation date is repeated to a diagnosis of cancer; The rehabilitation to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected Occupational therapy was selected; Physical or Occupational therapy was selected. Occupational therapy was selected on the page of the	d; 4/24/2023; No past; Non- lete; Questions nan 2.; Three or ed; No Second stant symptoms nge of motion, ntation; Lower pot/Ankle; not in the future; n is NOT related led; Physical or elected; Magellan nber's plan;
4/1/2023 - Physical more areas, each 15 minutes; gait Physical therapy was requested; The health carrier is NOT New Hampshire F	, ,
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Physical therapy was requested	1 2023 2023
This request id for the Foot; Perform Body Part selection; Perform Body Part Pass; Second Pass check point; Body Part for first pass is not in options listed patient history in the past 90 days; Evaluation dates less than 90 days in the Surgical; Foot/Ankle selected as the specific body part; Body Part pass comp about your Foot/Ankle selected as the specific body part; Body Part pass comp about your Foot/Ankle request: ; The anticipated number of visits is other the more visits anticipated; Therapy type is Rehabilitative; One Body Part select Pass; Requestor is not a fax; Severe objective and functional deficits: consta symptoms with severe loss of range of motion, strength, or ability to perforn best describes the patient's presentation; Lower Extremity/Hip selected as type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech selected; The evaluation date is not in the future; The rehabilitation is NOT diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymp Physical or Occupational therapy was selected; Magellan does not chiropractic but does manage speech therapy for the member's plan; Physical or Occupational therapy was selected; Physi	d; 4/25/2023; No past; Non- lete; Questions nan 2.; Three or ed; No Second nt intense m daily tasks he body Therapy was not related to a obedema.; rapy was manage al therapy was
This request id for the Foot.; Perform Body Part selection; Perform Body Part Pass; Second Pass check point; Body Part for first pass is not in options lister patient history in the past 90 days; Evaluation dates less than 90 days in the 3/21/2023; Post-Op; Foot/Ankle selected as the specific body part; Body Part Questions about your Foot/Ankle request: ; The anticipated number of visits: Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part Pass; Requestor is not a fax; Severe objective and functional deficits intense symptoms with severe loss of range of motion, strength, or ability to tasks best describes the patient's presentation; Lower Extremity/Hip selected type/region; Body Part for first pass is Foot/Ankle; Physical Therapy. Speech selected; Post-Op or Non-Surgical; The evaluation date is not in the future; To is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to Lymphedema.; Physical or Occupational therapy was selected; Physical broaden the page of	d; 5/2/2023; No past; Surgical; t pass complete; si sother than 2.; art selected; No c constant o perform daily d as the body Therapy was not the rehabilitation a diagnosis of ccupational al or but does
4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was reques	•
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families; Physical therapy was reque	sted 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/4/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/6/2023; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cyphysical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/05/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/9/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023

This request if to the five of the size of the price of the post o							
This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; Pirst Pass; Second Pass check point; Body Part for first pass is not in options listed; \$15,5023; No patient history in the past Non-Surgical; Foot/Ankle equestes less han 90 days; in the past Non-Surgical; Foot/Ankle equestes; The anticipated member of visits is other than 2; Three or more wrists anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass Requester is not a face, Moderate objective and functional deficits; constant symptoms and/or symptoms that are intensified with activity with moderate lose; one function of the past Non-Surgical; Pool Part selected; No Second Pass Requester is not a face, Moderate objective and functional deficits; constant symptoms and/or symptoms that are intensified with activity with moderate lose; or for good froation, strength, or ability to perform dulty tasks best describes the patients; presentation; tower Extremity/Rip selected as the body perfections the patients; presentation; tower Extremity/Rip selected as the body perfections the patients; presentation; tower Extremity/Rip selected as the body perfections the patients; presentation; tower Extremity/Rip selected as the body perfections the patients; presentation; tower Extremity/Rip selected as the body perfections the patients; presentation; tower Extremity/Rip selected as the body perfections the patients; presentation; tower Extremity/Rip selected as the body perfections the patients; presentation; tower Extremity/Rip selected as the body perfections the patients and the patients of the patients of the patients of the patients and the patients of the patients and the patients of the patients of the patients of the patients and the patients of the		4/1/2023	•	Approval	more areas, each 15 minutes; gait	Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	
Pass, Second Pass, Check point, Body Part for first pass is not in options listed; 5/15/2023, No patient history in the past of days; Evaluation dates less than 90 days; in the past; Non-Surgical; Foot/Ankle selected as the specific body part. Body Part pass complete; Questions about your Foot/Ankle request; 1; the anticipated number of visits is other than 2; Three or more visits anticipated, Therapy type is Rehabilitative; One Body Part selected; No Second Pass Requestor is not a fart, Moderate objective and functional deficits; constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform ability table better shores better the presentation; Lower Extremity/tip selected as the body type/region; Body Part for first pass is Root/Ankler Physical Therapy was not selected; Physical or Cocapational therapy was selected; Physical or	0/30/2023	4/1/2023	o/30/2023 Wiedicine	Approvai	training (includes stair climbing)	rnysical therapy was requested	1 2023 2023
This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/16/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non- Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request:; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; Physical or Occupational therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Apr-Jun		4/1/2023	•	Approval	more areas, each 15 minutes; gait	Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	·
Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/16/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request:; The archicipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; 4/1/2023 - Physical more areas, each 15 minutes; gait Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Apr-Jun	0/30/2023	4/1/2023	0/30/2023 WieuiCine	Approvai	training (includes stall climbing)		1 2023 2023
1 2023 2023 Physical therapy was requested 1 2023 2023		4/4/2022	•	Account	more areas, each 15 minutes; gait	Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/16/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	

4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine Appro	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait oval training (includes stair climbing)	This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine Appro	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Conceptional therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Mageilan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine Appro	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait oval training (includes stair climbing)	This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/06/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/10/2023; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Normal therapy was selected; Physical or Occupational therapy was selected; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosi or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/8/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/25/2023; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023

				This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request:; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks	
4/1/2023 - 6/30/2023 4/1/202:	Physical 3 6/30/2023 Medicine	mo	'116 Therapeutic procedure, 1 or ore areas, each 15 minutes; gait aining (includes stair climbing)	best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/202:	Physical 3 6/30/2023 Medicine	mo	'116 Therapeutic procedure, 1 or ore areas, each 15 minutes; gait aining (includes stair climbing)	This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/202:	Physical 3 6/30/2023 Medicine	mo	'116 Therapeutic procedure, 1 or ore areas, each 15 minutes; gait aining (includes stair climbing)	This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request:; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested.	Apr-Jun 1 2023 2023
6/30/2023	4/1/2023	b/3U/2U23 Medicine	Approval	training (includes stair climbing)	Pnysical therapy was requested	1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request:; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested.	Apr-Jun 1 2023 2023
4/1/2023 -		Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/10/2023; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Clymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health	Apr-Jun
16/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023

This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/29/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle;	
Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
97116 Therapeutic procedure, 1 or does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 - Physical more areas, each 15 minutes; gait Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun 1 2023 2023
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Physical therapy was requested This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First	1 2023 2023
Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle	
selected as the specific body part; Body Part pass complete; Questions about your	
Foot/Ankle request: ; The anticipated number of visits is other than 2.; One Body Part	
selected; No Second Pass; Mild objective and functional deficits: sporadic symptoms with	
minimal loss of range of motion, strength, or ability to perform daily tasks best describes the	
patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for	
first pass is Foot/Ankle; Three or more visits anticipated; The previous auth did not address	
any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions 97116 Therapeutic procedure, 1 or about the subsequent request: ; Physical or Occupational therapy was selected; The	
4/1/2023 - Physical more areas, each 15 minutes; gait member's plan does not require the collection of start and end dates; Previous auth data	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) retrieved, type of habilitative; Physical therapy was requested	3 2023 2023
This request id for the Foot.; Perform Body Part selection; Perform Body Part selection; First	7 2727 2727
Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle	
selected as the specific body part; Body Part pass complete; Questions about your	
Foot/Ankle request: ; The anticipated number of visits is other than 2.; One Body Part	
selected; No Second Pass; Moderate objective and functional deficits: constant symptoms	
and/or symptoms that are intensified with activity with moderate loss of range of motion,	
strength, or ability to perform daily tasks best describes the patient's presentation; Lower	
Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Three	
or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ;	
97116 Therapeutic procedure, 1 or Physical or Occupational therapy was selected; The member's plan does not require the	
4/1/2023 - Physical more areas, each 15 minutes; gait collection of start and end dates; Previous auth data retrieved, type of habilitation =	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Rehabilitative; Physical therapy was requested	1 2023 2023

					This request id for the Foot.; This request id for the Foot.; Body Part passes complete;	
					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is not in options listed; Body Part for second pass is not in	
					options listed; 04/11/2023; No patient history in the past 90 days; Evaluation dates less than	
					90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle	
					selected as the specific body part; Body Part pass complete; Questions about your	
					Foot/Ankle request: ; Questions about your Foot/Ankle request: ; The anticipated number of	
					visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits	
					anticipated; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was	
					selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax;	
					Moderate objective and functional deficits: constant symptoms and/or symptoms that are	
					intensified with activity with moderate loss of range of motion, strength, or ability to	
					perform daily tasks best describes the patient's presentation; Moderate objective and	
					functional deficits: constant symptoms and/or symptoms that are intensified with activity	
					with moderate loss of range of motion, strength, or ability to perform daily tasks best	
					describes the patient's presentation; Lower Extremity/Hip was selected as the first body	
					type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for	
					first pass is Foot/Ankle; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech	
					Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT	
					related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
					Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Magellan does not manage chiropractic but does	
				97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
					This request id for the Foot.; This request id for the Foot.; Body Part passes complete;	
					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is not in options listed; Body Part for second pass is not in	
					options listed; 4/17/2023; No patient history in the past 90 days; Evaluation dates less than	
					90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle	
					selected as the specific body part; Body Part pass complete; Questions about your	
					Foot/Ankle request: ; Questions about your Foot/Ankle request: ; The anticipated number of	
					visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits	
					anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting;	
					Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms	
					with severe loss of range of motion, strength, or ability to perform daily tasks best describes	
					the patient's presentation; Severe objective and functional deficits: constant intense	
					symptoms with severe loss of range of motion, strength, or ability to perform daily tasks	
					best describes the patient's presentation; Lower Extremity/Hip was selected as the first body	
					type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for	
					first pass is Foot/Ankle; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech	
					Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT	
					related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
					Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Magellan does not manage chiropractic but does	
				97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023	4/1/2022	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
0/30/2023	4/1/2023	o/so/2023 Wedicine	Approval	training (includes stair climbing)	tiletapy was requested	1 2023 2023

		Annroval	training tincitines stair climbing)		
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	more areas, each 15 minutes; gait training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2022	Dhueisel		97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr. 1
			07116 Thorangutic procedure 1	or Occupational therapy was selected; Magellan does not manage chiropractic but does	
				Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
				to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
				The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
				Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
				type/region; Body Part for first pass is Foot/Ankle; Body Part for second pass is Foot/Ankle;	
				selected as the first body type/region; Lower Extremity/Hip selected as the second body	
				perform daily tasks best describes the patient's presentation; Lower Extremity/Hip was	
				intensified with activity with moderate loss of range of motion, strength, or ability to	
				Moderate objective and functional deficits: constant symptoms and/or symptoms that are	
				strength, or ability to perform daily tasks best describes the patient's presentation;	
				and/or symptoms that are intensified with activity with moderate loss of range of motion,	
				Requestor is not a fax; Moderate objective and functional deficits: constant symptoms	
				anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting;	
				visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits	
				selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle request: ; The anticipated number of	
				90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle	
				options listed; 05/30/2023; No patient history in the past 90 days; Evaluation dates less than	
				point; Body Part for first pass is not in options listed; Body Part for second pass is not in	
				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				This request id for the Foot.; This request id for the Foot.; Body Part passes complete;	
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
4/1/2023 -	Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
			97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
				Occupational therapy was selected; Magellan does not manage chiropractic but does	
				therapy was selected; Physical or Occupational therapy was selected; Physical or	
				Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
				related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
				Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT	
				first pass is Foot/Ankle; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech	
				type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for	
				best describes the patient's presentation; Lower Extremity/Hip was selected as the first body	
				symptoms with severe loss of range of motion, strength, or ability to perform daily tasks	
				the patient's presentation; Severe objective and functional deficits: constant intense	
				with severe loss of range of motion, strength, or ability to perform daily tasks best describes	
				anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms	
				visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits	
				Foot/Ankle request: ; Questions about your Foot/Ankle request: ; The anticipated number of	
				selected as the specific body part; Body Part pass complete; Questions about your	
				90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle	
				options listed; 05/08/2023; No patient history in the past 90 days; Evaluation dates less than	
				point; Body Part for first pass is not in options listed; Body Part for second pass is not in	
				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				This request id for the Foot.; This request id for the Foot.; Body Part passes complete;	

				This request id for the Foot.; This request id for the Foot.; Body Part passes complete;	
				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is not in options listed; Body Part for second pass is not in	
				options listed; 6/5/2023; No patient history in the past 90 days; Evaluation dates less than	
				90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle	
				selected as the specific body part; Body Part pass complete; Questions about your	
				Foot/Ankle request: ; Questions about your Foot/Ankle request: ; The anticipated number of	
				visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits	
				anticipated; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was	
				selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax;	
				Moderate objective and functional deficits: constant symptoms and/or symptoms that are	
				intensified with activity with moderate loss of range of motion, strength, or ability to	
				perform daily tasks best describes the patient's presentation; Moderate objective and	
				functional deficits: constant symptoms and/or symptoms that are intensified with activity	
				with moderate loss of range of motion, strength, or ability to perform daily tasks best	
				describes the patient's presentation; Lower Extremity/Hip was selected as the first body	
				type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for	
				first pass is Foot/Ankle; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech	
				Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT	
				related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
				Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
				therapy was selected; Physical or Occupational therapy was selected; Physical or	
				Occupational therapy was selected; Magellan does not manage chiropractic but does	
			97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
				This request id for the Foot.; This request id for the Foot.; Body Part passes complete;	
				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is not in options listed; Body Part for second pass is not in	
				options listed; 06/22/2023; No patient history in the past 90 days; Evaluation dates less than	
				90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle	
				selected as the specific body part; Body Part pass complete; Questions about your	
				Foot/Ankle request: ; Questions about your Foot/Ankle request: ; The anticipated number of	
				visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits	
				anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting;	
				Requestor is not a fax; Moderate objective and functional deficits: constant symptoms	
				and/or symptoms that are intensified with activity with moderate loss of range of motion,	
				strength, or ability to perform daily tasks best describes the patient's presentation;	
				Moderate objective and functional deficits: constant symptoms and/or symptoms that are	
				intensified with activity with moderate loss of range of motion, strength, or ability to	
				perform daily tasks best describes the patient's presentation; Lower Extremity/Hip was	
				selected as the first body type/region; Lower Extremity/Hip selected as the second body	
				type/region; Body Part for first pass is Foot/Ankle; Body Part for second pass is Foot/Ankle;	
				Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
				The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
				to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
				Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
				or Occupational therapy was selected; Magellan does not manage chiropractic but does	
. /. /			97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023

Perform away Part selection; Perform Row; Second Plans checks point; Booy Part or Teached pass is not in options listed, 6/23/2023, No patient history in the past 90 days; Frailure to the common past in the copy of the cop						
point, Body Part for first, pass is not in options listed; Body Part for feword agas is not in option spars of days, triplation dried less than 90 days in the past, Non-Surgicia, Foot/Anale selected as the specific body part for Foot/Anale request; The anticipated number of visits is other than 2; These of more visits selected in the specific body and the part foot for Foot and an interest of the part of the pa					This request id for the Foot.; This request id for the Foot.; Body Part passes complete;	
options listed, \$723/2023. No patient history in the past 90 days, Calvalation dates less than 90 days in the past, 1947					, , , , , , , , , , , , , , , , , , , ,	
90 days in the past, Non-Sugilat, Tool/Andes selected as the sexplicit, looky parts, Floor/Andes selected as the sexplicit calls year to produce the selected as the sexplicity and thought and the past of the pa						
selected as the specific body part, Body Part pass completes, Questions about your Foot/Anker request; File melitopated number of visits is other than 2, The articipated number of visits is other than 2, The articipated number of visits is other than 2, The articipated number of visits is other than 2. The articipated number of visits is other than 2. The articipated number of visits is other than 2. The articipated number of visits is other than 2. The articipated number of visits is other than 2. The articipated number of visits is other than 2. The articipated number of visits is other than 2. The articipated number of visits is other than 2. The articipated number of visits is other than 2. The articipated number of visits is other than 2. The articipated number of visits is other than 2. The articipated number of visits is not to the part of visits of visits of the part of visits of visits of the part of visits of the part of visits of visits of the part of visits of visits of the part of visits of visits of the part of visits of the p						
Fool/Anoide request; ; Questions about your Fool/Anoide request; ; the anticipated number of visits is other than 2. Three or more visits anticipated, Therapy type is field hillstute; Two Body Parts selected, Second Pass Starting, Requestors in oral Anoiderate objective may christic part of microsal defloits; constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's persentation; Moderate objective and functional defloits; constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best described the patient's persentation; Moderate objective and functional defloits; constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motions, strength, or ability to perform daily tasks best described the patient's precentation, lower extremely/they was elected. Physical or described the patient's precentation, lower extremely/they was elected. Physical or described the patient's precentation, lower extremely/they was elected. Physical or described the patient's precentation of concern, the rehabilitation is the patient of a diagnosis of tymphedema. Physical or Occupational therapy was selected. Physical or Occupational ther					, , , , , , , , , , , , , , , , , , ,	
Walts is other than 2. The antitopated number of visits is other than 2. The are or more visits antitipated. "Two body Parts selected, Second Pass Starting Requestor is not a fax; Moderate objective and functional deficits; constant symptoms and/or symptomic and another activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's greeneration; Moderate objective and functional deficits; constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to selected, seems of many for symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to selected as the second body type/region; Body Part for first pass is Foot/Ankle; Robinston at the first foot type/region; Body Part for first pass is Foot/Ankle; Robinston at the first foot type/region; Body Part for first pass is Foot/Ankle; Robinston at the first foot type/region; Body Part for first pass is Foot/Ankle; Robinston at the first foot type/region; Body Part for first pass is Foot/Ankle; Robinston at the first foot type/region; Body Part for first pass is foot/Ankle; Physical or Cocupational therapy was selected; Physical or Occupational therapy was requested; Physical or Occupational therapy was reques						
anticipated. Therapy type is cheabilitative. Two Body Parts selected, Second Pass Starting, Requestor in an Ian, Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or altity to perform daily tasks best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or altity to perform daily tasks best describes the patient's presentation; Cower Externity/Hip was selected, as the second body hype/right (and the parts of the patient's presentation). Cower Externity/Hip was selected, as the second body hype/right, body report for intensified with activity with moderate loss of range of motion, strength, or altity to perform daily tasks best describes the patient's presentation; Cower Externity/Hip was selected; Myself and the patient's presentation in Cower Externity/Hip was selected; Myself and the patient's presentation in Cower Externity/Hip was selected; Myself and the patient's presentation in Cower Externity/Hip was selected; Myself and the patient of the patient's presentation in Cower Externity/Hip was selected; Myself and the Cower Externity/Hip was selected in the patient presentation; Own Myself was selected in the patient presentation					Foot/Ankle request: ; Questions about your Foot/Ankle request: ; The anticipated number of	
Requestor is not a fax, Noderate objective and functional deficits: constant symptoms and property and provided in the provide					,	
and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; lower Extremity/Hip was selected as the first body type/region; now results and date in one that further, The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of the representation of the rep					anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting;	
strength, or ability to perform daily task best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; lower Externity/Rip was selected as the first body type/region; lower Externity/Rip was selected. The real-billiatton is NOT related to adaptosis of ancer, in Persistant in NOT related to adaptosis of ancer, in Persistant in NOT related to adaptosis of ancer, in Persistant in NOT related to adaptosis of ancer, in Persistant in NOT related to adaptosis of ancer, in Persistant in NOT related to adaptosis of ancer, in Persistant in NOT related to adaptosis of ancer, in Persistant in NOT related to adaptosis of ancer, in Persistant in NOT related to adaptosis of ancer, in Persistant in NOT related to adaptosis of ancer, in Persistant in NOT related to adaptosis of the page of the page of the persistant in NOT related to adaptosis of the page of					Requestor is not a fax; Moderate objective and functional deficits: constant symptoms	
Moderate objective and functional deficits, constant, symptoms what are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks et describes the patient's presentation; tower Extremity/hip was selected at the first body type/region; lower Extremity/hip was selected at the first body type/region; lower Extremity/hip selected as the second body type/region; Body Part for first pass is root/Ankle; Body Part for second pass is root/Ankle; Physical Part for first pass is root/Ankle; Body Part for second pass is root/Ankle; Physical for Corupational therapy was selected; Physical or Occupational therapy was selected; Physical or					and/or symptoms that are intensified with activity with moderate loss of range of motion,	
internatified with activity with moderate loss of range of motion, strength, or ability to perform dally task best describes the pallent's presentation, tower Estermity/Hip selected as the second body type/region, lower Extremity/Hip selected as the second body type/region to a diagnosis of contact; the rehabilitation is NOT related to a diagnosis of contact; the rehabilitation is NOT related to a diagnosis of contact; the rehabilitation is NOT related to a diagnosis of contact; the rehabilitation is NOT related to a diagnosis of the part of the member's plane; hypical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Companies and the part of the selected as the second bad with a carrier is NOT New Nampshire healthy Families, Physical therapy was requested. The health carrier is NOT New Nampshire healthy Families, Physical therapy was requested. The health carrier is NOT New Nampshire healthy families, Physical therapy was requested. The health carrier is NOT New Nampshire healthy families, Physical therapy was requested. The repay was requested therapy for the reformation, part of the foot; Body Part passes complete; Perform Sody Part selection, Perform Sody Part					strength, or ability to perform daily tasks best describes the patient's presentation;	
spector daily tasks best describes the patient's presentation, Lower Externity/flip was spected as the first body type/gegion, Body Part for 18 face at the first body type/gegion, Body Part for 18 face at the first body type/gegion, Body Part for 18 face at the first body type/gegion, Body Part for 18 face at the first body type/gegion, Body Part for 18 face at the first body type/gegion, Body Part for 18 face at the first body type/gegion, Body Part for 18 face at the first body type/gegion, Body Part for 18 face at the first body type/gegion, Body Part for 18 face at the first body type/gegion, Body Part for 18 face at the first body type/gegion, Body Part for 18 face at the first body type/gegion, Body Part for 18 face at the first body type/gegion, Body Part for 18 face at the first body type/gegion, Body Part for 18 face at the first body type/gegion the face at the first body type/gegion the face at the first body Part for 18 face at the face at the first body Part for 18 face at the face at t					Moderate objective and functional deficits: constant symptoms and/or symptoms that are	
selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part Ori Kir Stapas is Food/Ankle; Body Part for second pass is Food/Ankle; Physical or occupational therapy was selected; Physical or a diagnosis of cancer; The rehabilitation is NOT related to a cancer than 2. The anticipated number of visits is other than 2. The anticipated number of visits is other than 2. The anticipated number of visits is other than 2. Three or more visit anticipated than 2 than 3					intensified with activity with moderate loss of range of motion, strength, or ability to	
type/region. Body Part for first pass is Foot/Ankle. Body Part for second pass is Foot/Ankle. Physical Therapy. Seach Effect. The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of ranneer. The rehabilitation is NOT related to a diagnosis of ranneer. The rehabilitation is NOT related to a diagnosis of ranneer. The rehabilitation is NOT related to a diagnosis of representation of Cocupational therapy was selected, Physical or Occupational therapy was requested. The health carries in NOT New Hamphite Healthy Families; Physical therapy was requested; Physical or Occupational therapy was requested. The health carries in NOT New Hamphite Healthy Families; Physical therapy was requested. The request in the Foot; This request if or the Foot; Body Part selection, Pirst Pass; Second Pass check point, Body Part of Interpreted in Proposition of Part selection, Pirst Pass; Second Pass check point, Body Part of Interpreted in Proposition of Part selection, Pirst Pass; Second Pass check point, Body Part of Interpreted in Proposition of Part selection, Pirst Pass; Second Pass check point, Body Part of Interpreted, Part passes not in options listed; 6766/2023. No pathen history in the past your pass selected in the Pass of Pass cond Pass shoult your Foot/Ankle selected as the specific body part, in cond/Ankle selected as the selection of Part of second pass in Part of Poot/Ankle selected as the selection of Part of second Pass Starting, Requestor in each a fask, Moderate objective and functional deflicits: constant symptoms and of visits is other than 2. These or more visits anticipated, Therapy visits of the front of the State Second Pass Starting, Requestor in each a fask, Moderate objective and functional deflicits: constant symptoms and of visits is other than 2. These or more visits anticipated, Interpreted, Pass selection, Part Selected Second					perform daily tasks best describes the patient's presentation; Lower Extremity/Hip was	
Physical Therapy: Speech Therapy was not selected. The evaluation date is not in the future; The rebabilitation is NOT related to a diagnost of cancer, The rebabilitation is NOT related to a diagnost of cancer. The rebabilitation is NOT related to a diagnost of Coccupational therapy was selected; Physical or Occupational therapy was selected; Physical					selected as the first body type/region; Lower Extremity/Hip selected as the second body	
The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire leathty Families; Physical therapy was requested; The health carrier is NOT New Hampshire leathty Families; Physical therapy was requested; Physical training (includes stair climbing) training (incl					type/region; Body Part for first pass is Foot/Ankle; Body Part for second pass is Foot/Ankle;	
to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested. The Physical for 30/2023 Medicine of Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; Physical or Occupational therapy was requested. Physical or Occupational therapy was requested or Interpretate or					Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magelian does not manage chiropractic but does manage sepech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested. This request id for the Foot.; This request id for the Foot.; Body Part passes complete; Perform Body Part selection, Piers Pass; Second Pass shock point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed, Edy Part for second pass is not in options listed, Edy Part for second pass is not in options listed, Edy Part for second pass is not in options listed, Edy Part for second pass is not in options listed, Edy Part for second pass is not in options listed, Edy Part for second pass is not in options listed, Edy Part for second pass is not in options listed, Edy Part for second pass is not in options listed, Edy Part for second pass is not in options listed, Edy Part for second pass is not in options listed, Edy Part for second pass is not in options listed, Edy Part for second pass is not in options listed, Edy Part for second pass is not in options listed, Edy Part for second pass is not in options listed, Edy Part for second pass is not in options listed, Edy Part for second pass is not in options listed, Edy Part for second pass is not in options listed, Edy Part for second pass is not in options and in the part for the member's pass, Part Bart Bart Part Part Part Part Part Part Part P					The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
97116 Therapeutic procedure, 1 or manage selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health more areas, each 15 minutes, galt training (includes stair climbing) therapy was requested; Physical herapy was requested; Physical training (includes stair climbing) therapy was requested therapy was requested for the Foot.; This request id for the Foot.; Body Part passes complete; Perform Body Part selection; First Pass; Second Pass check piorit, Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; Body Part for second pass is not in options listed; Body Part for second pass is not in options listed; Body Part for second pass is not in options listed; Body Part for second pass is not in options listed; Body Part for second pass is not in options listed; Body Part for second pass is not in options listed; Body Part for second pass is not in options listed; Body Part pass complete; Described and the past, Non-Surgical, FootAnkle selected as the specific body part; Body Part pass complete; Cluestions about your FootAnkle request; Questions about your FootAnkle request; The anticipated number of visits is other than 2; Three or more visits anticipated; The anticipated number of visits is other than 2; Three or more visits anticipated; The anticipated number of visits is other than 2; Three or more visits anticipated; The anticipated mumber of visits is other than 2; Three or more visits anticipated; Three pays type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fars, Wooderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Wooderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of					to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Familles; Physical therapy was requested; Physical (Aprolu) training (includes stair climbing) therapy was requested therapy was requested therapy was requested. Physical therapy was requested to a carrier is NOT New Hampshire Healthy Familles; Physical therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical Healthy Families; Physical therapy was requested; The health Aprolu or was requested; Physical or Occupational therapy was selected; The Aprolu of the Manage Speech therapy for the member's plan; Physical therapy was requested; The health Aprolu or Aprolu or Physical Healthy Families; Physical therapy was requested; The health Aprolu or Aprolusions about your foot/Ankle selected as the specific body part; Boot Ankle selected as the specific body part; Foot/Ankle selected as the second pass is not in options is listed; Galder equest; Questions about your Foot/Ankle selected. Second Pass Starting; Requestor is not a far; Moderate objective and functional deficits: constant symptoms and/or symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Not related to a diagno					Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
4/1/2023 Physical Physical More areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical training (includes stair climbing) therapy was requested 12 2023 2023 This request id for the Foot; Body Part passes complete; Perform Body Part selection, Perform Body Part selection, Perform Body Part selection, Perform Body Part for Second Pass Sheck point; Body Part for Second Pass (Part Pass) Foot in postions listed; 80,476,27023; No patient history in the past 190 days; Evaluation dates less than 90 days in the past; Non-Surgical; Poor/Lankle selected as the specific body part; Foot/Ankle selected; Foot part; Body Part pass so complete; Questions about your Foot/Ankle selected; Part Part Part Part Part Part Part Part					or Occupational therapy was selected; Magellan does not manage chiropractic but does	
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested This request id for the Foot; This request id for the Foot; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for second pass is not in options listed; Body Part for second pass is not in options listed; Body Part for second pass is not in options listed; Body Part for second pass is not in options listed; Body Part for second pass is not in options listed; Body Part for second pass is not in options listed; Body Part for second pass is not in options listed; Body Part for second pass is not in options listed; Body Part pass complete; Questions about your Foot/Ankle selected as the specific body part, Body Part pass complete; Questions about your Foot/Ankle request: ; Ouestions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; The visit is oth				97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
This request id for the Foot; 7his request id for the Foot; 8 pody Part apsaces complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass is not in options listed; 6/26/2023. No patient history in the past 90 days; Evaluation dates less than 90 days in the past 90 days; Toot/Ankle request; 7 bot/Ankle selected as the specific body part; Foot/Ankle request; 7 bot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request; 2 Questions about your Foot/Ankle request; 7 the anticipated number of visits is other than 2. 7 The anticipated number of visits is other than 2. 7 The anticipated number of visits is other than 2. 7 The anticipated number of visits is other than 2. 7 The anticipated number of visits is other than 2. 7 The anticipated number of visits is other than 2. 7 The anticipated number of visits is other than 2. 7 The anticipated number of visits is other than 2. 7 The anticipated number of visits is other than 2. 7 The articipated number of visits is other than 2. 7 The articipated number of visits is other than 2. 7 The articipated number of visits is other than 2. 7 The articipated number of visits is other than 2. 7 The articipated number of visits is other than 2. 7 The articipated number of visits is other than 2. 7 The articipated number of visits is other than 2. 7 The articipated number of visits is other than 2. 7 The articipated number of visits is other than 3. 7 The articipated number of visits is other than 3. 7 The articipated on the distinct of visits is other than 3. 7 The articipated number of visits is other than 3. 7 The visits is other than 3. 7 The articipated number of visits is other than 3. 7 The articipated number of visits is other than 3. 7 The articipated number of visits is other than 3. 7 The articipated number of visits is other than 3. 7 The articipated number of visits is other than 3. 7 The visits is	4/1/2023 -	Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point. Body Part for first pass is not in options listed, Body Part for second pass is not in options listed, Body Part for second pass is not in options listed, Body Part for second pass is not in options listed, Body Part for second pass is not in options listed, Body Part pass complete; Questions about your interpast 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request:; Destinationated of visits in optionated in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request:; The anticipated number of visits is other than 2; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patients presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patients' presentation; Universe Extremity/Hip was selected as the first body type/region; Body Part for second pass is Foot/Ankle; Body Part for second pass is Foot/Ankle; Physical Therapy Speech Therapy was selected; The valuation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of some part of the paper was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational th	6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)		1 2023 2023
point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; Body Part for second pass is not in options listed; Body Part for second pass is not in options listed; Body Part for second pass is not in options listed; Body Part for second pass is not in options listed; Body Part for second pass is not in options listed; Body Part for second pass is not in options listed; Body Part for second pass is not in options listed; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; which is the patient's presentation; which is the patient's presentation; to perform daily tasks best describes the patient's presentation; to perform daily tasks best describes the patient's presentation; to perform daily tasks best describes the patient's presentation; to perform daily tasks best describes the patient's presentation; to perform daily tasks best describes the patient's presentation; to perform daily tasks best describes the patient's presentation; to perform daily tasks best describes the patient's presentation; to perform daily tasks best describes the patient's presentation; to perform daily tasks best describes the patient's presentation; to perform daily tasks be						
options listed; 6/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Asoc My Part pass complete; Questions about your Foot/Ankle request; Questions about your Foot/Ankle request; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; TWO Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits; constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Moderate objective and functional deficits; constant symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip was selected as the first body type/region; Body Part for first pass is Foot/Ankle; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of concer; The rehabilitation is NOT related or Occupational therapy was selected; Physical or Occupational therapy was requested; Physical Physical Occupational therapy was requested; Physical Occupatio					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request:					point; Body Part for first pass is not in options listed; Body Part for second pass is not in	
selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 12; The anticipated number of visits is other than 2; The anticipated number of visits is other than 2; The anticipated number of visits is other than 2; The anticipated number of visits is other than 2; The anticipated number of visits is other than 2; The anticipated number of visits is other than 2; The anticipated number of visits is other than 2; The anticipated number of visits is other than 2; The anticipated of visits is other than 2; The anticipated number of visits is other than 2; The anticipated number of visits is other than 2; The anticipated number of visits is other than 2; The anticipated number of visits is other than 2; The anticipated number of visits is other than 2; The anticipated number of visits is other than 2; The or observations and visit is not in the future; The rehabilitation is Not related to a diagnosis of cancer.; The rehabilitation is Not related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; Physical or Occupational therapy was requeste					options listed; 6/26/2023; No patient history in the past 90 days; Evaluation dates less than	
Foot/Ankle request: ; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; There or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip was selected as the first body type/region; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Campena, Physical or Occupational therapy was selected; Physical or Occupational t					90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle	
visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Body Part for Spresentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip was selected as the second body type/region; Body Part for first pass is Foot/Ankle, Physical Therapy. Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health April Occupational therapy was requested; The health April Occupational therapy was requested; The health					selected as the specific body part; Body Part pass complete; Questions about your	
anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Foot/Ankle; Body Part for second pass is Foot/Ankle; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The enabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was sele					Foot/Ankle request: ; Questions about your Foot/Ankle request: ; The anticipated number of	
Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cocupational therapy was selected; Physical or Occupational ther					visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits	
and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Foot/Ankle; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; Physical or Occupational therapy was selected; Physical therapy was requested; The health A/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical					anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting;	
strength, or ability to perform daily tasks best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Foot/Ankle; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical therapy to the member's plan; Physical therapy was requested; The health 4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical					Requestor is not a fax; Moderate objective and functional deficits: constant symptoms	
Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Foot/Ankle; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cocupational therapy was selected; Physical or Occupational therapy was selected; Physical therapy was selected; Physical therapy was requested;					and/or symptoms that are intensified with activity with moderate loss of range of motion,	
intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Foot/Ankle; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does 97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health 4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical					strength, or ability to perform daily tasks best describes the patient's presentation;	
perform daily tasks best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Foot/Ankle; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabiliton is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does 97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health 4/1/2023 - Physical more areas, each 15 minutes; gait Apr-Ju					Moderate objective and functional deficits: constant symptoms and/or symptoms that are	
selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Foot/Ankle; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does 97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health 4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical					intensified with activity with moderate loss of range of motion, strength, or ability to	
type/region; Body Part for first pass is Foot/Ankle; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; Physical therapy was requested; The health 4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical Apr-Ju					perform daily tasks best describes the patient's presentation; Lower Extremity/Hip was	
Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does 97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health 4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical Apr-Ju					selected as the first body type/region; Lower Extremity/Hip selected as the second body	
The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does 97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health 4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical Apr-Ju					type/region; Body Part for first pass is Foot/Ankle; Body Part for second pass is Foot/Ankle;	
The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does 97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health 4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical Apr-Ju					Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does 97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health 4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical Apr-Ju						
or Occupational therapy was selected; Magellan does not manage chiropractic but does 97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health 4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical Apr-Ju					the contract of the contract o	
or Occupational therapy was selected; Magellan does not manage chiropractic but does 97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health 4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical Apr-Ju					Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health 4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical Apr-Ju						
4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical Apr-Ju				97116 Therapeutic procedure, 1 or	, , , , , , , , , , , , , , , , , , , ,	
	4/1/2023 -	Physical		· · · · · · · · · · · · · · · · · · ·		Apr-Jun
2 200 2020		•	Approval	· · · · · · · · · · · · · · · · · · ·		•
	-,, 2020 ., 2/2020	-/50/2025calcille	pp. 0.0.			_ 2020 2020

					This request id for the Foot.; This request id for the Foot.; Body Part passes complete;	
					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is not in options listed; Body Part for second pass is not in	
					options listed; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the	
					specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ;	
					Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.;	
					The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass	
					Starting; Moderate objective and functional deficits: constant symptoms and/or symptoms	
					that are intensified with activity with moderate loss of range of motion, strength, or ability	
					to perform daily tasks best describes the patient's presentation; Moderate objective and	
					functional deficits: constant symptoms and/or symptoms that are intensified with activity	
					with moderate loss of range of motion, strength, or ability to perform daily tasks best	
					describes the patient's presentation; Lower Extremity/Hip was selected as the first body	
					type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for	
					first pass is Foot/Ankle; Body Part for second pass is Foot/Ankle; Three or more visits	
					anticipated; The previous auth did not address any body parts; Three or more visits	
					anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical	
					or Occupational therapy was selected; Physical or Occupational therapy was selected; The	
				97116 Therapeutic procedure, 1 or	member's plan does not require the collection of start and end dates; Previous auth data	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
					This are west in free than April and Dept. Dept. Dept. Dept. Dept. Dept. Dept. al. attention	
					This request is for the Ankle.; Body Part passes complete; Perform Body Part selection;	
					Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is	
					Knee; Body Part for second pass is not in options listed; 05/18/2023; No patient history in	
					the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected	
					as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass	
					complete; Questions about your Foot/Ankle request: ; Questions about your Knee request: ;	
					The anticipated number of visits is other than 2.; Three or more visits anticipated; The	
					The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative;	
					The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective	
					The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with	
					The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks	
					The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits:	
					The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of	
					The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's	
					The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower	
					The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is	
					The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
					The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
					The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
					The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
					The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Coccupational therapy was selected;	
				97116 Therapeutic procedure, 1 or	The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	
4/1/2023 -		Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosi of Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage	Apr-Jun

4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is knee; 05/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Knee request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Foot/Ankle; Physical Therapay; Speech Therapay was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested. The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested. Physical ther	Apr-Jun 1 2023 2023
					sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not	
4/1/2023 -		Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	requested	1 2023 2023

					This request is for the Ankle.; Body Part passes complete; Perform Body Part selection;	
					Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is	
					not in options listed; Body Part for second pass is Lumbar Spine; 5/15/2023; No patient	
					history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical;	
					Foot/Ankle selected as the specific body part; Lumbar Spine selected as the specific body	
					part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about	
					your Lumbar Spine request: ; The anticipated number of visits is other than 2.; Three or more	
					visits anticipated; The anticipated number of visits is other than 2.; Therapy type is	
					Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax;	
					Moderate objective and functional deficits: constant symptoms and/or symptoms that are	
					intensified with activity with moderate loss of range of motion, strength, or ability to	
					perform daily tasks best describes the patient's clinical presentation; Severe functional	
					deficits due to lumbopelvic impairments with or without distal symptoms best describes the	
					patient's clinical presentation; Lower Extremity/Hip was selected as the first body	
					type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is	
					Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
					in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
					NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
					selected; Physical or Occupational therapy was selected; Magellan does not manage	
				97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical therapy was	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	requested; Physical therapy was requested	1 2023 2023
					This request is for the Ankle.; Body Part passes complete; Perform Body Part selection;	
					Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is	
					not in options listed; Body Part for second pass is not in options listed; 04/19/2023; No	
					patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-	
					Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions	
					about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or	
					more visits anticipated; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body	
					Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a	
					fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that	
					are intensified with activity with moderate loss of range of motion, strength, or ability to	
					perform daily tasks best describes the patient's clinical presentation; The requesting	
					provider is other than Physical Therapy or Occupational Therapy; The patient was previously	
					independent with mobility and now requires human assistance and/or an assistive device to	
					walk and/or transfer; The anticipated number of visits is other than 2.; Lower Extremity/Hip	
					was selected as the first body type/region; Gait, Balance and Falls was selected as the second	
					body type/region; Body Part for first pass is Foot/Ankle; Body Part for second pass is	
					Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
					in the future; Physical Therapy was requested; The rehabilitation is NOT related to a	
					diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
					selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
				97116 Therapeutic procedure, 1 or	was selected; Magellan does not manage chiropractic but does manage speech therapy for	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	the member's plan; Physical therapy was requested; The health carrier is NOT New	Apr-Jun
6/30/2023		6/30/2023 Medicine	Approval	training (includes stair climbing)	Hampshire Healthy Families; Physical therapy was requested	1 2023 2023

					This request is for the Ankle.; Body Part passes complete; Perform Body Part selection;	
					Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is	
					not in options listed; Body Part for second pass is not in options listed; 5/10/2023; No	
					patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-	
					Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions	
					about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or	
					more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass	
					Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense	
					symptoms with severe loss of range of motion, strength, or ability to perform daily tasks	
					best describes the patient's clinical presentation; The requesting provider is other than	
					Physical Therapy or Occupational Therapy; The patient was previously independent with	
					mobility and now requires human assistance and/or an assistive device to walk and/or	
					transfer; The anticipated number of visits is other than 2.; Lower Extremity/Hip was selected	
					as the first body type/region; Gait, Balance and Falls was selected as the second body	
					type/region; Body Part for first pass is Foot/Ankle; Body Part for second pass is Gait/Balance;	
					Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
					Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of cancer.;	
					The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
. /. /				97116 Therapeutic procedure, 1 or	does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 -	. /. /	Physical		more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested	1 2023 2023
					This request is for the Ankle.; Body Part passes complete; Perform Body Part selection;	
					Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is	
					not in options listed; Body Part for second pass is not in options listed; 5/26/2023; No	
					patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-	
					Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions	
					about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or	
					more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass	
					Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense	
					symptoms with severe loss of range of motion, strength, or ability to perform daily tasks	
					best describes the patient's clinical presentation; The requesting provider is other than	
					Physical Therapy or Occupational Therapy; The patient was NOT previously independent	
					with mobility and now requires human assistance and/or an assistive device to walk and/or	
					transfer; At least one of the following apply; Increase in frequency of falls, Decline in	
					transfers, bed mobility or transitional movements and/or Decline in independence with	
					mobility (walking or wheelchair mobility); The anticipated number of visits is other than 2.;	
					Lower Extremity/Hip was selected as the first body type/region; Gait, Balance and Falls was	
					selected as the second body type/region; Body Part for first pass is Foot/Ankle; Body Part for	
					second pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The	
					evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is	
					NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
					Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Physical or	
				97116 Therapeutic procedure, 1 or	Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023		6/30/2023 Medicine		training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023

					This request is for the Ankle.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 6/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Lower Leg; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does	
				97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
					This request is for the Ankle.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; Lower Leg selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Lower Leg; Body Part for second pass is Foot/Ankle; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected;	
4/1/2023 -		Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation =	Apr-Jun

					This request is for the Ankle.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; 6/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Shoulder selected as the specific body part; Body Part pass	
					complete; Questions about your Foot/Ankle request: ; Questions about your Shoulder	
					request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated;	
					Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild objective and	
					functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or	
					ability to perform daily tasks best describes the patient's clinical presentation; Mild or	
					moderate objective and functional deficits with instability: sporadic symptoms with minimal	
					to moderate loss of range of motion, strength, or ability to perform daily tasks best describes	
					the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first	
					pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date	
					is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The	
					rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Physical or	
				97116 Therapeutic procedure, 1 or	Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023 4/1	./2023 6/30/2023	Medicine	Approval	training (includes stair climbing)	Physical therapy was requested; Physical therapy was requested	1 2023 2023
					This request is for the Ankle.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 5/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Shoulder request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy w	
				07446 Thereses the same the	or Occupational therapy was selected; Physical or Occupational therapy was selected;	
4/1/2023 -		Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun
6/30/2023 4/1		•	Approval	training (includes stair climbing)	Families; Physical therapy was requested; Physical therapy was requested	1 2023 2023

This request is for the Ankle.; Perform Body Part selection; F	rst Pass; Body Part for first pass
is not in options listed; 6/19/2023; No patient history in the	past 90 days; Evaluation dates
less than 90 days in the past; Non-Surgical; Foot/Ankle selec	ed as the specific body part;
Foot/Ankle selected as the specific body part; Body Part pas	complete; Questions about
your Foot/Ankle request: ; Three or more visits anticipated;	Therapy type is Rehabilitative;
Two Body Parts selected; Requestor is not a fax; Lower Extre	mity/Hip was selected as the
first body type/region; Lower Extremity/Hip selected as the	econd body type/region: Body
Part for first pass is Foot/Ankle; Physical Therapy; Speech Th	
evaluation date is not in the future; The rehabilitation is NO	
cancer.; The rehabilitation is NOT related to a diagnosis of L	-
Occupational therapy was selected; Physical or Occupationa	
or Occupational therapy was selected; Physical or Occupation	
97116 Therapeutic procedure, 1 or Magellan does not manage chiropractic but does manage sa	
4/1/2023 - Physical more areas, each 15 minutes; gait plan; Physical therapy was requested; The health carrier is N	. ,
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Families; Physical therapy was requested	1 2023 2023
This request is for the Ankle.; Perform Body Part selection; F	
Pass: Second Pass check point; Body Part for first pass is not	
patient history in the past 90 days; Evaluation dates less tha	
Surgical; Foot/Ankle selected as the specific body part; Body	
about your Foot/Ankle request: ; The anticipated number of	· · · · · · · · · · · · · · · · · · ·
more visits anticipated; Therapy type is Rehabilitative; One	
Pass; Requestor is not a fax; Severe objective and functional	*
symptoms with severe loss of range of motion, strength, or	
best describes the patient's clinical presentation; Lower Exti	· · ·
·	
type/region; Body Part for first pass is Foot/Ankle; Physical selected; The evaluation date is not in the future; The rehab	
diagnosis of cancer.; The rehabilitation is NOT related to a d	, ,
Physical or Occupational therapy was selected; Physical or O	• • • • • • • • • • • • • • • • • • • •
selected; Physical or Occupational therapy was selected; Ma	-
97116 Therapeutic procedure, 1 or chiropractic but does manage speech therapy for the memb	• • • • • • • • • • • • • • • • • • • •
4/1/2023 - Physical more areas, each 15 minutes; gait requested; The health carrier is NOT New Hampshire Health	
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) requested	1 2023 2023
This request is for the Ankle.; Perform Body Part selection; Page 5000 April 200 April	
Pass; Second Pass check point; Body Part for first pass is not	
patient history in the past 90 days; Evaluation dates less tha	
Surgical; Foot/Ankle selected as the specific body part; Body	, , ,
about your Foot/Ankle request: ; The anticipated number of	
more visits anticipated; Therapy type is Rehabilitative; One	•
Pass; Requestor is not a fax; Severe objective and functional	
symptoms with severe loss of range of motion, strength, or	
best describes the patient's clinical presentation; Lower Extu	
type/region; Body Part for first pass is Foot/Ankle; Physical T	
selected; The evaluation date is not in the future; The rehab	
diagnosis of cancer.; The rehabilitation is NOT related to a d	, , ,
Physical or Occupational therapy was selected; Physical or O	
selected; Physical or Occupational therapy was selected; Ma	-
97116 Therapeutic procedure, 1 or chiropractic but does manage speech therapy for the memb	
4/1/2023 - Physical more areas, each 15 minutes; gait requested; The health carrier is NOT New Hampshire Health	
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) requested	1 2023 2023

4/1/2023 - 6/30/2023 4/1/2	Physical 023 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/3/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/23/2023; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested to the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families: Physical therapy was requested	Apr-Jun 1 2023 2023
6/30/2023 4/1/2	023 6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
4/1/2023 - 6/20/2022 - A/1/2	Physical	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/3/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/10/2023; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2	023 6/30/2023 Medicine	Approval	training (includes stair climbing)	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
4/1/2023 - 6/30/2023 4/1/2	Physical 023 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/04/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun 1 2023 2023

	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/4/2023; No	
	patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non- Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request:; The anticipated number of visits is other than 2.; Three or	
	more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense	
	symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body	
	type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	
	diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
	Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage	
97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical therapy was	A Iv
4/1/2023 - Physical more areas, each 15 minutes; gait training (includes stair climbing)	requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/06/2023;	
	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-	
	Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or	
	more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second	
	Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks	
	best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body	
	type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	
	diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
	Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage	
97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical therapy was	
4/1/2023 - Physical more areas, each 15 minutes; gait fraining (includes stair climbing)	requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First	
	Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/7/2023; No	
	patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non- Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions	
	about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or	
	more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second	
	Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion,	
	strength, or ability to perform daily tasks best describes the patient's clinical presentation;	
	Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
	The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
	to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
97116 Therapeutic procedure, 1 or	does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 - Physical more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	about your Foot/Ankle selected as the specific body part; Body Part pass Complete; Questions about your Foot/Ankle request:; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request:; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun 1 2023 2023
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested	1 2023 2023
4/4/2022		Director		97116 Therapeutic procedure, 1 or	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 - 6/30/2023	1/1/2022	Physical 6/30/2023 Medicine	Approval	more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun 1 2023 2023
	4) 1/2023	o/su/2023 Medicine	Арргочаг	training (includes stair climbing) 97116 Therapeutic procedure, 1 or	Physical therapy was requested This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non- Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was	1 2023 2023
4/1/2023 -	. /. /	Physical		more areas, each 15 minutes; gait	requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	requested	1 2023 2023

4/1/2023		Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request:; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Apr-Jun
4/1/2023	3 4/1/2023 3 4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	requested This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 12/15/2022; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 6/30/202	- 3 4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 04/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request:; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023

This request is for the Ankle, Perform Body Part selection, Ferform Body Part selection, First Pass; Second Pass Check point; Body Part for first pass is not in options listed, Od/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; Od/19/2023; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request; The anticipated number of Visits is other than 2; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selection; No Second Pass, Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is not constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is foot/Ankle; Physical Therapy; Speech Therapy was not selected; Pest-Op or Non-surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cupational therapy was selected; Physical or Occupational ther
No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/19/2023, Post-Op; Foot/Ankle selected as the specific body part, Body Part pass complete; Questions about your Foot/Ankle requested; The anticipated number of visits is other than 2; Three or more visits anticipated; The rapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extrenity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle, Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema, Physical or Occupational therapy was selected; Physical or
Surgical; 04/19/2023; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete, Questions about your Foot/Ankle request; † the anticipated number of visits is other than 2; † Three or more visits anticipated; † Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of coccupational therapy was selected; Physical or Occupational therapy was the pass of pa
complete; Questions about your Foot/Ankle request:; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selection, So Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Physical or Occupational date is not in the future; The rehabilitation is NOT related to a diagnosis of a diagnosis
other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical therapy was requested; Physical or Occupational therapy was selected; Physical therapy was requested; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested. 1 2023 2023 This request is for the Ankle; Perform Body Part selection; First Pass; Second Pass check point; Body Part selection; First Pass; Second Pass check point; Body Part selection; First Pass; Second Pass Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to
selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's Carmently Hiple selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical therapy was selected; Physical or Occupational therapy was selecte
constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of concert, and the representation of the physical or Occupational therapy was selected; Physica
perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle, Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was more areas, each 15 minutes; gait requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was plan; Physical the
selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was
Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was a selected; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was Apr-Jun requested. The health carrier is NOT New Hampshire Healthy Families; Physical therapy was Apr-Jun requested for the Ankle.; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed, 4/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days; In the past 90 days; Evaluation dates less than 90 days; In the past 90 days; Evaluation dates less than 90 da
future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational deficits: 4/1/2023 -
related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Magellan does not manage objective and therapy was selected; Physical or Occupational therapy was selected; Physical therapy was selected; Physical or Occupational therapy was selected; Physical th
Physical or Occupational therapy was selected; Physical does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was Apr-Jun requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was Apr-Jun requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was Apr-Jun requested requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was Apr-Jun requested plants of the Ankle.; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/28/2022; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to
selected; Physical or Occupational therapy was selected; Magellan does not manage 4/1/2023 - Physical more areas, each 15 minutes; gait requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was 6/30/2023
97116 Therapeutic procedure, 1 or chiropractic but does manage speech therapy for the member's plan; Physical therapy was 4/1/2023 - Physical Physical Medicine Approval Medicine Approval training (includes stair climbing) 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) 71 2023 2023 71 10 2023 2023 72 2023 This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 72 2023 2023 73 2023 This request is for the Ankle.; Perform Body Part selection; Perform Body Part select
4/1/2023 Physical more areas, each 15 minutes; gait requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was 6/30/2023 Medicine Approval training (includes stair climbing) requested 1 2023 2023 This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/28/2022; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) requested This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/28/2022; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) requested This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/28/2022; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to
This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/28/2022; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to
Pass; Second Pass check point; Body Part for first pass is not in options listed; 4/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/28/2022; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to
patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 09/28/2022; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to
09/28/2022; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to
complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to
other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to
selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to
constant intense symptoms with severe loss of range of motion, strength, or ability to
selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy;
Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the
future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT
related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;
Physical or Occupational therapy was selected; Physical or Occupational therapy was
selected; Physical or Occupational therapy was selected; Magellan does not manage
97116 Therapeutic procedure, 1 or chiropractic but does manage speech therapy for the member's plan; Physical therapy was
4/1/2023 - Physical more areas, each 15 minutes; gait requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) requested 1 2023 2023
This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First
Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/1/2023; No
patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical;
03/03/2023; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass
complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is
other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part
selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits:
constant intense symptoms with severe loss of range of motion, strength, or ability to
perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip
selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy;
Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the
future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT
related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;
Physical or Occupational therapy was selected; Physical or Occupational therapy was
selected; Physical or Occupational therapy was selected; Magellan does not manage
97116 Therapeutic procedure, 1 or chiropractic but does manage speech therapy for the member's plan; Physical therapy was
4/1/2023 - Physical more areas, each 15 minutes; gait requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) requested 1 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Concer.; The rehabilitation is NOT related to a diagnosis of Cymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/3/2023; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cocupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/3/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023

		This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/9/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks	
4/1/2023 - Physical	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; They in the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval	training (includes stair climbing) 97116 Therapeutic procedure, 1 or	requested This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical therapy was chiropractic but does manage speech therapy for the member's plan; Physical therapy was	1 2023 2023
4/1/2023 - Physical 6/30/2023 4/1/2023 6/30/2023 Medicine Approval	more areas, each 15 minutes; gait training (includes stair climbing)	requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - Physical 6/30/2023 4/1/2023 6/30/2023 Medicine Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/20/2023; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; The health	Apr-Jun 1 2023 2023
-,,,-,,-,-,,-provai	0 (The second secon	3 2020

					This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	
					diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				97116 Therapeutic procedure, 1 or	selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was	
4/1/2023 -	4/1/2022	Physical	Approval	more areas, each 15 minutes; gait	requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	requested	1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 05/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/14/2023; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request:; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical therapy was requested. The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023

Pars. Second Pass Check Sports, Bady Part for First gas as not an extent exposit, 377,7025, 10 patrion between the part of the first gas as a patrion of the Sports and Sugar in the past, 377,7025, 10 patrion between the part of the pa	This reques	for the Ankle.; Perform Body Part selection; Perform Body Part selection; First
Surgical ProfulAnce elected as the specific body part. Body Part Doby Part pas complete, Obestons about your Foot/Anker equest; The anticipated number of visits in other that 2, Three or more visits anticipated, Therapy types is establishation, the Body Part selectic, No Second Pass Separation and Second Pass S	·	
about your FoothAsker request; The antiopparted number of visions is other stand 2; Three or more wills antiopparties your Both Pallatines (N. Ascound Prass Requestor) in each gas, Secure objective, and functional deficitors, constant intenses symptoms wills saveled loading of microtic presently or deality to perform deally task should be a secure objective and functional deficitors, constant intenses symptoms will saveled loading of microtic presently or deality to perform deally task should be a secure of the performance of the performan	patient hist	y in the past 90 days; Evaluation dates less than 90 days in the past; Non-
more visita anticipated. Therapy type is Phabililative. Does Body Part selected. No Second Pass Requestion is not a Requestion such as Requestion such as Requestion such as Requestion such as Exercised physical process as the body type from daily tasis but describes the patients of the Regular Second Pass Requestion in an Extra Companies of Congression and Pass Second Pass Requestion in an Extra Companies of Congression and Regular Second Pass Requestion in a Regular Second Pass Requestion in American Second Pass Requestion in Congression of Congression and Regular Second Pass Re	Surgical; Fo	Ankle selected as the specific body part; Body Part pass complete; Questions
Pess Requestor is not a fax. Severe objective and functional deficits: constant Intense symptoms with severe, the ability to proform daily tasks best described in the patient's clinical presentation; Lower Externity/Hip selected as the body hype/region; 500 pf and for fish fast is patient, so the body hype/region. Soot proform for the future; the enhaltment on a first patient of the collusion date is not in the future; the enhaltment on a first patient of the deplacement of the sound of the sou	about your	ot/Ankle request: ; The anticipated number of visits is other than 2.; Three or
symptoms with severe loss of range of motion, strength, or ability to perform daily vasids best described the policinal presentation. User bettermityling selected as the body type/region; Body Part Left Inst pass is forci/Ankler, Physical Therapy, Speech Therapy was not selected. The revaluation is NOT related to a diagnosis of Lymphredema, and the selection of the selection of the selection in NOT related to a diagnosis of concert. The rehabilitation is NOT related to a diagnosis of Lymphredema, and the selection of the select	more visits	ticipated; Therapy type is Rehabilitative; One Body Part selected; No Second
best describes the patient's clinical presentation. Lower Extremity/hip selected as the body type/regors, Darker, Playsial Temperature procedure, 1 or electricity the evaluation date is not in the future; the rehabilitation is NOT related to a diagnosis of canadrative procedure, 1 or electricity the evaluation date is not in the future; the rehabilitation is NOT related to a diagnosis of Jumphedema; Physical therapy was selected, Physical or Occupational therapy was selected, Physical Occupational therapy was selected, Physical Occupational therapy was selected, Physical Occupational therapy was required. Physical Occupational therapy was in the past, Supposite the Physical Designation of the State of the Physical Designation	Pass; Requi	or is not a fax; Severe objective and functional deficits: constant intense
type/region, Body Part for fist pass is root/Ankler Pyruscal Therapy, Speech Therapy was not selected, The voice and test is not the future. The rehabilisation is NOT related to a diagnosis of concern, the rehabilisation is NOT related to a diagnosis of concern, the rehabilisation is NOT related to a diagnosis of concern, the rehabilisation is NOT related to a diagnosis of concern, the rehabilisation is NOT related to a diagnosis of concern, the rehabilisation is NOT related to a diagnosis of concern, the rehabilisation is NOT related to a diagnosis of concern, the rehabilisation is NOT related to a diagnosis of concern, the rehabilisation is NOT related to a diagnosis of concern, the rehabilisation is NOT related to a diagnosis of concern, the rehabilisation is NOT related to a diagnosis of concern, the reputation of the section of the past the relative time of the respect to the part is not in the future. The rehabilisation is NOT related to a diagnosis of concern, the requirement of the past to a diagnosis of concern, the reputation of the past to a diagnosis of concern, the requirement of the past to a diagnosis of concern, the reputation of the past to a diagnosis of concern, the past to design the past to a diagnosis of concern, the past to design the past to a diagnosis of concern, the past to design the past to a diagnosis of concern, the past to design the past to a diagnosis of concern, the past to design the past to a diagnosis of concern, the reputation of the past to a diagnosis of concern, the rehabilisation is NOT related to a diagnosis of concern, the rehabilisation is NOT related to a diagnosis of concern, the rehabilisation is NOT related to a diagnosis of concern, the rehabilisation is NOT related to a diagnosis of concern, the rehabilisation is NOT related to a diagnosis of concern, the rehabilisation is NOT related to a diagnosis of concern, the rehabilisation is NOT related to a diagnosis of concern, the rehabilisation is NOT related to a diagnosis of concern, the rehabilisation is NOT rel	symptoms	h severe loss of range of motion, strength, or ability to perform daily tasks
selected; The evaluation date in not in the future. The rehabilitation is NOT related to a diagnosis of canner. The rehabilitation is NOT related to a diagnosis of Jumphedoma; Physical or Cocquational therapy was selected; Physical or Occupational therapy was selected; Physical does not manage of the physical or procedure. I or more areas, each 15 minutes; gait required to does manage speech therapy for the member's plan; Physical therapy was requested. The physical therapy was required of the physical physical therapy was required. The physical physical therapy was required to does manage speech therapy for the member's plan; Physical therapy was applied to the physical physical therapy was required. The physical	best descri	the patient's clinical presentation; Lower Extremity/Hip selected as the body
diagnosis of cancer. The rehabilitation is NOT Teleted to a diagnosis of tymphodema; physical or Coccupational therapy was selected; Physical or Coccupational decisits constant in the past to past the past two past to past the past two past to past the past two past to	type/region	ody Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not
Physical or Occupational therapy was selected. Physical or Occupational therapy was selected. Physical or Accupational therapy was selected. Physical or Cocupational therapy was selected. Physical or Cocupational therapy was selected. Physical or Occupational	selected; Ti	evaluation date is not in the future; The rehabilitation is NOT related to a
selected; Physical or Occupational therapy was selected; Magellan does not manage chicipractic but does manage spect therapy for the member's plan; Physical therapy was more areas, each 15 minutes; galt more areas, each 15 minutes; galt requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was energy and training (includes stair climbing) This request is for the Ankle.; Perform Body Part selection; Perform Body Par	diagnosis o	ancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;
9716 Therapeutic procedure, 1 or more areas, each 15 minutes; galt requested for April 18 minutes; galt requested for Apri	· ·	
4/1/2023 Physical more areas, each 15 minutes; galt requested; The health carrier is NOT New Hampshire Healthy Familles; Physical therapy was 6/30/2023 Medicine Approval training (includes stair climbing) requested. The health carrier is NOT New Hampshire Healthy Familles; Physical therapy was 12 2023 2023 This request is for the Analie. Perform Body Part selection; Perform Body Part select		
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) requested This request is for the Ankle, Perform Body Part selection; Perform		
This request is for the Anide; Perform Body Part selection, Perform Body Part selection, First Pass; Second Pass check; point, Body Part for first pass is not in options listed; 5/17/2023; No patient history in the past of days; Evaluation dates less than 90 days; in the past; Syziptical; 1/3/2022; Post Op; Foot/Anide selected as the specific body part; Body Part pass complete; Questions about your Foot/Anide requests; The anticipated number of visits is other than 2; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is on a fax; Severe objective and functional deflots; constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patients' clinical presentation; Lower Estemstyl/Rije selected as the body type/region; Body Part for first pass is Foot/Anide; Physical in Chapter of the Physical or Occupational therapy was selected; Post Op or Non-Surgical; Fire evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of future of the evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of future. Physical or Occupational therapy was selected; Physical or Occupational therapy was requested to a diagnosis of future of the physical or Occupational therapy was requested. The health of the physical or Occupational therapy was requested; The health of the physical or Occupational therapy was requested; The health of the physical or Occupational therapy was requested; The health of the physical or Occupational therapy was requested; The health of the physical or Occupational therapy was requested; The health of the physical or Occupational therapy was requested; The or Non-Surgical; Foot/Anide; Physical or Occupational therapy was re		
Pass, Second Pass check point. Body Part for first pass is not in options listed; 5/17/2023; No patient history in the past 90 days; Potentation dates less than 90 days in the past Surgical; 1/3/2022; Post-Op; Foot/Ankle equelse; The anticipated mumber of visits is other than 2; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass, Requestor is not a fax; Severe objective and functional deficits: constant intenses symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; tower Extremity/Pins selected is the body type/region; 800/p Part for first pass is not in options listed; 5/12/2023; No patient history in the past selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of tymphedema; Physical or Occupational therapy was selected; Physical or Decarding Physical therapy was selected; Physical or Decarding Physical Physica	6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) requested	2 2023 2023
Pass, Second Pass check point: Body Part for first pass is not in options listed: 5/17/2023; No patient history in the past 50 days; Fixtheapts Cargical: 1/3/2022; Post-Op: Foot/Ankle equests: The anticipated mumber of visits is other than 2; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass, Requestor is not a fas; Severe objective and functional deficits: constant intenses symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; tower Extremity/hip selected as the body type/region; 800/9 Part for first pass is foot/Ankle; Physical for Physical or Occupational therapy was selected;	71.	for the Ankle - Perform Rody Part colection, Perform Rody Part colection, First
patient history in the past 50 days; Exhalation dates less than 90 days in the past, Surgical; 1/3/2022; Post 70, Poof/Ankle sequest; The anticipated number of visits is other than 2; Three or more visits anticipated, Therapy type is Rehabilitative, One Body Part selected; No Second Pass; Requestors in not a fax, Severe objective and functional deficits; constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's failing presentation; Lower Extremity/lips elected as the body type/region; Body Part for first pass is Foot/Ankle; Physical The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of sumphedmean. Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected. The health Apr-Jun carrier is NOT New Hampshire Healthy Families; Physical therapy was requested. The health Apr-Jun carrier is NOT New Hampshire Healthy Families; Physical therapy was requested. The health Apr-Jun carrier is NOT New Hampshire Healthy Families; Physical therapy was requested. The health activity in the past 90 days; Evaluation dates less than 90 days in the past, Non-Surgicial; Foot/Ankle selected as the septic body Part pass complete; Questions about your Foot/Ankle request; The anticipated number of visits is other than 2; Three or more visits anticipated. Therapy type is Rehabilitative; One Body Part selected, No Second Pass; Requestor is not a fast, Moderate obje	·	
1/3/2022 Physical Physical of Occupational therapy was selected; Physical or Occupational therapy was elected; Physical or Occupational therapy was elected; Physical or Occupational therapy was elected; Physical or Occupational therapy was requested that a part of Signature (Includes stair climbing) 4/1/2023 4/1/2023 6/30/2023 Medicine Approval Approval This request is for the Ankle., Perform Body Part selection; First Pass; Second Pass Requested unders of visits other than 2.; Three or more wists anticipated; Therapy to the sember's plan; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested. The health of the selected of the pass of the pa	· ·	
Questions about your Foot/Ankle request: The anticipated number of visits is other than 2; Three or more visits anticipated: Therapy type is Rehabilitative; One Body Part selection, No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremily-life selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected, Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Cancer; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; Mapellan does not manage chinoryactic but does manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) This request is for the Ankle; Perform Body Part selection; First Pass, Second Pass check point; Body Part for first pass is not in options listed, 5/23/2023, No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non- Surgical; Foot/Ankle selected as the specific body part; Body Part selection; First Pass, Second Pass check point; Body Part for first pass is not in options listed, 5/23/2023, No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non- Surgical; Foot/Ankle selected as the specific body part; Body Part selection; First Pass, Second Pass check point; Body Part for first pass is not in options listed, 5/23/2023, No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non- Surgical; Foot/Ankle selected as the specific body past; Body Part past selecti		
Three or more wists anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/hip selected as the body type/region; Body Part for first pass is Ford/Ankle; Physical Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnost of concern; The rehabilitation is NOT related to a diagnost of Conceptional therapy was selected; Physical or Occupational therapy was requested; Physical or Occupational therapy was requested to occupational t		
Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; tower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Physical pro on Knon-surgical. The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lancer; The rehabilitation is NOT related to a diagnosis of Lancer; The rehabilitation is NOT related to a diagnosis of Lancer; The rehabilitation is NOT related to a diagnosis of Lancer; The rehabilitation is NOT related to a diagnosis of Lancer; The rehabilitation is NOT related to a diagnosis of Lancer; The rehabilitation is NOT related to a diagnosis of Lancer; The rehabilitation is NOT related to a diagnosis of Lancer; The rehabilitation is NOT related to a diagnosis of Lancer; The rehabilitation is NOT related to a diagnosis of Lancer; The rehabilitation is NOT related as diagnosis of Cancer; The rehabilitation is NOT related to a diagnosis of Lancer; The rehabilitation is NOT related to a diagnosis of Cancer; The rehabilitation is NOT related to a diagnosis of Cancer; The rehabilitation is NOT related to a diagnosis of Lancer; The rehabilitation is NOT related to a diagnosis of Cancer; The rehabilitation is NOT related to a diagnosis of Cancer; The rehabilitation is NOT related to a diagnosis of Lancer; The anticipated and the ord value of the Cancer of C		
intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region, Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is Not Trelated to a diagnosis of cancer; The rehabilitation is Not Trelated to a diagnosis of cancer; The rehabilitation is Not Trelated to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; The health Apr-Jun carrier is NOT New Hampshire Healthy Families; Physical therapy was requested 1 2023 2023 This request is for the Ankle; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part past; Charles or more visits anticipated; Therapy type is Rehabilitative; One Body Part selection; Perform Body Part selec		
tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema, Physical or Occupational therapy was selected; Physical or Occupational therapy was requested. 4/1/2023		· ·
was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a di	·	
rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema, Physical or Occupational therapy was selected, Physical or Occupational therapy was requested 12023 2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) This request is for the Ankle, Perform Body Part selection, Perform Body Part selection, First Pass, Second Pass check point; Body Part for first pass is not in options listed; 5/23/2023, No patient history in the past 90 days; Evaluation dates less than 90 days in the past, Non-Surgical, Foot/Ankle selected as the specific body part, Body Part pass complete; Questions about your Foot/Ankle request: , The anticipated number of visits is other than 2; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax, Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform adult values the selected; Constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform adult values the selected secreibes the patients's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy, Speech Therapy was not selected; Physical or Occupational the	body type/	ion; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy
diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health of Occupational therapy was requested to Physical Physical Therapy the Physical Ph	was not sel	ed; Post-Op or Non-Surgical; The evaluation date is not in the future; The
Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical therapy was requested. The health Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) and proval selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle request; The anticipated number of visits is other than 2; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical frepary; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy w	rehabilitati	is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a
97116 Therapeutic procedure, 1 or or Occupational therapy was selected; Magellan does not manage chiropractic but does 4/1/2023 - Physical	diagnosis o	mphedema.; Physical or Occupational therapy was selected; Physical or
4/1/2023 - Physical more areas, each 15 minutes; gait manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) carrier is NOT New Hampshire Healthy Families; Physical therapy was requested 1 2023 2023 This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part, Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of coupational therapy was selected; Physical or Occupational therapy was selected; Magellan 97116 Therapeutic procedure, 1 or does not manage chiropractic but does manage speech therapy for the member's plan;	Occupation	therapy was selected; Physical or Occupational therapy was selected; Physical
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Carrier is NOT New Hampshire Healthy Families; Physical therapy was requested 1 2023 2023 This request is for the Ankle.; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan;		**
This request is for the Ankle.; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non- Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request; The anticipated number of visits is other than 2; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan;	, , , , , , , , , , , , , , , , , , , ,	
Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan;	6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) carrier is N	New Hampshire Healthy Families; Physical therapy was requested 1 2023 2023
Pass; Second Pass check point; Body Part for first pass is not in options listed; 5/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan;		
patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non- Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan 97116 Therapeutic procedure, 1 or	·	
Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan 97116 Therapeutic procedure, 1 or does not manage chiropractic but does manage speech therapy for the member's plan;		
about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan 97116 Therapeutic procedure, 1 or does not manage chiropractic but does manage speech therapy for the member's plan;	·	
more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan 97116 Therapeutic procedure, 1 or does not manage chiropractic but does manage speech therapy for the member's plan;		
Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan;	·	
and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan 97116 Therapeutic procedure, 1 or does not manage chiropractic but does manage speech therapy for the member's plan;		
strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan 97116 Therapeutic procedure, 1 or does not manage chiropractic but does manage speech therapy for the member's plan;		
Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan 97116 Therapeutic procedure, 1 or does not manage chiropractic but does manage speech therapy for the member's plan;		
Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan 97116 Therapeutic procedure, 1 or does not manage chiropractic but does manage speech therapy for the member's plan;	3 ,	, , , , , , , , , , , , , , , , , , , ,
The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan;		
to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan 97116 Therapeutic procedure, 1 or does not manage chiropractic but does manage speech therapy for the member's plan;	·	
Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan 97116 Therapeutic procedure, 1 or does not manage chiropractic but does manage speech therapy for the member's plan;		,
97116 Therapeutic procedure, 1 or does not manage chiropractic but does manage speech therapy for the member's plan;	-	
	·	.,
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) Physical therapy was requested 1 2023 2023	7/1/2025 Thysical More areas, each 15 hintages, gare	

Pass; Second Pass check point; Body Part selection; Perform Body Part Selection; Pass; Second Pass Selection; Perform Body Part Selection; Pass; Pass; Perform Body Part Selection; Pass; Pass; Perform Body Pass;	•
This request is for the Ankle.; Perform Body Part selection; Perform Body Part for first pass is not in options No patient history in the past 90 days; Evaluation dates less than 90 ds Surgical; 05/18/2023; Post-Op; Foot/Ankle selected as the specific body complete; Questions about your Foot/Ankle request:; The anticipated other than 2.; Three or more visits anticipated; Therapy type is Rehabil selected; No Second Pass; Requestor is not a fax; Moderate objective a constant symptoms and/or symptoms that are intensified with activity range of motion, strength, or ability to perform daily tasks best descrit clinical presentation; Lower Extremity/Hip selected as the body type/r first pass is Foot/Ankle; Physical Therapy was not selected as the body type/r first pass is Foot/Ankle; Physical Therapy was not selected as the specific body type/r first pass is Foot/Ankle; Physical Therapy was not selected; Physical or Occupational date is not in the future; The rehabilitation is I diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Physical or Occupational therapy was selected; Physical or Occupationa	s listed; 06/08/2023; ays in the past; ly part; Body Part pass number of visits is litative; One Body Part and functional deficits: av with moderate loss of the patient's egion; Body Part for the patient's ected; Post-Op or Non- NOT related to a f Lymphedema.; all therapy was coupational therapy the speech therapy for the NOT New Apr-Jun 1 2023 2023
This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; Perform Body Parts, Second Pass; Second Pass check point; Body Part for first pass is not in options patient history in the past 90 days; Evaluation dates less than 90 days; Surgical; Foot/Ankle selected as the specific body part; Body Part pass about your Foot/Ankle request:; The anticipated number of visits is of more visits anticipated; Therapy type is Rehabilitative; One Body Part pass; Requestor is not a fax; Moderate objective and functional deficit and/or symptoms that are intensified with activity with moderate loss strength, or ability to perform daily tasks best describes the patient's of Lower Extremity/Hip selected as the body type/region; Body Part for Physical Therapy; Speech Therapy was not selected; The evaluation da The rehabilitation is NOT related to a diagnosis of cancer., The rehabilit to a diagnosis of Lymphedema.; Physical or Occupational therapy was Occupational therapy was Selected; Physical or Occupational therapy was Occupational therapy was selected; Physical or Occupational therapy to does not manage chiropractic but does manage speech therapy for the 4/1/2023 - Physical more areas, each 15 minutes; gait Physical therapy was requested; The health carrier is NOT New Hamps Physical therapy was requested	s listed; 6/6/2023; No in the past; Non- complete; Questions ther than 2.; Three or selected; No Second s: constant symptoms of range of motion, clinical presentation; rst pass is Foot/Ankle; te is not in the future; tation is NOT related selected; Physical or vas selected; Magellan e member's plan;

4/1/2023 -	A/1/2022	Physical	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request:; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested	1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
	, , ===			97116 Therapeutic procedure, 1 or	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 -	4/1/2022	Physical	Approval	more areas, each 15 minutes; gait	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	Physical therapy was requested	1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/12/2023; Post-Op; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023 4/1/202	Physical 3 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun 1 2023 2023
0/30/2023 4/1/202	5 0/3U/2U23 IVIEQICINE	Approvai	u aming (includes stair climbing)	Priysical therapy was requested	1 2023 2023
			97116 Therapeutic procedure, 1 or	This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/30/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/05/2023; Post-0p; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cancer.; The rehabilitation is NOT related to a diagnosi or Occupational therapy was selected; Physical or Occupatio	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	the member's plan; Physical therapy was requested; The health carrier is NOT New	Apr-Jun
6/30/2023 4/1/202 4/1/2023 -	3 6/30/2023 Medicine Physical	Approval	training (includes stair climbing) 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Hampshire Healthy Families; Physical therapy was requested This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request:; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request:; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of	1 2023 2023
6/30/2023 4/1/202	·	Approval	training (includes stair climbing)	habilitation = Rehabilitative; Physical therapy was requested	6 2023 2023
			,		

		This request is for the Ankle.; This is for an Open procedure; Body Part passes complete;	
		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
		point; Body Part for first pass is Knee; Body Part for second pass is not in options listed;	
		5/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
		past; Surgical; 12/6/2022; Post-Op; Knee selected as the specific body part; Foot/Ankle	
		selected as the specific body part; Body Part pass complete; Questions about your	
		Foot/Ankle request: ; Questions about your Knee request: ; The anticipated number of visits	
		is other than 2.; Three or more visits anticipated; The anticipated number of visits is other	
		than 2.; Post-Op; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass	
		Starting; Requestor is not a fax; Moderate objective and functional deficits: constant	
		symptoms and/or symptoms that are intensified with activity with moderate loss of range of	
		motion, strength, or ability to perform daily tasks best describes the patient's clinical	
		presentation; Severe objective and functional deficits: constant intense symptoms with	
		severe loss of range of motion, strength, or ability to perform daily tasks best describes the	
		patient's clinical presentation; Lower Extremity/Hip was selected as the first body	
		type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for	
		second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; Post-Op or	
		Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a	
		diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
		Physical or Occupational therapy was selected; Physical or Occupational therapy was	
		selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
		was selected; Physical or Occupational therapy was selected; Magellan does not manage	
	97116 Therapeutic procedure, 1 or	chiropractic but does manage speech therapy for the member's plan; Physical therapy was	
4/1/2023 - Physical	more areas, each 15 minutes; gait	requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval	training (includes stair climbing)	requested; Physical therapy was requested	1 2023 2023
6/30/2023 4/1/2023 6/30/2023 Medicine Approval	training (includes stail climbing)	This request is for the Ankle.; This request id for the Foot.; Body Part passes complete;	1 2023 2023
		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
		point; Body Part for first pass is not in options listed; Body Part for second pass is not in	
		options listed; 05/10/2023; No patient history in the past 90 days; Evaluation dates less than	
		90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle	
		selected as the specific body part; Body Part pass complete; Questions about your	
		Foot/Ankle request: ; Questions about your Foot/Ankle request: ; The anticipated number of	
		visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits	
		anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting;	
		Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with	
		minimal loss of range of motion, strength, or ability to perform daily tasks best describes the	
		patient's clinical presentation; Mild objective and functional deficits: sporadic symptoms	
		with minimal loss of range of motion, strength, or ability to perform daily tasks best	
		describes the patient's presentation; Lower Extremity/Hip was selected as the first body	
		type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for	
		first pass is Foot/Ankle; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech	
		Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT	
		related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
		Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
		therapy was selected; Physical or Occupational therapy was selected; Physical or	
		Occupational therapy was selected; Magellan does not manage chiropractic but does	
	97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 - Physical	more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval	training (includes stair climbing)	therapy was requested	1 2023 2023

					This request is for the Ankle.; This request id for the Foot.; Body Part passes complete;	
					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is not in options listed; Body Part for second pass is not in	
					options listed; 05/10/2023; No patient history in the past 90 days; Evaluation dates less than	
					90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle	
					selected as the specific body part; Body Part pass complete; Questions about your	
					Foot/Ankle request: ; Questions about your Foot/Ankle request: ; The anticipated number of	
					visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits	
					anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting;	
					Requestor is not a fax; Moderate objective and functional deficits: constant symptoms	
					and/or symptoms that are intensified with activity with moderate loss of range of motion,	
					strength, or ability to perform daily tasks best describes the patient's clinical presentation;	
					Moderate objective and functional deficits: constant symptoms and/or symptoms that are	
					intensified with activity with moderate loss of range of motion, strength, or ability to	
					perform daily tasks best describes the patient's presentation; Lower Extremity/Hip was	
					selected as the first body type/region; Lower Extremity/Hip selected as the second body	
					type/region; Body Part for first pass is Foot/Ankle; Body Part for second pass is Foot/Ankle;	
					Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
					The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
					to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
					or Occupational therapy was selected; Magellan does not manage chiropractic but does	
				97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
1/2023 -		Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jur
/30/2023	4/1/2023	6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023
					This request is for the Ankle.; This request id for the Foot.; Body Part passes complete;	
					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is not in options listed; Body Part for second pass is not in	
					options listed; 5/15/2023; No patient history in the past 90 days; Evaluation dates less than	
					90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle	
					selected as the specific body part; Body Part pass complete; Questions about your	
					Foot/Ankle request: ; Questions about your Foot/Ankle request: ; The anticipated number of	
					visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits	
					anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting;	
					Requestor is not a fax; Moderate objective and functional deficits: constant symptoms	
					and/or symptoms that are intensified with activity with moderate loss of range of motion,	
					strength, or ability to perform daily tasks best describes the patient's clinical presentation;	
					Moderate objective and functional deficits: constant symptoms and/or symptoms that are	
					intensified with activity with moderate loss of range of motion, strength, or ability to	
					perform daily tasks best describes the patient's presentation; Lower Extremity/Hip was	
					selected as the first body type/region; Lower Extremity/Hip selected as the second body	
					type/region; Body Part for first pass is Foot/Ankle; Body Part for second pass is Foot/Ankle;	
					Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
					The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
					to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
					or Occupational therapy was selected; Magellan does not manage chiropractic but does	
				97116 Therapeutic procedure, 1 or	manage speech therapy for the member's plan; Physical therapy was requested; The health	
		Physical		more areas, each 15 minutes; gait	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jur
/1/2023 - /30/2023		6/30/2023 Medicine	Approval	training (includes stair climbing)	therapy was requested	1 2023 2023

This request is for the Ankle.; This request id for the Foot; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2; The anticipated number of visits is other than 2; The anticipated number of visits is other than 2; The report pass (Second Pass Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Foot/Ankle; Body Part for second pass is Foot/Ankle; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of
point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 6/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Foot/Ankle; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT
options listed; 6/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; There or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Foot/Ankle; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT
90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Foot/Ankle; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT
selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Foot/Ankle; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT
Foot/Ankle request: ; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Foot/Ankle; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT
visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Foot/Ankle; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT
anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Foot/Ankle; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT
Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Foot/Ankle; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT
minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Foot/Ankle; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT
patient's clinical presentation; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Foot/Ankle; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT
with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Foot/Ankle; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT
describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Foot/Ankle; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT
type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Foot/Ankle; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT
first pass is Foot/Ankle; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT
first pass is Foot/Ankle; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT
Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT
Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational
therapy was selected; Physical or Occupational therapy was selected; Physical or
Occupational therapy was selected; Magellan does not manage chiropractic but does
97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health
4/1/2023 - Physical more areas, each 15 minutes; gait carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical Apr-II
6/30/2023 4/1/2023 6/30/2023 Medicine Approval training (includes stair climbing) therapy was requested 1 2023 2023
0/30/2023 4/2/2023 0/30/2023 included Approved training (includes state training)
This request is for the Ankle.; This request is for the Ankle.; Body Part passes complete;
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check
point; Body Part for first pass is not in options listed; Body Part for second pass is not in
options listed; 5/8/2023; No patient history in the past 90 days; Evaluation dates less than
90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle
selected as the specific body part; Body Part pass complete; Questions about your
Foot/Ankle request: ; Questions about your Foot/Ankle request: ; The anticipated number of
visits is other than 2.; The anticipated number of visits is other than 2.; Three or more visits
anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting;
Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms
with severe loss of range of motion, strength, or ability to perform daily tasks best describes
the patient's clinical presentation; Severe objective and functional deficits: constant intense
symptoms with severe loss of range of motion, strength, or ability to perform daily tasks
best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the
first body type/region; Lower Extremity/Hip selected as the second body type/region; Body
Part for first pass is Foot/Ankle; Body Part for second pass is Foot/Ankle; Physical Therapy;
Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation
is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of
Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational
therapy was selected; Physical or Occupational therapy was selected; Physical or
Occupational therapy was selected; Magellan does not manage chiropractic but does
97116 Therapeutic procedure, 1 or manage speech therapy for the member's plan; Physical therapy was requested; The health

4/1/2023 - 6/30/2023 4/	/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; This request is for the Ankle.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; Pirst Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 5/9/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request:; Questions about your Foot/Ankle request:; Questions about your Foot/Ankle request:; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Threapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity, are ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity, Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Foot/Ankle; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/	/1/2023	Physical 6/30/2023 Medicine	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	This request is for the Ankle.; This request is for the Ankle.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 6/1/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Foot/Ankle; Body Part for second pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of Cumphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	Apr-Jun 1 2023 2023
				97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to	01/19/2023; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 - 6/30/2023 4/	/1/2023	Physical 6/30/2023 Medicine	Approval	environmental demands, direct (one-on- one) patient contact, each 15 minutes	member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	01/20/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	01/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; PDMS # 2; 2%; Standardized tests document a deficit at or below the 10th percentile; Requestor is not a fax; Occupational Therapy; Occupational Therapy was requested; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Habilitative; Occupational Therapy was requested; The member is 1-4 years old.; Moderate to severe functional deficits supported by standardized assessments best describes the patient's presentation or goal of treatment; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT HMSA	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	01/30/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	2/8/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	03/03/2023; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	03/10/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	3/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/13/2023; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	03/15/2022; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 2 2023 2023

4/1/2023 - 6/30/2023 4/1/2	Physical 2023 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	03/16/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2	Physical 2023 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	03/17/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2	Physical 2023 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	3/22/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2	Physical 2023 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	3/27/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2	Physical 2023 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	3/28/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2	Physical	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	3/30/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2	Physical 2023 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	03/31/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2	Physical 2023 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	4/3/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/5/2023; Pre-Op; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Pre-Op; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2	Physical	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	04/04/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	04/05/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	04/07/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	4/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Descriptional therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	4/11/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	4/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/28/2023; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	4/12/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	4/13/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	4/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023

			07522 Company into motive to deal and		
			97533 Sensory integrative techniques		
			to enhance sensory processing and	4/17/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy;	
4/1/2022	Dhusiaal		promote adaptive responses to	The evaluation date is not in the future; Magellan does not manage chiropractic but does	A 1
4/1/2023 -	Physical Physical	A	environmental demands, direct (one-on-	manage speech therapy for the member's plan; Occupational Therapy was requested; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	health carrier is NOT New Hampshire Healthy Families	1 2023 2023
				4/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a	
			07522 Company integrative techniques		
			97533 Sensory integrative techniques	fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in	
			to enhance sensory processing and	the future; Physical or Occupational therapy was selected; Magellan does not manage	
4/1/2023 -	Dhusiaal		promote adaptive responses to	chiropractic but does manage speech therapy for the member's plan; Occupational Therapy	A mar Juan
6/30/2023 4/1/2023	Physical Phy	Annroyal	environmental demands, direct (one-on-	was selected; Occupational Therapy was requested; The health carrier is NOT New	Apr-Jun 1 2023 2023
0/30/2023 4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	Hampshire Healthy Families 4/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	1 2023 2023
				past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Neither	
				Pre-Op, Post-Op or Non-Surgical; Requestor is not a fax; Occupational Therapy; Speech	
				Therapy was not selected; The evaluation date is not in the future; The rehabilitation related	
			97533 Sensory integrative techniques	to a diagnosis of cancer.; Occupational Therapy was requested; Physical or Occupational	
			to enhance sensory processing and	the a diagnosis of cancer., Occupational Therapy was requested, Physical of Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not	
			promote adaptive responses to	manage chiropractic but does manage speech therapy for the member's plan; Occupational	
4/1/2023 -	Physical		environmental demands, direct (one-on-	Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	health carrier is NOT HMSA	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Wedicine	Арргочаг	one, patient contact, each 13 minutes	4/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	1 2023 2023
				past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative;	
				Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The	
				evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
			97533 Sensory integrative techniques	cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Occupational Therapy	
			to enhance sensory processing and	was requested; Physical or Occupational therapy was selected; Physical or Occupational	
			promote adaptive responses to	therapy was selected; Magellan does not manage chiropractic but does manage speech	
4/1/2023 -	Physical		environmental demands, direct (one-on-	therapy for the member's plan; Occupational Therapy was requested; The health carrier is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	NOT New Hampshire Healthy Families	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Wicalcine	Approvai	one) patient contact, each 13 minutes	4/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	1 2023 2023
				past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative;	
				Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The	
				evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
			97533 Sensory integrative techniques	cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Occupational Therapy	
			to enhance sensory processing and	was requested; Physical or Occupational therapy was selected; Physical or Occupational	
			promote adaptive responses to	therapy was selected; Magellan does not manage chiropractic but does manage speech	
4/1/2023 -	Physical		environmental demands, direct (one-on-	therapy for the member's plan; Occupational Therapy was requested; The health carrier is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	NOT New Hampshire Healthy Families	1 2023 2023
0,00,2020 1,1,2020	0/00/2020 Wicaremic	7.661.0101	one, padent contact, each 15 minutes	The Fred Humpstine Frediting Fullimes	1 2020 2020
			97533 Sensory integrative techniques		
			to enhance sensory processing and	04/20/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational	
			promote adaptive responses to	Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic	
4/1/2023 -	Physical		environmental demands, direct (one-on-	but does manage speech therapy for the member's plan; Occupational Therapy was	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	requested; The health carrier is NOT New Hampshire Healthy Families	1 2023 2023
-, - 5, 2025 ., 2, 2025	5,50,2525calcine	pp. 0 101	22, p.23.11 contact, cash 25 himates	04/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	1 2020 2020
				past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a	
			97533 Sensory integrative techniques	fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in	
			to enhance sensory processing and	the future; Physical or Occupational therapy was selected; Magellan does not manage	
			promote adaptive responses to	chiropractic but does manage speech therapy for the member's plan; Occupational Therapy	
4/1/2023 -	Physical		environmental demands, direct (one-on-	was selected; Occupational Therapy was requested; The health carrier is NOT New	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	Hampshire Healthy Families	1 2023 2023
5,55,2525 4,1,2025	3,30,2023 Wicdicine	. ipprovai	one, patient contact, cach 15 minutes	Tampame Teatry Furnites	1 2023 2023

					4/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a	
				97533 Sensory integrative techniques	fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in	
				, -		
				to enhance sensory processing and promote adaptive responses to	the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy	
4/1/2023 -		Physical		environmental demands, direct (one-on-	was selected; Occupational Therapy was requested; The health carrier is NOT New	Apr-Jun
1 ' '	4/1/2022	•	Annroyal	·		· ·
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	Hampshire Healthy Families 4/25/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	1 2023 2023
					past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative;	
					Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The	
					evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
				97533 Sensory integrative techniques	cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Occupational Therapy	
				to enhance sensory processing and	was requested; Physical or Occupational therapy was selected; Physical or Occupational	
				promote adaptive responses to	therapy was selected; Magellan does not manage chiropractic but does manage speech	
4/1/2023 -		Physical		environmental demands, direct (one-on-	therapy for the member's plan; Occupational Therapy was requested; The health carrier is	Apr-Jun
6/30/2023	4/1/2022	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	NOT New Hampshire Healthy Families	1 2023 2023
0/30/2023	4/1/2023	6/30/2023 Medicine	Арргочаг	one) patient contact, each 15 minutes	NOT New Hampshire Healthy Families	1 2023 2023
				97533 Sensory integrative techniques		
				to enhance sensory processing and	04/25/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational	
				promote adaptive responses to	Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic	
4/1/2023 -		Physical		environmental demands, direct (one-on-	but does manage speech therapy for the member's plan; Occupational Therapy was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	requested; The health carrier is NOT New Hampshire Healthy Families	1 2023 2023
0,00,2020	., 2, 2020	0/00/2020 11100101110	7 (pp. 0 va.	one, patient contact, each 25 minutes	4/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	1 2023 2023
					past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a	
				97533 Sensory integrative techniques	fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in	
				to enhance sensory processing and	the future; Physical or Occupational therapy was selected; Magellan does not manage	
				promote adaptive responses to	chiropractic but does manage speech therapy for the member's plan; Occupational Therapy	
4/1/2023 -		Physical		environmental demands, direct (one-on-	was selected; Occupational Therapy was requested; The health carrier is NOT New	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	Hampshire Healthy Families	1 2023 2023
		, ,		· ·	4/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
					past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative;	
					Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The	
					evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
				97533 Sensory integrative techniques	cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Occupational Therapy	
				to enhance sensory processing and	was requested; Physical or Occupational therapy was selected; Physical or Occupational	
				promote adaptive responses to	therapy was selected; Magellan does not manage chiropractic but does manage speech	
4/1/2023 -		Physical		environmental demands, direct (one-on-	therapy for the member's plan; Occupational Therapy was requested; The health carrier is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	NOT New Hampshire Healthy Families	1 2023 2023
					4/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
					past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative;	
					Requestor is not a fax; None of the above; Occupational Therapy; Speech Therapy was not	
					selected; The evaluation date is not in the future; The rehabilitation related to a diagnosis of	
				97533 Sensory integrative techniques	cancer.; Occupational Therapy was requested; Physical or Occupational therapy was	
				to enhance sensory processing and	selected; Physical or Occupational therapy was selected; Magellan does not manage	
				promote adaptive responses to	chiropractic but does manage speech therapy for the member's plan; Occupational Therapy	
4/1/2023 -		Physical		environmental demands, direct (one-on-	was requested; The health carrier is NOT New Hampshire Healthy Families; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	carrier is NOT HMSA	1 2023 2023
					4/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
					past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative;	
					Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The	
				97533 Sensory integrative techniques	evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.;	
				to enhance sensory processing and	Occupational Therapy was requested; Physical or Occupational therapy was selected;	
				promote adaptive responses to	Physical or Occupational therapy was selected; Magellan does not manage chiropractic but	
4/1/2023 -		Physical		environmental demands, direct (one-on-	does manage speech therapy for the member's plan; Occupational Therapy was requested;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	The health carrier is NOT New Hampshire Healthy Families	1 2023 2023

			97533 Sensory integrative techniques		
			to enhance sensory processing and	4/28/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy;	
			promote adaptive responses to	The evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		environmental demands, direct (one-on-	manage speech therapy for the member's plan; Occupational Therapy was requested; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	health carrier is NOT New Hampshire Healthy Families	1 2023 2023
				5/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
				past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a	
			97533 Sensory integrative techniques	fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in	
			to enhance sensory processing and	the future; Physical or Occupational therapy was selected; Magellan does not manage	
4/1/2022	Dhusiaal		promote adaptive responses to	chiropractic but does manage speech therapy for the member's plan; Occupational Therapy	Ame I
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	environmental demands, direct (one-on- one) patient contact, each 15 minutes	was selected; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Wiedicilie	Approvai	one) patient contact, each 13 minutes	5/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	1 2025 2025
				past; Non-Surgical; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a	
			97533 Sensory integrative techniques	fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in	
			to enhance sensory processing and	the future; Physical or Occupational therapy was selected; Magellan does not manage	
			promote adaptive responses to	chiropractic but does manage speech therapy for the member's plan; Occupational Therapy;	
4/1/2023 -	Physical		environmental demands, direct (one-on-	Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	Families	1 2023 2023
			97533 Sensory integrative techniques		
			to enhance sensory processing and	05/03/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational	
			promote adaptive responses to	Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic	
4/1/2023 -	Physical		environmental demands, direct (one-on-	but does manage speech therapy for the member's plan; Occupational Therapy was	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	requested; The health carrier is NOT New Hampshire Healthy Families	2 2023 2023
			97533 Sensory integrative techniques	5/0/0000 B 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
			to enhance sensory processing and	5/3/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy;	
4/1/2023 -	Physical		promote adaptive responses to environmental demands, direct (one-on-	The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The	Apr-Jun
6/30/2023 4/1/2023	,	Approval	one) patient contact, each 15 minutes	health carrier is NOT New Hampshire Healthy Families	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Wedicitie	Approvai	one) patient contact, each 13 minutes	Health Carrier is NOT New Hampshire Healthy Families	1 2023 2023
			97533 Sensory integrative techniques		
			to enhance sensory processing and	05/05/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational	
			promote adaptive responses to	Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic	
4/1/2023 -	Physical		environmental demands, direct (one-on-	but does manage speech therapy for the member's plan; Occupational Therapy was	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	requested; The health carrier is NOT New Hampshire Healthy Families	1 2023 2023
				5/8/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
				past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a	
			97533 Sensory integrative techniques	fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in	
			to enhance sensory processing and	the future; Physical or Occupational therapy was selected; Magellan does not manage	
			promote adaptive responses to	chiropractic but does manage speech therapy for the member's plan; Occupational Therapy	
4/1/2023 -	Physical		environmental demands, direct (one-on-	was selected; Occupational Therapy was requested; The health carrier is NOT New	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	Hampshire Healthy Families	1 2023 2023
				5/8/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
				past; Surgical; 4/24/2023; Post-Op; One visit anticipated; Therapy type is Rehabilitative;	
			97533 Sensory integrative techniques	Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was	
			to enhance sensory processing and	selected; Physical or Occupational therapy was selected; Magellan does not manage	
			promote adaptive responses to	chiropractic but does manage speech therapy for the member's plan; Occupational Therapy	
4/1/2023 -	Physical		environmental demands, direct (one-on-	was selected; Occupational Therapy was requested; The health carrier is NOT New	Apr-Jun
6/30/2023 4/1/2023	·	Approval	one) patient contact, each 15 minutes	Hampshire Healthy Families	1 2023 2023
-,,	-, -0, 2020 medicine	p. 0.00.	, p contact, cach 25 mmates		1 2020 2020

					5/8/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
					past; Therapy type is Habilitative; Pediatric Evaluation of Disability Inventory	
					(PEDI);Bruininks-Oseretsky Test of Motor Proficiency, Second Edition (BOT-2); 1%;	
					Standardized tests document a deficit at or below the 10th percentile; Requestor is not a fax;	
					Occupational Therapy; Occupational Therapy was requested; The evaluation date is not in	
					the future; Magellan does not manage chiropractic but does manage speech therapy for the	
				97533 Sensory integrative techniques	member's plan; Habilitative; Occupational Therapy was requested; The member is 5 years	
				to enhance sensory processing and	old or older.; Moderate to severe functional deficits supported by standardized assessments	
				promote adaptive responses to	best describes the patient's presentation or goal of treatment; The health carrier is NOT New	
4/1/2023 -		Physical		environmental demands, direct (one-on-	Hampshire Healthy Families; Physical or Occupational therapy was requested; The health	Apr-Jun
6/30/2023 4	/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	carrier is NOT HMSA	1 2023 2023
					5/9/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
					past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative;	
					Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The	
					evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
				97533 Sensory integrative techniques	cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Occupational Therapy	
				to enhance sensory processing and	was requested; Physical or Occupational therapy was selected; Physical or Occupational	
				promote adaptive responses to	therapy was selected; Magellan does not manage chiropractic but does manage speech	
4/1/2023 -		Physical		environmental demands, direct (one-on-	therapy for the member's plan; Occupational Therapy was requested; The health carrier is	Apr-Jun
6/30/2023 4	/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	NOT New Hampshire Healthy Families	1 2023 2023
0,00,2020	, 1, 2020	0,00,2020 11100101110	7 (pp. 010)	one, patient contact, each 25 minutes	TO THE WITH MANAGEMENT AND THE SECOND STATE OF	1 2023 2023
				97533 Sensory integrative techniques		
				to enhance sensory processing and	05/09/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational	
				promote adaptive responses to	Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic	
4/1/2023 -		Physical		environmental demands, direct (one-on-	but does manage speech therapy for the member's plan; Occupational Therapy was	Apr-Jun
6/30/2023 4	/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	requested; The health carrier is NOT New Hampshire Healthy Families	2 2023 2023
0/30/2023 4/	71/2023	0/30/2023 Wedicine	Арргочаг	one, patient contact, each 15 minutes	5/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	2 2023 2023
					past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative;	
					Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The	
					evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
				97533 Sensory integrative techniques	cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Occupational Therapy	
				to enhance sensory processing and	was requested; Physical or Occupational therapy was selected; Physical or Occupational	
				promote adaptive responses to	therapy was selected; Magellan does not manage chiropractic but does manage speech	
4/1/2023 -		Physical		·		Apr-Jun
6/30/2023 4	/1 /2022	6/30/2023 Medicine	Amazaral	environmental demands, direct (one-on-	therapy for the member's plan; Occupational Therapy was requested; The health carrier is	1 2023 2023
6/30/2023 4	/1/2023	6/30/2023 Wedicine	Approval	one) patient contact, each 15 minutes	NOT New Hampshire Healthy Families	1 2023 2023
					05/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
					past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative;	
				07522 Comment into another to sharing	Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The	
				97533 Sensory integrative techniques	evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.;	
				to enhance sensory processing and	Occupational Therapy was requested; Physical or Occupational therapy was selected;	
				promote adaptive responses to	Physical or Occupational therapy was selected; Magellan does not manage chiropractic but	
4/1/2023 -		Physical		environmental demands, direct (one-on-	does manage speech therapy for the member's plan; Occupational Therapy was requested;	Apr-Jun
6/30/2023 4	/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	The health carrier is NOT New Hampshire Healthy Families	1 2023 2023
					5/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
					past; Surgical; 4/23/2023; Post-Op; One visit anticipated; Therapy type is Rehabilitative;	
					Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Post-Op or	
				97533 Sensory integrative techniques	Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was	
				to enhance sensory processing and	selected; Physical or Occupational therapy was selected; Magellan does not manage	
				promote adaptive responses to	chiropractic but does manage speech therapy for the member's plan; Occupational Therapy	
4/1/2023 -		Physical		environmental demands, direct (one-on-	was selected; Occupational Therapy was requested; The health carrier is NOT New	Apr-Jun
6/30/2023 4	/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	Hampshire Healthy Families	1 2023 2023

					5/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
					past; Surgical; 4/26/2023; Post-Op; One visit anticipated; Therapy type is Rehabilitative;	
					Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Post-Op or	
				97533 Sensory integrative techniques	Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was	
				to enhance sensory processing and	selected; Physical or Occupational therapy was selected; Magellan does not manage	
				promote adaptive responses to	chiropractic but does manage speech therapy for the member's plan; Occupational Therapy	
4/1/2023 -		Physical		environmental demands, direct (one-on-	was selected; Occupational Therapy was requested; The health carrier is NOT New	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	Hampshire Healthy Families	1 2023 2023
					5/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
					past; Surgical; 05/26/2023; Pre-Op; Therapy type is Rehabilitative; Requestor is not a fax;	
				97533 Sensory integrative techniques	Occupational Therapy; Speech Therapy was not selected; Pre-Op; The evaluation date is not	
				to enhance sensory processing and	in the future; Physical or Occupational therapy was selected; Magellan does not manage	
				promote adaptive responses to	chiropractic but does manage speech therapy for the member's plan; Occupational Therapy;	
4/1/2023 -		Physical		environmental demands, direct (one-on-	Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	Families	1 2023 2023
					5/16/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
					past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative;	
					Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The	
					evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
				97533 Sensory integrative techniques	cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Occupational Therapy	
				to enhance sensory processing and	was requested; Physical or Occupational therapy was selected; Physical or Occupational	
				promote adaptive responses to	therapy was selected; Magellan does not manage chiropractic but does manage speech	
4/1/2023 -		Physical		environmental demands, direct (one-on-	therapy for the member's plan; Occupational Therapy was requested; The health carrier is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	NOT New Hampshire Healthy Families	1 2023 2023
.,,		.,,		, ,	05/16/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
					past; Therapy type is Habilitative; Child Sensory Profile 2;OT Complexity Table; Peabody	
					Developmental Motor Scales-Second Edition (PDMS-2);Pediatric Evaluation of Disability	
					Inventory (PEDI); ; Standardized tests document a deficit at or below the 10th percentile;	
					Requestor is not a fax; Occupational Therapy; Occupational Therapy was requested; The	
					evaluation date is not in the future; Magellan does not manage chiropractic but does	
				97533 Sensory integrative techniques	manage speech therapy for the member's plan; Habilitative; Occupational Therapy was	
				to enhance sensory processing and	requested; The member is 1-4 years old.; Moderate to severe functional deficits supported	
				promote adaptive responses to	by standardized assessments best describes the patient's presentation or goal of treatment;	
4/1/2023 -		Physical		environmental demands, direct (one-on-	The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	was requested; The health carrier is NOT HMSA	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Wedicine	Approvar	one) patient contact, each 15 minutes	5/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	1 2023 2023
					past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a	
				97533 Sensory integrative techniques	fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in	
				to enhance sensory processing and	the future; Physical or Occupational therapy was selected; Magellan does not manage	
				promote adaptive responses to	chiropractic but does manage speech therapy for the member's plan; Occupational Therapy	
4/1/2023 -		Physical		environmental demands, direct (one-on-	was selected; Occupational Therapy was requested; The health carrier is NOT New	Apr-Jun
6/30/2023	4/1/2022	•	Annroyal	· · · · · · · · · · · · · · · · · · ·		1 2023 2023
0/30/2023	4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	Hampshire Healthy Families 5/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	1 2023 2023
					past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative;	
					Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The	
				07E22 Conconsintogrative techniques	evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
				97533 Sensory integrative techniques	cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Occupational Therapy	
				to enhance sensory processing and	was requested; Physical or Occupational therapy was selected; Physical or Occupational	
4/4/2022		Dh		promote adaptive responses to	therapy was selected; Magellan does not manage chiropractic but does manage speech	A 1
4/1/2023 -	. /. /	Physical		environmental demands, direct (one-on-	therapy for the member's plan; Occupational Therapy was requested; The health carrier is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	NOT New Hampshire Healthy Families	1 2023 2023

				5/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
				past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative;	
				Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The	
				evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
			97533 Sensory integrative techniques	cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Occupational Therapy	
			to enhance sensory processing and	was requested; Physical or Occupational therapy was selected; Physical or Occupational	
			promote adaptive responses to	therapy was selected; Magellan does not manage chiropractic but does manage speech	
4/1/2023 -	Physical		environmental demands, direct (one-on-	therapy for the member's plan; Occupational Therapy was requested; The health carrier is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	NOT New Hampshire Healthy Families	1 2023 2023
			97533 Sensory integrative techniques		
			to enhance sensory processing and	5/22/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy;	
			promote adaptive responses to	The evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		environmental demands, direct (one-on-	manage speech therapy for the member's plan; Occupational Therapy was requested; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	health carrier is NOT New Hampshire Healthy Families	3 2023 2023
0,00,000	2,00,000		, p	5/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
				past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a	
			97533 Sensory integrative techniques	fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in	
			to enhance sensory processing and	the future; Physical or Occupational therapy was selected; Magellan does not manage	
			promote adaptive responses to	chiropractic but does manage speech therapy for the member's plan; Occupational Therapy	
4/1/2023 -	Physical		environmental demands, direct (one-on-	was selected; Occupational Therapy was requested; The health carrier is NOT New	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Annroyal	one) patient contact, each 15 minutes	Hampshire Healthy Families	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Medicine	Approval	one) patient contact, each 15 innutes	5/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	1 2025 2025
				past; Surgical; 5/12/2023; Post-Op; One visit anticipated; Therapy type is Rehabilitative;	
				Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Post-Op or	
			97533 Sensory integrative techniques	Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was	
			to enhance sensory processing and	selected; Physical or Occupational therapy was selected; Magellan does not manage	
			promote adaptive responses to	chiropractic but does manage speech therapy for the member's plan; Occupational Therapy	
4/1/2023 -	Physical		environmental demands, direct (one-on-	was selected; Occupational Therapy was requested; The health carrier is NOT New	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	Hampshire Healthy Families	1 2023 2023
			97533 Sensory integrative techniques		
			to enhance sensory processing and	5/23/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy;	
			promote adaptive responses to	The evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		environmental demands, direct (one-on-	manage speech therapy for the member's plan; Occupational Therapy was requested; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	health carrier is NOT New Hampshire Healthy Families	1 2023 2023
				5/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
				past; Surgical; 5/11/2023; Post-Op; Two visits anticipated; Therapy type is Rehabilitative;	
				Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Post-Op or	
			97533 Sensory integrative techniques	Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was	
			to enhance sensory processing and	selected; Physical or Occupational therapy was selected; Magellan does not manage	
			promote adaptive responses to	chiropractic but does manage speech therapy for the member's plan; Occupational Therapy;	
4/1/2023 -	Physical		environmental demands, direct (one-on-	Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	Families	1 2023 2023
-,,	3/30/2023 Wicalcille	pp. 5401	zz, patient contact, each 25 minutes	· •·····	1 2023 2023
			97533 Sensory integrative techniques		
			to enhance sensory processing and	5/25/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy;	
			promote adaptive responses to	The evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		·	manage speech therapy for the member's plan; Occupational Therapy was requested; The	Apr lun
6/30/2023 4/1/2023	Physical	Approval	environmental demands, direct (one-on-		Apr-Jun 1 2023 2023
0/30/2023 4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	health carrier is NOT New Hampshire Healthy Families	1 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine Appr	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on- roval one) patient contact, each 15 minutes	5/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine Appr	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on- one) patient contact, each 15 minutes	5/30/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine Appr	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on- roval one) patient contact, each 15 minutes	5/31/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine Appr	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	06/01/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine Appr	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on- roval one) patient contact, each 15 minutes	6/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine Appr	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-roval one) patient contact, each 15 minutes	06/02/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine Appr	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on- roval one) patient contact, each 15 minutes	6/5/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine Appr	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on- roval one) patient contact, each 15 minutes	6/6/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	6/6/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/24/2023; Post-Op; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	6/6/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	6/8/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	6/9/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	06/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06-08-2023; Post-Op; Two visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	6/13/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	06/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; Brief 2; 98%; Standardized tests document a deficit at or below the 10th percentile; Requestor is not a fax; Occupational Therapy; Occupational Therapy was requested; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Habilitative; Occupational Therapy was requested; The member is 5 years old or older.; Moderate to severe functional deficits supported by standardized assessments best describes the patient's presentation or goal of treatment; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT HMSA	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	6/14/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023 4/	./1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	6/16/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/	./1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	6/21/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/	./1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	06/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/		Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	6/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/		Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	6/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/01/2014; Post-Op; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation related to a diagnosis of cancer.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/		Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	06/26/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families 6/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/	./1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2022	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	6/30/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023
4/1/2023 -	4/1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on- one) patient contact, each 15 minutes	hampsine relatify rainines 6/30/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023
4/1/2023 -	4/1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on- one) patient contact, each 15 minutes	07/12/2022; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	08/25/2022; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	09/20/2022; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	12/23/2022; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023

					Body Part passes complete; Perform Body Part selection; First Pass; Second Pass check point;	
					Body Part for first pass is Wrist; Body Part for second pass is Thoracic Spine/Chest;	
					05/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
					past; Non-Surgical; Questions about your Thoracic Spine/Chest request.; Questions about	
					your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is	
					other than 2.; The anticipated number of visits is other than 2.; Therapy type is	
					Rehabilitative; Second Pass Starting; Requestor is not a fax; Mild or moderate functional	
					deficits due to thoracic/lumbar impairments with distal symptoms best describes the	
					patient's clinical presentation; Moderate objective and functional deficits: constant	
					symptoms and/or symptoms that are intensified with activity with moderate loss of range of	
					motion, strength, or ability to perform daily tasks best describes the patient presentation;	
					Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the	
					future; The rehabilitation related to a diagnosis of cancer.; Occupational Therapy was	
				97533 Sensory integrative techniques	requested; Physical or Occupational therapy was selected; Physical or Occupational therapy	
				to enhance sensory processing and	was selected; Magellan does not manage chiropractic but does manage speech therapy for	
				promote adaptive responses to	the member's plan; Occupational Therapy was requested; The health carrier is NOT New	
4/1/2023 -		Physical		environmental demands, direct (one-on-	Hampshire Healthy Families; Occupational Therapy was requested; Occupational Therapy	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	was requested; The health carrier is NOT HMSA; The health carrier is NOT HMSA	1 2023 2023
					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is Elbow; Body Part for second pass is	
					Hand; 5/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in	
					the past; Non-Surgical; Elbow selected as the specific body part; Hand selected as the	
					specific body part; Body Part pass complete; Questions about your Hand request: ;	
					Questions about your Elbow request: ; Three or more visits anticipated; The anticipated	
					number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of	
					visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax;	
					Severe objective and functional deficits: constant intense symptoms with severe loss of	
					range of motion, strength, or ability to perform daily tasks best describes the patient's	
					presentation; Severe objective and functional deficits: constant intense symptoms with	
					severe loss of range of motion, strength, or ability to perform daily tasks best describes the	
					patient's presentation; Upper Extremity was selected as the first body type/region; Upper	
					Extremity selected as the second body type/region; Occupational Therapy; Speech Therapy	
					was not selected; The evaluation date is not in the future; The rehabilitation is NOT related	
					to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
				075000	Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				97533 Sensory integrative techniques	selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
				to enhance sensory processing and	was selected; Magellan does not manage chiropractic but does manage speech therapy for	
4/4/2022		Discort 1		promote adaptive responses to	the member's plan; Occupational Therapy was requested; The health carrier is NOT New	A
4/1/2023 -	4/4/2022	Physical	A	environmental demands, direct (one-on-	Hampshire Healthy Families; Occupational Therapy was requested; Occupational Therapy	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	was requested; The health carrier is NOT HMSA; The health carrier is NOT HMSA	1 2023 2023

					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is Elbow; Body Part for second pass is	
					not in options listed; 05/16/2023; No patient history in the past 90 days; Evaluation dates	
					less than 90 days in the past; Surgical; 02/27/2023; Post-Op; Elbow selected as the specific	
					body part; Body Part pass complete; Questions about your Elbow request: ; Three or more	
					visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other	
					than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe	
					objective and functional deficits: constant intense symptoms with severe loss of range of	
					motion, strength, or ability to perform daily tasks best describes the patient's presentation;	
					Upper Extremity was selected as the first body type/region; Fracture was selected as the	
					second body type/region; Body Part for second pass is Fracture; Occupational Therapy;	
					Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the	
					future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT	
					related to a diagnosis of Lymphedema.; You will now be asked some questions about your	
					fracture request.; Post surgical upper or lower limb (extremities) best describes the patient's	
					presentation.; Physical or Occupational therapy was selected; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Physical or	
				97533 Sensory integrative techniques	Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
				to enhance sensory processing and	does not manage chiropractic but does manage speech therapy for the member's plan;	
				promote adaptive responses to	Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy	
4/1/2023 -		Physical		environmental demands, direct (one-on-	Families; Occupational Therapy was requested; Occupational Therapy was requested; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	health carrier is NOT HMSA; The health carrier is NOT HMSA	1 2023 2023
-,,	., _,	0,00,202000	· · · p p · · · · · · ·	2, p	· · · · · · · · · · · · · · · · · · ·	
					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is Elbow; Body Part for second pass is	
					Wrist; 5/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in	
					the past; Non-Surgical; Elbow selected as the specific body part; Wrist selected as the	
					specific body part; Body Part pass complete; Questions about your Wrist request: ;	
					Questions about your Elbow request: ; Three or more visits anticipated; The anticipated	
					number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of	
					visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide	
					details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate objective and	
					functional deficits: constant symptoms and/or symptoms that are intensified with activity	
					with moderate loss of range of motion, strength, or ability to perform daily tasks best	
					describes the patient's presentation; Moderate objective and functional deficits: constant	
					symptoms and/or symptoms that are intensified with activity with moderate loss of range of	
					motion, strength, or ability to perform daily tasks best describes the patient presentation;	
					Upper Extremity was selected as the first body type/region; Upper Extremity selected as the	
					second body type/region; Occupational Therapy; Speech Therapy was not selected; The	
					evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
					cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
				97533 Sensory integrative techniques	or Occupational therapy was selected; Physical or Occupational therapy was selected;	
				to enhance sensory processing and	Magellan does not manage chiropractic but does manage speech therapy for the member's	
				promote adaptive responses to	plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire	
4/4/2022		Physical		environmental demands, direct (one-on-	Healthy Families; Occupational Therapy was requested; Occupational Therapy was	Apr-Jun
4/1/2023 -						

Body Part passec complete, Perform Body Part selection, Perform Body Part	d pass is 0 days in ist 0 days in ist Urist ine cipated questor is severe imptoms escribes in, Upper iherapy the ted to a or
in the past; Surgical; 3/7/2023; Post-Op; Hand selected as the specific body part; Elb selected as the specific body part; Body Part pass complete; Questions about your H request: ; Questions about your Elbow request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Req not a fax; Moderate objective and functional deficits: constant symptoms and/or syr that are intensified with activity with moderate loss of range of motion, strength, or to perform daily tasks best describes the patient's presentation; Moderate objective functional deficits: constant symptoms and/or symptoms that are intensified with activated.	ow and ne cipated questor is mptoms ability and ctivity
describes the patient's presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physic	al date is al Physical oes
4/1/2023 - Physical environmental demands, direct (one-on-ongular default one) requested; Occupational Therapy was requested; The health carrier is NOT HMSA; TI 6/30/2023 4/1/2023 6/30/2023 Medicine Approval one) patient contact, each 15 minutes health carrier is NOT HMSA	he Apr-Jun 1 2023 2023

Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is	
Elbow; 6/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days	
in the past; Surgical; 6/8/2023; Post-Op; Hand selected as the specific body part; Elbow	
selected as the specific body part; Body Part pass complete; Questions about your Hand	
request: ; Questions about your Elbow request: ; Three or more visits anticipated; The	
anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated	
number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected -	
provide details on the top 2; Second Pass Starting; Requestor is not a fax; Moderate	
objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily	
tasks best describes the patient's presentation; Severe objective and functional deficits:	
constant intense symptoms with severe loss of range of motion, strength, or ability to	
perform daily tasks best describes the patient's presentation; Upper Extremity was selected	
as the first body type/region; Upper Extremity selected as the second body type/region;	
Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The	
evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
or Occupational therapy was selected; Physical or Occupational therapy was selected;	
97533 Sensory integrative techniques Physical or Occupational therapy was selected; Magellan does not manage chiropractic but	
to enhance sensory processing and does manage speech therapy for the member's plan; Occupational Therapy was requested;	
promote adaptive responses to The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was	
4/1/2023 - Physical environmental demands, direct (one-on-requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval one) patient contact, each 15 minutes health carrier is NOT HMSA	1 2023 2023
Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	1 2023 2023
Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is	
Hand; 04/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days	
in the past; Non-Surgical; Hand selected as the specific body part; Hand selected as the	
specific body part; Body Part pass complete; Questions about your Hand request: ;	
Questions about your Hand request: ; Three or more visits anticipated; The anticipated	
number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy	
type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide	
details on the top 2; Second Pass Starting; Requestor is not a fax; Severe objective and	
functional deficits: constant intense symptoms with severe loss of range of motion, strength,	
or ability to perform daily tasks best describes the patient's presentation; Severe objective	
and functional deficits: constant intense symptoms with severe loss of range of motion,	
strength, or ability to perform daily tasks best describes the patient's presentation; Upper	
Extremity was selected as the first body type/region; Upper Extremity selected as the second	
body type/region; Occupational Therapy, Speech Therapy was not selected; The evaluation	
date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The	
rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
therapy was selected; Physical or Occupational therapy was selected; Physical or	
97533 Sensory integrative techniques Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
to enhance sensory processing and does not manage chiropractic but does manage speech therapy for the member's plan;	
promote adaptive responses to Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy	
4/1/2023 - Physical environmental demands, direct (one-on-Families; Occupational Therapy was requested; The	Apr-Jun
	1 2023 2023

					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Wrist; 4/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Wrist selected as the specific body part; Body Part pass complete; Questions about your Hand request:; Questions about your Wrist request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant deficits: constant symptoms and/or symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Cuppational therapy was selected; Physical or Occupational therapy was selected; Physical or	
				97533 Sensory integrative techniques	Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does	
				to enhance sensory processing and	manage speech therapy for the member's plan; Occupational Therapy was requested; The	
4/1/2023 -		Physical		promote adaptive responses to environmental demands, direct (one-on-	health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	health carrier is NOT HMSA	1 2023 2023
					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Hip/Pelvic; 04/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Knee request:;	
					Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was	
					selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; The hip	
					is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength,	
					or ability to perform daily tasks best describes the patient's presentation best describes th; Moderate objective and functional deficits: constant symptoms and/or symptoms that are	
					intensified with activity with moderate loss of range of motion, strength, or ability to	
					perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body	
					type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is	
					not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Physical or	
				97533 Sensory integrative techniques	Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
				to enhance sensory processing and promote adaptive responses to	does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy	
4/1/2023 -		Physical		environmental demands, direct (one-on-	Families; Occupational Therapy was requested, The health Carner is NOT New Hampshire Healthy Families; Occupational Therapy was requested; Occupational Therapy was requested; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	health carrier is NOT HMSA; The health carrier is NOT HMSA	1 2023 2023

					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	
					pass is Knee; 3/29/2023; No patient history in the past 90 days; Evaluation dates less than 90	
					days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Knee	
					selected as the specific body part; Body Part pass complete; Questions about your Knee	
					request: ; Questions about your Lumbar Spine request: ; Three or more visits anticipated;	
					The anticipated number of visits is other than 2.; Non-Surgical; The anticipated number of	
					visits is other than 2.; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body	
					Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a	
					fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of	
					motion, strength, or ability to perform daily tasks best describes the patient's clinical	
					presentation; Mild or moderate functional deficits due to lumbopelvic impairments without	
					distal symptom best describes the patient's clinical presentation; Spine/Chest was selected	
					as the first body type/region; Lower Extremity/Hip selected as the second body type/region;	
					Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the	
					future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT	
					related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				97533 Sensory integrative techniques	selected; Physical or Occupational therapy was selected; Magellan does not manage	
				to enhance sensory processing and	chiropractic but does manage speech therapy for the member's plan; Occupational Therapy	
				promote adaptive responses to	was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational	
4/1/2023 -		Physical		environmental demands, direct (one-on-	Therapy was requested; Occupational Therapy was requested; The health carrier is NOT	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	HMSA; The health carrier is NOT HMSA	1 2023 2023
					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second	
					pass is Thoracic Spine/Chest; 5/30/2023; No patient history in the past 90 days; Evaluation	
					dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body	
					part; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete;	
					Questions about your Lumbar Spine request: ; Questions about your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated number of visits is other than 2.;	
					The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body	
					Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate functional	
					deficits due to lumbopelvic impairments with distal symptoms best describes the patient's	
					clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar	
					impairments without distal symptoms best describes the patient's clinical presentation;	
					Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second	
					body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation	
					date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The	
					rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Physical or	
				97533 Sensory integrative techniques	Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
				to enhance sensory processing and	does not manage chiropractic but does manage speech therapy for the member's plan;	
				promote adaptive responses to	Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy	
4/1/2023 -		Physical		environmental demands, direct (one-on-	Families; Occupational Therapy was requested; Occupational Therapy was requested; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	health carrier is NOT HMSA; The health carrier is NOT HMSA	1 2023 2023
	, -,	.,,	FF	, ,	y members entre content of the	

					Dedu Destruction and the Desferon Destruction Desferon Destruction Desferon Destruction	
					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
					second pass is Lumbar Spine; 6/7/2023; No patient history in the past 90 days; Evaluation	
					dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body	
					part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions	
					about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The	
					anticipated number of visits is other than 2.; Three or more visits anticipated; The	
					anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts	
					selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional	
					deficits: constant symptoms and/or symptoms that are intensified with activity with	
					moderate loss of range of motion, strength, or ability to perform daily tasks best describes	
					the patient presentation; Severe functional deficits due to lumbopelvic impairments with or	
					without distal symptoms best describes the patient's clinical presentation; Lower	
					Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second	
					body type/region; Body Part for first pass is Lower Leg; Occupational Therapy; Speech	
					Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT	
					related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
					Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Physical or	
				97533 Sensory integrative techniques	Occupational therapy was selected; Magellan does not manage chiropractic but does	
				to enhance sensory processing and	manage speech therapy for the member's plan; Occupational Therapy was requested; The	
				promote adaptive responses to	health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was	
4/1/2023 -		Physical		environmental demands, direct (one-on-	requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	health carrier is NOT HMSA	1 2023 2023
					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
					second pass is not in options listed; 06/13/2023; No patient history in the past 90 days;	
					Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three	
					or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second	
					Pass Starting; Requestor is not a fax; The requesting provider is other than Physical Therapy	
					or Occupational Therapy; The requesting provider is other than Physical Therapy or	
					Occupational Therapy; The patient was previously independent with mobility and now	
					requires human assistance and/or an assistive device to walk and/or transfer; The patient	
					was previously independent with mobility and now requires human assistance and/or an	
					assistive device to walk and/or transfer; The anticipated number of visits is other than 2.;	
					The anticipated number of visits is other than 2.; Gait, Balance and Falls was selected as the	
					first body type/region; Gait, Balance and Falls was selected as the second body type/region;	
					Body Part for first pass is Gait/Balance; Body Part for second pass is Gait/Balance;	
					Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the	
					for the Comment of The Comment of Comment of The Comment of The	
					future; Occupational Therapy was reaquested; Occupational Therapy was reaquested; The	
					rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
				97533 Sensory integrative techniques	rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
				97533 Sensory integrative techniques to enhance sensory processing and	rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
					rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
4/1/2023 -		Physical		to enhance sensory processing and	rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does	Apr-Jun
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	to enhance sensory processing and promote adaptive responses to	rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	environmental demands, direct (one-on- one) patient contact, each 15 minutes	Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT HMSA	Apr-Jun 2 2023 2023
4/4/2025		n		promote adaptive responses to	retrieved, type of habilitation = Rehabilitative; Occupational Therapy was requested;	
				to enhance sensory processing and	member's plan does not require the collection of start and end dates; Previous auth data	
				97533 Sensory integrative techniques	or Occupational therapy was selected; Physical or Occupational therapy was selected; The	
					anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical	
					anticipated; The previous auth did not address any body parts; Three or more visits	
					first pass is Lower Leg; Body Part for second pass is Lower Leg; Three or more visits	
					type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for	
					best describes the patient presentation; Lower Extremity/Hip was selected as the first body	
					symptoms with severe loss of range of motion, strength, or ability to perform daily tasks	
					the patient presentation; Severe objective and functional deficits: constant intense	
					with severe loss of range of motion, strength, or ability to perform daily tasks best describes	
					Second Pass Starting; Severe objective and functional deficits: constant intense symptoms	
					other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected;	
					request: ; Questions about your Lower Leg request: ; The anticipated number of visits is	
					selected as the specific body part; Body Part pass complete; Questions about your Lower Leg	
					second pass is not in options listed; Lower Leg selected as the specific body part; Lower Leg	
					Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
-,,	, -,	., .,	P.F		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	NOT HMSA	1 2023 2023
4/1/2023 -		Physical		environmental demands, direct (one-on-	Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is	Apr-Jun
				promote adaptive responses to	retrieved, type of habilitation = Rehabilitative; Occupational Therapy was requested;	
				to enhance sensory processing and	member's plan does not require the collection of start and end dates; Previous auth data	
				97533 Sensory integrative techniques	or Occupational therapy was selected; Physical or Occupational therapy was selected; The	
					anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical	
					first pass is Lower Leg; Body Part for second pass is Lower Leg; Three or more visits	
					type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for	
					best describes the patient presentation; Lower Extremity/Hip was selected as the first body	
					activity with moderate loss of range of motion, strength, or ability to perform daily tasks	
					and functional deficits: constant symptoms and/or symptoms that are intensified with	
					or ability to perform daily tasks best describes the patient presentation; Moderate objective	
					symptoms that are intensified with activity with moderate loss of range of motion, strength,	
					Second Pass Starting; Moderate objective and functional deficits: constant symptoms and/or	
					other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected;	
					request: ; Questions about your Lower Leg request: ; The anticipated number of visits is	
					selected as the specific body part; Body Part pass complete; Questions about your Lower Leg	
					second pass is not in options listed; Lower Leg selected as the specific body part; Lower Leg	
					Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	

					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
					second pass is Shoulder; 6/26/2023; No patient history in the past 90 days; Evaluation dates	
					less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body	
					Part pass complete; Questions about your Shoulder request: ; Questions about your	
					Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-	
					Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is	
					other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the	
					top 2; Second Pass Starting; Requestor is not a fax; Severe functional deficits due to cervical	
					impairments with or without distal symptoms best describes the patient's clinical	
					presentation; Severe objective and functional deficits without instability: constant symptoms	
					and/or symptoms that are intensified with activity with moderate loss of range of motion,	
					strength, or ability to perform daily tasks best describes the patient's clinical pre; Head/Neck	
					was selected as the first body type/region; Upper Extremity selected as the second body	
					type/region; Body Part for first pass is Head/Neck; Occupational Therapy; Speech Therapy	
					was not selected; The evaluation date is not in the future; The rehabilitation is NOT related	
					to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
				07522 Comment into most in the design of	Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				97533 Sensory integrative techniques	selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
				to enhance sensory processing and	was selected; Magellan does not manage chiropractic but does manage speech therapy for	
. /. /2022		51 1		promote adaptive responses to	the member's plan; Occupational Therapy was requested; The health carrier is NOT New	
4/1/2023 -	. /. /2022	Physical Physical		environmental demands, direct (one-on-	Hampshire Healthy Families; Occupational Therapy was requested; Occupational Therapy	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	was requested; The health carrier is NOT HMSA; The health carrier is NOT HMSA	1 2023 2023
					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass	
					is Elbow; 4/4/2023; No patient history in the past 90 days; Evaluation dates less than 90 days	
					in the past; Non-Surgical; Shoulder selected as the specific body part; Elbow selected as the	
					specific body part; Body Part pass complete; Questions about your Elbow request: ;	
					Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is	
					Rehabilitative; The anticipated number of visits is other than 2.; Non-Surgical; The	
					anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting;	
					Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms	
					with severe loss of range of motion, strength, or ability to perform daily tasks best describes	
					the patient's presentation; Severe objective and functional deficits with instability: constant	
					or intense symptoms with severe loss of range of motion, strength, or ability to perform	
					daily tasks best describes the patient's clinical presentation; the light, or ability was selected	
					as the first body type/region; Upper Extremity selected as the second body type/region;	
					Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the	
					future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT	
					related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
				07522 Comment into each inches had a large	Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				97533 Sensory integrative techniques	selected; Physical or Occupational therapy was selected; Magellan does not manage	
				to enhance sensory processing and	chiropractic but does manage speech therapy for the member's plan; Occupational Therapy	
				promote adaptive responses to	was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational	
4/1/2023 - 6/30/2023	. /. /	Physical 6/30/2023 Medicine	Approval	environmental demands, direct (one-on- one) patient contact, each 15 minutes	Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT HMSA	Apr-Jun 1 2023 2023

		Dedu Deduces a consiste Designary De	
		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
		Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass	
		is Elbow; 4/14/2023; No patient history in the past 90 days; Evaluation dates less than 90	
		days in the past; Non-Surgical; Shoulder selected as the specific body part; Elbow selected as	
		the specific body part; Body Part pass complete; Questions about your Elbow request: ;	
		Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is	
		Rehabilitative; The anticipated number of visits is other than 2.; Non-Surgical; The	
		anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was	
		selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax;	
		Moderate objective and functional deficits: constant symptoms and/or symptoms that are	
		intensified with activity with moderate loss of range of motion, strength, or ability to	
		perform daily tasks best describes the patient's presentation; Severe objective and	
		functional deficits without instability: constant symptoms and/or symptoms that are	
		intensified with activity with moderate loss of range of motion, strength, or ability to	
		perform daily tasks best describes the patient's clinical pre; Upper Extremity was selected as	
		the first body type/region; Upper Extremity selected as the second body type/region;	
		Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the	
		future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT	
		related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
		Physical or Occupational therapy was selected; Physical or Occupational therapy was	
	97533 Sensory integrative techniques	selected; Physical or Occupational therapy was selected; Magellan does not manage	
	to enhance sensory processing and	chiropractic but does manage speech therapy for the member's plan; Occupational Therapy	
	promote adaptive responses to	was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational	
4/1/2023 - Physical	environmental demands, direct (one-on-	Therapy was requested; Occupational Therapy was requested; The health carrier is NOT	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine	Approval one) patient contact, each 15 minutes	HMSA; The health carrier is NOT HMSA	1 2023 2023
		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
		Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass	
		is Elbow; 6/19/2023; No patient history in the past 90 days; Evaluation dates less than 90	
		days in the past; Non-Surgical; Shoulder selected as the specific body part; Elbow selected as	
		the specific body part; Body Part pass complete; Questions about your Elbow request: ;	
		Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is	
		Rehabilitative; The anticipated number of visits is other than 2.; Non-Surgical; The	
		anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting;	
		Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms	
		with severe loss of range of motion, strength, or ability to perform daily tasks best describes	
		the patient's presentation; Severe objective and functional deficits with instability: constant	
		or intense symptoms with severe loss of range of motion, strength, or ability to perform	
		daily tasks best describes the patient's clinical presentation; Upper Extremity was selected	
		as the first body type/region; Upper Extremity selected as the second body type/region;	
		Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the	
		future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT	
		related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
	07522 Company links marking ()	Physical or Occupational therapy was selected; Physical or Occupational therapy was	
	97533 Sensory integrative techniques	selected; Physical or Occupational therapy was selected; Magellan does not manage	
	to enhance sensory processing and	chiropractic but does manage speech therapy for the member's plan; Occupational Therapy	
-14 (0000	promote adaptive responses to	was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational	
4/1/2023 - Physical			
6/30/2023 4/1/2023 6/30/2023 Medicine	environmental demands, direct (one-on- Approval one) patient contact, each 15 minutes	Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT HMSA	Apr-Jun 1 2023 2023

					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass	
					is not in options listed; 3/22/2023; No patient history in the past 90 days; Evaluation dates	
					less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body	
					Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-	
					Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is	
					other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe	
					functional deficits due to cervical impairments with or without distal symptoms best	
					describes the patient's clinical presentation; Severe objective and functional deficits without	
					instability: constant symptoms and/or symptoms that are intensified with activity with	
					moderate loss of range of motion, strength, or ability to perform daily tasks best describes	
					the patient's clinical pre; Upper Extremity was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is	
					Head/Neck; Occupational Therapy; Speech Therapy was not selected; The evaluation date is	
					not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The	
					rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
					therapy was selected; Physical or Occupational therapy was selected; Physical or	
				97533 Sensory integrative techniques	Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
				to enhance sensory processing and	does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 -		Physical		promote adaptive responses to environmental demands, direct (one-on-	Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; Occupational Therapy was requested; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	health carrier is NOT HMSA; The health carrier is NOT HMSA	1 2023 2023
				·	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass	
					is not in options listed; 4/4/2023; No patient history in the past 90 days; Evaluation dates	
					less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your	
					Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-	
					Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is	
					other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe	
					functional deficits due to cervical impairments with or without distal symptoms best	
					describes the patient's clinical presentation; Severe objective and functional deficits with	
					instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper	
					Extremity was selected as the first body type/region; Head/Neck selected as the second	
					body type/region; Body Part for second pass is Head/Neck; Occupational Therapy; Speech	
					Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT	
					related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
					Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
				07522 Sansany integrative techniques	therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does	
				97533 Sensory integrative techniques to enhance sensory processing and	occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The	
				promote adaptive responses to	health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was	
4/1/2023 -		Physical		environmental demands, direct (one-on-	requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	health carrier is NOT HMSA	1 2023 2023

				Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 6/1/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits	
				anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or	
				moderate objective and functional deficits with instability: sporadic symptoms with minimal	
				to moderate loss of range of motion, strength, or ability to perform daily tasks best describes	
				the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now	
				requires human assistance and/or an assistive device to walk and/or transfer; The	
				anticipated number of visits is other than 2.; Upper Extremity was selected as the first body	
				type/region; Gait, Balance and Falls was selected as the second body type/region; Body Part for second pass is Gait/Balance; Occupational Therapy; Speech Therapy was not selected;	
				The evaluation date is not in the future; Occupational Therapy was reaquested; The	
				rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
			97533 Sensory integrative techniques	diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
			to enhance sensory processing and	or Occupational therapy was selected; Magellan does not manage chiropractic but does	
			promote adaptive responses to	manage speech therapy for the member's plan; Occupational Therapy was requested; The	
4/1/2023 - 6/30/2023 4/1/2023	Physical Physical Physical	A	environmental demands, direct (one-on-	health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was	Apr-Jun 1 2023 2023
6/30/2023 4/1/2023	8 6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	requested; The health carrier is NOT HMSA; The health carrier is NOT HMSA	1 2023 2023
				Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
				Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Shoulder; 4/17/2023; No patient history in the past 90 days; Evaluation dates less than 90	
				days in the past; Non-Surgical; Shoulder selected as the specific body part; Shoulder selected	
				as the specific body part; Body Part pass complete; Questions about your Shoulder request: ;	
				Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is	
				Rehabilitative; Non-Surgical; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions	
				was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax;	
				Severe objective and functional deficits with instability: constant or intense symptoms with	
				severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits with instability:	
				constant or intense symptoms with severe loss of range of motion, strength, or ability to	
				perform daily tasks best describes the patient's clinical presentation; Upper Extremity was	
				selected as the first body type/region; Upper Extremity selected as the second body	
				type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The	
				rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
				therapy was selected; Physical or Occupational therapy was selected; Physical or	
			97533 Sensory integrative techniques to enhance sensory processing and	Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan;	
			promote adaptive responses to	Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy	
4/1/2023 -	Physical		environmental demands, direct (one-on-	Families; Occupational Therapy was requested; Occupational Therapy was requested; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	health carrier is NOT HMSA; The health carrier is NOT HMSA	1 2023 2023

Body Perspasses convolves. Perform Dody Pers selection. Perform Dody Pers selection. First Person State Company and Person State Company and Fording and State Control Resolution of Person State Company and Person State Company. Person State Company and Person State Company and Person State Company and Person State Company and Person State Company. Person State Company and Person State Company and Person State Company. Person State Company and Person State Company and Person State Company and Person State Company. Person State Company State Company State Company State Company. Person State Company State Company. Person State Company State Company State Company State Company State Company. Person State Company State Comp					
6/30/2023 4/1/2023 6/30/2023 Medicine Approval one) patient contact, each 15 minutes health carrier is NOT HMSA, The health carrier is NOT HMSA 1 2023 2023 Body Part passes complete; Perform Body Part selection; Perform Body Part selection; Perform Body Part second pass is Shoulder; Body Part for first pass is Shoulder; Body Part passes complete; Dead says; Evaluation dates less than 90 days in the past, Non-Surgical; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Body Part passes complete; Questions about your Shoulder request; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; Non-Surgical; Three anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting, Requestor is not a fax, Mild or moderate objective and functional deficits with instability; sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Upper Extremity was requested as the Scond body type/region; Upper Extremity was requested; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a Cocupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occu	4/1/2023 -	Physical	to enhance sensory processing and promote adaptive responses to	Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Shoulder; 5/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-lun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval one) patient contact, each 15 minutes health carrier is NOT HMSA, The health carrier is NOT HMSA 1 2023 2023 Body Part passes complete; Perform Body Part selection; Perform Body Part selection; Perform Body Part second pass is Shoulder; Body Part for first pass is Shoulder; Body Part passes complete; Dead says; Evaluation dates less than 90 days in the past, Non-Surgical; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Body Part passes complete; Questions about your Shoulder request; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; Non-Surgical; Three anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting, Requestor is not a fax, Mild or moderate objective and functional deficits with instability; sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Upper Extremity was requested as the Scond body type/region; Upper Extremity was requested; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a Cocupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occu	4/1/2023 -	Physical			Apr-Jun
Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Shoulder; 5/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Bodulder selected as the specific body part; Bodulder selected as the specific body part; Bodulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2; The anticipated number of visits is other tha		•	,		•
4/1/2023 - Physical environmental demands, direct (one-on-requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The Apr-Jun			to enhance sensory processing and	Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Shoulder; 5/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Shoulder request: ; Questions about your Shoulder request: ; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational Therapy was requested; The	
6/30/2023 4/1/2023 6/30/2023 Medicine Approval one) patient contact, each 15 minutes health carrier is NOT HMSA 1 2023 2023	4/1/2023 -	Physical			Apr-Jun
	6/30/2023 4/1/2023	6/30/2023 Medicine A	Approval one) patient contact, each 15 minutes	health carrier is NOT HMSA	1 2023 2023

					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass	
					is Shoulder; 6/29/2023; No patient history in the past 90 days; Evaluation dates less than 90	
					days in the past; Non-Surgical; Shoulder selected as the specific body part; Shoulder selected	
					as the specific body part; Body Part pass complete; Questions about your Shoulder request: ;	
					Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is	
					Rehabilitative; Non-Surgical; Non-Surgical; The anticipated number of visits is other than 2.;	
					The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass	
					Starting; Requestor is not a fax; Severe objective and functional deficits with instability:	
					constant or intense symptoms with severe loss of range of motion, strength, or ability to	
					perform daily tasks best describes the patient's clinical presentation; Severe objective and	
					functional deficits with instability: constant or intense symptoms with severe loss of range of	
					motion, strength, or ability to perform daily tasks best describes the patient's clinical	
					presentation; Upper Extremity was selected as the first body type/region; Upper Extremity	
					selected as the second body type/region; Occupational Therapy; Speech Therapy was not	
					selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	
					diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				97533 Sensory integrative techniques	selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
				to enhance sensory processing and	was selected; Magellan does not manage chiropractic but does manage speech therapy for	
				promote adaptive responses to	the member's plan; Occupational Therapy was requested; The health carrier is NOT New	
4/1/2023 -	. /. /	Physical		environmental demands, direct (one-on-	Hampshire Healthy Families; Occupational Therapy was requested; Occupational Therapy	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	was requested; The health carrier is NOT HMSA; The health carrier is NOT HMSA	1 2023 2023
					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
					Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass	
					is Thoracic Spine/Chest; 06/02/2023; No patient history in the past 90 days; Evaluation dates	
					less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part;	
					Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions	
					about your Thoracic Spine/Chest request.; Questions about your Shoulder request: ; Three	
					or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is	
					Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; Two Body	
					Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional	
					deficits without instability: constant symptoms and/or symptoms that are intensified with	
					activity with moderate loss of range of motion, strength, or ability to perform daily tasks	
					best describes the patient's clinical pre; Mild or moderate functional deficits due to	
					thoracic/lumbar impairments with distal symptoms best describes the patient's clinical	
					presentation; Upper Extremity was selected as the first body type/region; Spine/Chest	
					selected as the second body type/region; Occupational Therapy; Speech Therapy was not	
					selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	
					diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				97533 Sensory integrative techniques	selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
				to enhance sensory processing and	was selected; Magellan does not manage chiropractic but does manage speech therapy for	
				promote adaptive responses to	the member's plan; Occupational Therapy was requested; The health carrier is NOT New	
4/1/2023 -		Physical		environmental demands, direct (one-on-	Hampshire Healthy Families; Occupational Therapy was requested; Occupational Therapy	Apr-Jun
	4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	was requested; The health carrier is NOT HMSA; The health carrier is NOT HMSA	1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	number of visits is other than 2.; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA; The	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	days in the past; Non-Surgical; Wrist selected as the specific body part; Blow selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Questions about your Elbow request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of coccupational therapy was selected; Physical or Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT HMSA Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Hand; 3/29/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Hand selected as the specific body part; Body Part passe complete; Questions about your Hand	Apr-Jun 1 2023 2023
					Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Elbow; 06/12/2023; No patient history in the past 90 days; Evaluation dates less than 90	

Body Part passes complete; Perform Body Part selection; Perform Body	Part selection; First
Pass; Second Pass check point; Body Part for first pass is Wrist; Body Pa	t for second pass is
Hand; 4/14/2023; No patient history in the past 90 days; Evaluation dat	es less than 90 days
in the past; Surgical; 3/1/2023; Post-Op; Wrist selected as the specific b	ody part; Hand
selected as the specific body part; Body Part pass complete; Questions	about your Hand
request: ; Questions about your Wrist request: ; Three or more visits an	ticipated; The
anticipated number of visits is other than 2., The anticipated number of	visits is other than
2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass	
is not a fax; Moderate objective and functional deficits: constant sympt	•
symptoms that are intensified with activity with moderate loss of range	
or ability to perform daily task best describes the patient's presentation	
and functional deficits: constant symptoms and/or symptoms that are i	•
activity with moderate loss of range of motion, strength, or ability to pe	
best describes the patient presentation; Upper Extremity was selected a	•
	·
type/region; Upper Extremity selected as the second body type/region;	·
Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; Th	
not in the future; The rehabilitation is NOT related to a diagnosis of can	·
rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical o	·
therapy was selected; Physical or Occupational therapy was selected; Pl	•
Occupational therapy was selected; Physical or Occupational therapy w	· •
97533 Sensory integrative techniques or Occupational therapy was selected; Magellan does not manage chiro	
to enhance sensory processing and manage speech therapy for the member's plan; Occupational Therapy v	· · · · · ·
promote adaptive responses to health carrier is NOT New Hampshire Healthy Families; Occupational Th	erapy was
4/1/2023 - Physical environmental demands, direct (one-on-requested; Occupational Therapy was requested; The health carrier is N	OT HMSA; The Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval one) patient contact, each 15 minutes health carrier is NOT HMSA	1 2023 2023
Body Part passes complete; Perform Body Part selection; Perform Body	*
Pass; Second Pass check point; Body Part for first pass is Wrist; Body Pa	·
Wrist; 5/30/2023; No patient history in the past 90 days; Evaluation dat	es less than 90 days
in the past; Surgical; 2/9/2023; Post-Op; Wrist selected as the specific b	* * *
selected as the specific body part; Body Part pass complete; Questions	about your Wrist
request: ; Questions about your Wrist request: ; Three or more visits an	ticipated; The
anticipated number of visits is other than 2.; The anticipated number of	visits is other than
2.; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass	Starting; Requestor
is not a fax; Mild objective and functional deficits: sporadic symptoms v	vith minimal loss of
range of motion, strength, or ability to perform daily tasks best describe	es the patient
presentation; Mild objective and functional deficits: sporadic symptom:	with minimal loss of
range of motion, strength, or ability to perform daily tasks best describe	es the patient
presentation; Upper Extremity was selected as the first body type/region	n; Upper Extremity
selected as the second body type/region; Occupational Therapy; Speecl	Therapy was not
selected; Post-Op or Non-Surgical; The evaluation date is not in the futu	
is NOT related to a diagnosis of cancer.; The rehabilitation is NOT relate	
Lymphedema.; Physical or Occupational therapy was selected; Physical	S
therapy was selected; Physical or Occupational therapy was selected;	•
97533 Sensory integrative techniques Occupational therapy was selected; Physical or Occupational therapy was selected;	•
to enhance sensory processing and does not manage chiropractic but does manage speech therapy for the	
promote adaptive responses to Occupational Therapy was requested; The health carrier is NOT New Ha	,
4/1/2023 - Physical environmental demands, direct (one-on- Families; Occupational Therapy was requested; Occupational Therapy w	as requested; The Apr-Jun 1 2023 2023
6/30/2023 4/1/2023 6/30/2023 Medicine Approval one) patient contact, each 15 minutes health carrier is NOT HMSA; The health carrier is NOT HMSA	

				Body Part passes complete; Perform Body Part selection; Second Pass check point; Body Part	
				for second pass is not in options listed; 4/12/2023; No patient history in the past 90 days;	
				Evaluation dates less than 90 days in the past; Non-Surgical; Questions about your Lower Leg	
				request: ; Questions about your Lower Leg request: ; The anticipated number of visits is	
				other than 2.; The anticipated number of visits is other than 2.; Three or more visits	
				anticipated; Therapy type is Rehabilitative; Second Pass Starting; Requestor is not a fax;	
				Severe objective and functional deficits: constant intense symptoms with severe loss of	
				range of motion, strength, or ability to perform daily tasks best describes the patient	
				presentation; Severe objective and functional deficits: constant intense symptoms with	
				severe loss of range of motion, strength, or ability to perform daily tasks best describes the	
				patient presentation; Body Part for first pass is Lower Leg; Body Part for second pass is	
				Lower Leg; Occupational Therapy; Speech Therapy was not selected; The evaluation date is	
				not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The	
			075000	rehabilitation is related to a diagnosis of Lymphedema.; Occupational Therapy was	
			97533 Sensory integrative techniques	requested; Physical or Occupational therapy was selected; Physical or Occupational therapy	
			to enhance sensory processing and	was selected; Magellan does not manage chiropractic but does manage speech therapy for	
4/4/2022	51 · ·		promote adaptive responses to	the member's plan; Occupational Therapy was requested; The health carrier is NOT New	
4/1/2023 -	Physical		environmental demands, direct (one-on-	Hampshire Healthy Families; Occupational Therapy was requested; Occupational Therapy	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	was requested; The health carrier is NOT HMSA; The health carrier is NOT HMSA	1 2023 2023
				Dark Dark access consists Darform Dark Dark all office Consist Dark all active Dark	
				Body Part passes complete; Perform Body Part selection; Second Pass check point; Body Part	
				for second pass is not in options listed; 4/19/2023; No patient history in the past 90 days;	
				Evaluation dates less than 90 days in the past; Non-Surgical; Questions about your Lower Leg	
				request: ; Questions about your Lower Leg request: ; The anticipated number of visits is	
				other than 2.; The anticipated number of visits is other than 2.; Three or more visits	
				anticipated; Therapy type is Rehabilitative; Second Pass Starting; Requestor is not a fax;	
				Moderate objective and functional deficits: constant symptoms and/or symptoms that are	
				intensified with activity with moderate loss of range of motion, strength, or ability to	
				perform daily tasks best describes the patient presentation; Moderate objective and	
				functional deficits: constant symptoms and/or symptoms that are intensified with activity	
				with moderate loss of range of motion, strength, or ability to perform daily tasks best	
				describes the patient presentation; Body Part for first pass is Lower Leg; Body Part for	
				second pass is Lower Leg; Occupational Therapy; Speech Therapy was not selected; The	
				evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
				cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Occupational Therapy	
			97533 Sensory integrative techniques	was requested; Physical or Occupational therapy was selected; Physical or Occupational	
			to enhance sensory processing and	therapy was selected; Magellan does not manage chiropractic but does manage speech	
			promote adaptive responses to	therapy for the member's plan; Occupational Therapy was requested; The health carrier is	
4/1/2023 -	Physical		environmental demands, direct (one-on-	NOT New Hampshire Healthy Families; Occupational Therapy was requested; Occupational	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT HMSA	1 2023 2023
			97533 Sensory integrative techniques		
			to enhance sensory processing and	Occupational Therapy was requested; One visit anticipated; One visit anticipated; This is not	
			promote adaptive responses to	a gold-card auth; Questions about the subsequent request: ; The member's plan does not	
4/1/2023 -	Physical		environmental demands, direct (one-on-	require the collection of start and end dates; Previous auth data retrieved, type of	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	habilitation = Rehabilitative	2 2023 2023
			97533 Sensory integrative techniques		
			to enhance sensory processing and	Occupational Therapy was requested; Two visits anticipated; Two visits anticipated; This is	
			promote adaptive responses to	not a gold-card auth; Questions about the subsequent request: ; The member's plan does	
4/1/2023 -	Physical		environmental demands, direct (one-on-	not require the collection of start and end dates; Previous auth data retrieved, type of	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	habilitation = Rehabilitative	3 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	Perform Body Part selection; First Pass; Body Part for first pass is Elbow; 5/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	Apr-Jun 1 2023 2023
44/2003	Physical		97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to	Perform Body Part selection; First Pass; Body Part for first pass is Hand; 4/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/13/2023; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's	
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	environmental demands, direct (one-on- one) patient contact, each 15 minutes	plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on- one) patient contact, each 15 minutes 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to	Perform Body Part selection; First Pass; Body Part for first pass is Hand; 4/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cocupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA Perform Body Part selection; First Pass; Body Part for first pass is Hand; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; One Body Part selected; None of the above best describes the patient's presentation; Upper Extremity selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data	Apr-Jun 1 2023 2023
4/1/2023 -	Physical		environmental demands, direct (one-on-	retrieved, type of habilitation = Rehabilitative; Occupational Therapy was requested; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	health carrier is NOT HMSA	1 2023 2023

				97533 Sensory integrative techniques to enhance sensory processing and	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected;	
	4/1/2023	Physical 6/30/2023 Medicine	Approval	environmental demands, direct (one-on-	retrieved, type of habilitation = Rehabilitative; Occupational Therapy was requested; The health carrier is NOT HMSA	Apr-Jun 3 2023 2023
/2023 - 0/2023		Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on- one) patient contact, each 15 minutes 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to	Perform Body Part selection; First Pass; Body Part for first pass is Wrist; 4/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/14/2023; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA Perform Body Part selection; Perform Body Part selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The eval	Apr-Jun 1 2023 2023
	4/1/2023	Physical 6/30/2023 Medicine	Approval	environmental demands, direct (one-on- one) patient contact, each 15 minutes	Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	Apr-Jun 1 2023 2023
	/2023 - 5/2023	0/2023 4/1/2023 //2023 - 0/2023 4/1/2023	0/2023 4/1/2023 6/30/2023 Medicine //2023 - Physical 0/2023 4/1/2023 6/30/2023 Medicine	0/2023 4/1/2023 6/30/2023 Medicine Approval //2023 - Physical O/2023 4/1/2023 6/30/2023 Medicine Approval	to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes 97533 Sensory integrative techniques one) patient contact, each 15 minutes 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	selected as the specific body part; Body Part pass complete; Questions about your Shoulder request; Reither Pire Op, Post Op on Non-Surgials (1) to Body Part selected; Upper Extremity selected as the body type/region; Three or more wists anticipated; This print against did not address any body parts; Three or more wists anticipated; This kin at a galdicar auth; Questions about the subsequent request; Physical or Occupational Therapy was selected; Physical or Occupational Therapy was requested; The Description one) patient contact, each 15 minutes one of each patient part one wists anticipated. Therapy was selected, Physical or Occupational therapy was selected, Physical

Perform Body Part selection, Perform Body Part selection, First Piess, Secured Past clock, point, Body Part for Part for Sea, 59,000,000,300,3							
Coulatation dates less than 50 days in the past, Suggiad, 3/9/2012, 2014 One request : There or more vibit anticipated, Therapy taps completed collectives about your billion request : There or more vibit anticipated, Therapy taps the Rehabilitative, The anticipated number of vibits or control in the past of the collective and past of the colle						Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
as the epocific body part a body Part pass complete Cuestions about your Elbov request: ; Three or more visital surface threaty by the Restrict Business or more visital surface through the Accordance of the Complete Cuestions and the Cuestions and the Complete Cuestions and the Complete Cuestions and the Complete Cuestions and the Cuestions and Cuestions and Cuestions and Cuestions and Cuestions and Cuestions and Cuestions						point; Body Part for first pass is Elbow; 3/30/2023; No patient history in the past 90 days;	
Three or more visits anticipated, therapy type in Rehabilitation, in the anticipated number of visits is other than 2, come doubly participated, the Section Base Register in the at alsa Series objective and functional deficits constant interine symptoms with severe loss of range of motion, strength, or ability participation. Society participation and the section of the participation of the section of t						Evaluation dates less than 90 days in the past; Surgical; 3/9/2023; Post-Op; Elbow selected	
wishs is other than 2, One Body Part selection. Second Plans, Requestor is not a fine, Severe objective and functional chiefs constant intensive programs with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected, Plans to perform daily tasks best describes the patient's presentation; Upper Extremity selected in a diopalise of cancer, there are always presentation in the fauture. The relabilisations in NOT related to a dispulsion of cancer, there are always presentation in NOT related to a dispulsion of cancer, there are always presentation in NOT related to a dispulsion of cancer, there are always presented to a dispulsion of cancer, there are always presented to a dispulsion of cancer, there are always presented to a dispulsion of cancer, there are always presented to a dispulsion of cancer, there are always presented to a dispulsion of cancer, there are always requested. The second of the patient of the patient of the control of the patient of the p						as the specific body part; Body Part pass complete; Questions about your Elbow request: ;	
objective and functional deficits: constant interese symptoms with severe loss of range of motion, strength, or ability to perform daily table, to perform daily table or processing and operations in SOT related to a diagnosis of cancer,. The rehabilitation is NOT related to a diagnosis of cancer, and the proposed to the control of the part of the following the performance of the perf						Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of	
motion, respective, or ability to perform daily tasks best describes the patients presentation, Upper Externity selected, first to Dip or Non Surgical; the evaluation date is not in the future; the rehabilitation is NOT related to a diagnostic connect; the rehabilitation is NOT related to a diagnostic connect; the rehabilitation is NOT related to a diagnostic connect; the rehabilitation is NOT related to a diagnostic connect; the rehabilitation is NOT related to a diagnostic connect; the rehabilitation is NOT related to a diagnostic connect, the rehabilitation is NOT related to a diagnostic connection of the related to a diagnostic of the related to the connection of the related to the patients of the related to the performance of the related to						visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe	
Upper Extremity selected as the hooky type/region; Occupational Therapy, Sepecth Therapy was not selected, physical or and against of your person of prof. The organization of the future. The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cancer.						objective and functional deficits: constant intense symptoms with severe loss of range of	
was not selected: Prost Op or from Surgical. The evaluation date is not in the future. The rehabilitation is NOT related to a disposite colorance; The rehabilitation is NOT related to a disposite colorance; The rehabilitation is NOT related to a disposite colorance; The rehabilitation is NOT related to a disposite colorance; The rehabilitation is NOT related to a disposite of Coccupational therapy was selected; Physical or Occupational therapy						motion, strength, or ability to perform daily tasks best describes the patient's presentation;	
rehabilitation is NOT related to a diagnosis of canner; The rehabi						Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy	
rehabilitation is NOT related to a diagnosis of canner; The rehabi						was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The	
diagnosis of lymphedema. Physical or Occupational therapy was selected,						· · · · · · · · · · · · · · · · · · ·	
by the enhance sensory processing and promote adaptive responses to enhance sensory processing and promote adaptive responses to manage perhipsractic but does manage specific the apply of the member's plan; Occupational Therapy was requested; the enhancer sensory processing and promote adaptive responses to enhance sensory processing and promote adaptive responses to the part of the part						· · · · · · · · · · · · · · · · · · ·	
by the enhance sensory processing and promote adaptive responses to enhance sensory processing and promote adaptive responses to manage perhipsractic but does manage specific the apply of the member's plan; Occupational Therapy was requested; the enhancer sensory processing and promote adaptive responses to enhance sensory processing and promote adaptive responses to the part of the part					97533 Sensory integrative techniques	Occupational therapy was selected: Physical or Occupational therapy was selected: Physical	
promote adaptive responses to manage speech therapy for the member's plan; Occupational Therapy was requested; The 4/1/20/23 6/30/20/23 Medicine Approval one) patient contact, each 15 minutes requested; The health corrier is NOT New Hampsfer is NOT New Hampsfer is NOT Perform Body Part selection; First Pass; Second Pass scheck point, Body Part Selection; Perform					, -		
4/1/2023 Physical environmental demands, direct (one-on- feath carrier is NOT New Hampshire Healthy Families, Occupational Therapy was 9 4/1/2023 Addition Approval one patient contact, each 15 minutes requested. The health carrier is NOT MEMSA 12023 2023 Perform Body Part selection, First Pass, Second Pass check point, Ebyt Part for first pass is Ebwo, 40/6/2023, No patient history in the past 90 days; Evaluation dates less than 90 days; in the past 90 days; Evaluation dates less than 90 days in the past, Surgical, 93/16/2023, Post-Op; Ebwo selected as the specific body part 360 perform Body Part selected; No Second Pass, Sequency in the past 90 days; Evaluation dates less than 90 days; in the past, Surgical, 93/16/2023, Post-Op; Ebwo selected as the perform daily task best describes the patient's presentation; Usper Eartemity selected as the body type Part selected; No Second Pass, Requestor is not a fast, and the part of visits in the future. The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of Cancer; The rehabilitation is NOT related to a diagnosis of Cancer; The rehabilitation is NOT related to a diagnosis of Cancer; The rehabilitation is NOT related to a diagnosis of Cancer; The rehabilitation is NOT related to a diagnosis of Cancer; The rehabilitation is NOT related to a diagnosis of Cancer; The rehabilitation is NOT related to a diagnosis of Cancer; The rehabilitation is NOT related to a diagnosis of Cancer; The rehabilitation is NOT related to a diagnosis of Cancer; The rehabilitation is NOT related to a diagnosis of Cancer; The rehabilitation is NOT related to a diagnosis of Cancer; The rehabilitation is NOT related to a diagnosis of Cancer; The rehabilitation is NOT related to a diagnosis of Cancer; The rehabilitation is NOT related to a diagnosis of Cancer; The rehabilitation is NOT related to a diagnosis of Cancer; The rehabilitation is NOT related to a diagnosis of Cancer; The rehabilitation is NOT related to a diagnosis of Cancer; The reh					,		
one) patient contact, each 15 minutes requested; The health carrier is NOT MMSA 1 2023 2023 Perform Body Part selection; Perform	4/1/2023 -		Physical				Anr-lun
Perform Body Part selection, Perform Body Par	1 ' '	4/1/2023	•	Annroval	•		·
point; Body Part for first pass is Elbow, 94/08/2023. No patient history in the past 90 days; Evaluation dates less than 90 days in the past, Surgicial 93/16/2023. Post Objected as the specific body part; Body Part past complete, Questions about your Elbow request; Three or more visits anticipated; Therapy type is Rehabilitation; by the is Rehabilitation; they then it is not a fac; Moderate objective and functional deficits constant symptoms and/or symptoms that are intentied with activity with moderate loss of range of motions, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Herapy was not selected. Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosi of cancer; The rehabilitation is NOT related to a diagnosi of cancer; The rehabilitation is NOT related to a diagnosi of cancer; The rehabilitation is NOT related to a diagnosi of cancer; The rehabilitation is NOT related to a diagnosi of cancer; The rehabilitation is NOT related to a diagnosi of cancer; The rehabilitation is NOT related to a diagnosi of cancer; The rehabilitation is NOT related to a diagnosi of cancer; The rehabilitation is NOT related to a diagnosi of cancer; The rehabilitation is NOT related to a diagnosi of cancer; The part selection, Perform Body Part selection, Perform Body Part selection, Perform Body Part selection, Perform Body Part selection, Per	0/30/2023	4/1/2023	0/30/2023 Wicalcine	прргочи	one, patient contact, each 15 minutes	<u> </u>	1 2023 2023
Evaluation dates less than 90 days in the past; Surgical, 03/16/2023; Post-Op; Elbow selected as the specific body part; Body Part selected; No Second Pass, Requestor is not a fax, Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best discribes the patients; presentation; Upper Extremity selected as the body type/region; Occupational Therapy, Speech Therapy was not selected; Post-Op or Non-Surgical. The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer are considered to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer are considered to a diagnosis of cancer. The rehabilitation of occupational therapy was selected, Physical or Occupational therapy was selected; The health carrier is NOT New Hampshire Healthy Families, Occupational Therapy was selected; The health carrier is NOT New Hampshire Healthy Families, Occupational Therapy was not selected as the body type/gegion, Occupational Therapy was selected; The health carrier is NOT New Hampshire the past of						·	
as the specific body part, Body Part pass complete: Questions about your Elbow request; Three or more visits anticipated; Therapy types is Rehabilitative. The anticipated number of visits is other than 2; one Body Part selection, fo Second Pass. Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region, Occupational Therapy was not selected; Post-O por Non-Surgical. The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosi of cancer. The rehabilitation is NOT related to a diagnosi of cancer. The rehabilitation is NOT related to a diagnosi of cancer. The rehabilitation is NOT related to a diagnosi of cancer of coccupational therapy was selected; Physical or Occupational therapy was selected; The health carrier is NOT New Hampshire fealthy Families; Occupational Therapy was requested; The health carrier is NOT was selected; Magellan does not manage chriopractic but does manage speech therapy for the member's Jain, Occupational Therapy was selected; The health carrier is NOT New Hampshire fealthy Families; Occupational therapy was selected; The health carrier is NOT was selected; The health carrier is NOT was selected as the specific body part; Body Part selected, New Jul Jul 2023; Non-Surgial; Elbow selected as the specific b							
Three or more wists anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2; one Body Part selected; No Socond Pass; Requester is not a far; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational Therapy was requested; The health carrier is NOT New 4/1/2023 - Physical or Occupational Physical or Occupational Therapy was requested; The health carrier is NOT with the member's plan; Occupational Therapy was requested; The health carrier is NOT apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval Aprivad Physical or Occupational Physical or Occupational Therapy was requested; The health carrier is NOT apr-Jun 6/30/2023 4/1/2023 (Aprivada Physical or Occupational Physical or Occupationa							
visits is other than 2. One Body Part selected; No Second Pass, Requestor is not a fax; Moderate objective and functional deflicits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy, Speech Therapy was not selected; Post-to or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of target is NOT New the member's plan; Occupational Therapy vas requested; The health carrier is NOT New Hampship relative to the new the proposed and the pay of the member's plan; Occupational Therapy vas requested; The health carrier is NOT New Hampship relative to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The r							
Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy, Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of tymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT Apr-Jun HMSA. 1 2023 2023 Perform Body Part selection; Perform Body Part selection; Pist Pass; Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy was selected; Physical or O							
intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body (type/region; Occupational Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; the rehabilitation is NOT related to a diagnosis of Cancer; The rehabilitation is NOT related to a diagnosis of Cance						·	
perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer., The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New 4/1/2023 4/1/2023 6/30/2023 Medicine Approval one) patient contact, each 15 minutes one) patient contact, each 15 min							
the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of tymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New 4/1/2023 6/30/2023 Medicine Approval one) patient contact, each 15 minutes Physical one) patient contact, each 15 minutes Physical Occupational Therapy was requested; The health carrier is NOT New 4/1/2023 6/30/2023 Medicine Approval one) patient contact, each 15 minutes Physical Occupational Therapy was requested; The health carrier is NOT New 4/1/2023. No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part selection; Perform Bod						, , , , , , , , , , , , , , , , , , , ,	
Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer. The rehab							
diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy							
Physical or Occupational therapy was selected; The health carrier is NOT New 4/1/2023 - Physical or Occupational Therapy was requested; The health carrier is NOT New 4/1/2023 - Physical or Occupational Therapy was requested; The health carrier is NOT New 4/1/2023 - Physical or Occupational Therapy was requested; The health carrier is NOT New 4/1/2023 - Physical or Occupational Therapy was requested; The health carrier is NOT New 4/1/2023 - Physical or Occupational Therapy was requested; The health carrier is NOT New 4/1/2023 - Physical or Occupational Therapy was requested; The health carrier is NOT New 4/1/2023 - Physical or Occupational Therapy was selected; The health carrier is NOT New 4/1/2023 - Physical or Occupational Therapy was selected; The selection; First Pass; Second Pass,						· ,	
97533 Sensory integrative techniques to enhance sensory processing and was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy for benance sensory processing and promote adaptive responses to the member's plan; Occupational Therapy was requested; The health carrier is NOT New environmental demands, direct (one-on-on-one) patient contact, each 15 minutes Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT Apr-Jun 1 2023 2023 Physical of 30/2023 Medicine Approval one) patient contact, each 15 minutes Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Apr-Jun							
to enhance sensory processing and promote adaptive responses to the member's plan; Occupational Therapy was requested; The health carrier is NOT New 4/1/2023 - Physical environmental demands, direct (one-on-one) patient contact, each 15 minutes					07500 0 1 1 1 1 1 1 1		
4/1/2023 - Physical promote adaptive responses to the member's plan; Occupational Therapy was requested; The health carrier is NOT New 4/1/2023 - Physical environmental demands, direct (one-on-one) patient contact, each 15 minutes HMSA Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 4/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Nos-Surgical; Elbow selected as the specific body part; Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a					, -		
4/1/2023 - Physical environmental demands, direct (one-on- 6/30/2023 4/1/2023 6/30/2023 Medicine Approval one) patient contact, each 15 minutes HMSA Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 4/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass, Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The reha							
6/30/2023 4/1/2023 6/30/2023 Medicine Approval one) patient contact, each 15 minutes HMSA Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 4/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected; as the body type/region; Occupational Therapy spas not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of prometose adaptive responses to chiropractic but does manage speect therapy was selected; Magellan does not manage promote adaptive responses to chiropractic but does manage speech therapy for the member's plan; Occupational Thrapy of					· · · · · · · · · · · · · · · · · · ·		
Perform Body Part selection; Ferform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 4/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concerns of the representation of the representation of the representation of the representation; Upper Extremity selected; Physical or Occupational therapy was selected; Phys			•		the state of the s		·
point; Body Part for first pass is Elbow; 4/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to chiropractic but does manage speech therapy for the member's plan; Occupational Therapy 4/1/2023 - Physical environmental demands, direct (one-on- was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational	6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes		1 2023 2023
Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of concupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage promote adaptive responses to chiropractic but does manage speech therapy for the member's plan; Occupational Therapy 4/1/2023 - Physical environmental demands, direct (one-on-was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Apr-Jun						•	
body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; 97533 Sensory integrative techniques to enhance sensory processing and selected; Physical or Occupational therapy was selected; Magellan does not manage promote adaptive responses to chiropractic but does manage speech therapy for the member's plan; Occupational Therapy 4/1/2023 - Physical environmental demands, direct (one-on- was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational							
visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; 97533 Sensory integrative techniques physical or Occupational therapy was selected; Physical or Occupational therapy was to enhance sensory processing and promote adaptive responses to chiropractic but does manage speech therapy for the member's plan; Occupational Therapy 4/1/2023 - Physical environmental demands, direct (one-on- was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Apr-Jun						, , , , , , , , , , , , , , , , , , , ,	
than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; 97533 Sensory integrative techniques Physical or Occupational therapy was selected; Physical or Occupational therapy was to enhance sensory processing and promote adaptive responses to chiropractic but does manage speech therapy for the member's plan; Occupational Therapy 4/1/2023 - Physical Physical Physical Apr-Jun							
and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cancer. 97533 Sensory integrative techniques Physical or Occupational therapy was selected; Physical or Occupational therapy was to enhance sensory processing and promote adaptive responses to chiropractic but does manage speech therapy for the member's plan; Occupational Therapy 4/1/2023 - Physical environmental demands, direct (one-on- was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Apr-Jun							
strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; 97533 Sensory integrative techniques Physical or Occupational therapy was selected; Physical or Occupational therapy was to enhance sensory processing and promote adaptive responses to chiropractic but does manage speech therapy for the member's plan; Occupational Therapy 4/1/2023 - Physical environmental demands, direct (one-on- was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Apr-Jun							
Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; 97533 Sensory integrative techniques Physical or Occupational therapy was selected; Physical or Occupational therapy was to enhance sensory processing and selected; Physical or Occupational therapy was selected; Magellan does not manage promote adaptive responses to chiropractic but does manage speech therapy for the member's plan; Occupational Therapy 4/1/2023 - Physical environmental demands, direct (one-on-was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Apr-Jun						and functional deficits: constant intense symptoms with severe loss of range of motion,	
selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; 97533 Sensory integrative techniques Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage promote adaptive responses to chiropractic but does manage speech therapy for the member's plan; Occupational Therapy 4/1/2023 - Physical environmental demands, direct (one-on-was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Apr-Jun						strength, or ability to perform daily tasks best describes the patient's presentation; Upper	
diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; 97533 Sensory integrative techniques Physical or Occupational therapy was selected; Magellan does not manage promote adaptive responses to chiropractic but does manage speech therapy for the member's plan; Occupational Therapy 4/1/2023 - Physical environmental demands, direct (one-on-was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Apr-Jun							
97533 Sensory integrative techniques Physical or Occupational therapy was selected; Physical or Occupational therapy was to enhance sensory processing and selected; Physical or Occupational therapy was selected; Magellan does not manage promote adaptive responses to chiropractic but does manage speech therapy for the member's plan; Occupational Therapy 4/1/2023 - Physical environmental demands, direct (one-on-was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Apr-Jun						selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	
to enhance sensory processing and selected; Physical or Occupational therapy was selected; Magellan does not manage promote adaptive responses to chiropractic but does manage speech therapy for the member's plan; Occupational Therapy 4/1/2023 - Physical environmental demands, direct (one-on-was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Apr-Jun						diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
promote adaptive responses to chiropractic but does manage speech therapy for the member's plan; Occupational Therapy 4/1/2023 - Physical environmental demands, direct (one-on-was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Apr-Jun					97533 Sensory integrative techniques	Physical or Occupational therapy was selected; Physical or Occupational therapy was	
4/1/2023 - Physical environmental demands, direct (one-on-was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Apr-Jun					to enhance sensory processing and	selected; Physical or Occupational therapy was selected; Magellan does not manage	
					promote adaptive responses to	chiropractic but does manage speech therapy for the member's plan; Occupational Therapy	
6/30/2023 4/1/2023 6/30/2023 Medicine Approval one) patient contact, each 15 minutes Therapy was requested; The health carrier is NOT HMSA 1 2023 2023	4/1/2023 -		Physical		environmental demands, direct (one-on-	was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational	Apr-Jun
	6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	Therapy was requested; The health carrier is NOT HMSA	1 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 4/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 4/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/26/2023; Post-Op; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 5/16/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 5/16/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request: ; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cocupational therapy was selected; Physical or Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 5/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/11/2023; Post-Op; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; 6/6/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/18/2023; Post-Op; Elbow selected as the specific body part; Body Part pass complete; Questions about your Elbow request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	Apr-Jun 1 2023 2023

				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is Elbow; 06/16/2023; No patient history in the past 90 days;	
				Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific	
				body part; Body Part pass complete; Questions about your Elbow request: ; Three or more	
				visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other	
				than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and	
				functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or	
				ability to perform daily tasks best describes the patient's presentation; Upper Extremity	
				selected as the body type/region; Occupational Therapy; Speech Therapy was not selected;	
				The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
				cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
			97533 Sensory integrative techniques	Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
			to enhance sensory processing and	or Occupational therapy was selected; Magellan does not manage chiropractic but does	
			promote adaptive responses to	manage speech therapy for the member's plan; Occupational Therapy was requested; The	
4/1/2023 -	Physical		environmental demands, direct (one-on-	health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	requested; The health carrier is NOT HMSA	1 2023 2023
				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is Elbow; 6/20/2023; No patient history in the past 90 days;	
				Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific	
				body part; Body Part pass complete; Questions about your Elbow request: ; Three or more	
				visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other	
				than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and	
				functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or	
				ability to perform daily tasks best describes the patient's presentation; Upper Extremity	
				selected as the body type/region; Occupational Therapy; Speech Therapy was not selected;	
				The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
				cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
			97533 Sensory integrative techniques	Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
			to enhance sensory processing and	or Occupational therapy was selected; Magellan does not manage chiropractic but does	
			promote adaptive responses to	manage speech therapy for the member's plan; Occupational Therapy was requested; The	
4/1/2023 -	Physical		environmental demands, direct (one-on-	health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	requested; The health carrier is NOT HMSA	1 2023 2023
0,00,2020 1,1,2020	o, so, Eses in editine	7.pp.oru.	one, patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	1 2023 2023
				point; Body Part for first pass is Elbow; 6/23/2023; No patient history in the past 90 days;	
				Evaluation dates less than 90 days in the past; Surgical; 6/12/2023; Post-Op; Elbow selected	
				as the specific body part; Body Part pass complete; Questions about your Elbow request: ;	
				Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of	
				visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild	
				objective and functional deficits: sporadic symptoms with minimal loss of range of motion,	
				strength, or ability to perform daily tasks best describes the patient's presentation; Upper	
				Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not	
				selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation	
				is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
				Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
			97533 Sensory integrative techniques	therapy was selected; Physical or Occupational therapy was selected; Physical or	
			to enhance sensory processing and	Occupational therapy was selected; Magellan does not manage chiropractic but does	
			promote adaptive responses to	manage speech therapy for the member's plan; Occupational Therapy was requested; The	
4/1/2023 -	Physical		environmental demands, direct (one-on-	health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval			1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Wiedicine	Approval	one) patient contact, each 15 minutes	requested; The health carrier is NOT HMSA	1 2025 2025

					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Elbow; 6/26/2023; No patient history in the past 90 days;	
					Evaluation dates less than 90 days in the past; Surgical; 6/26/2023; Post-Op; Elbow selected	
					as the specific body part; Body Part pass complete; Questions about your Elbow request: ;	
					Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of	
					visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax;	
					Moderate objective and functional deficits: constant symptoms and/or symptoms that are	
					intensified with activity with moderate loss of range of motion, strength, or ability to	
					perform daily tasks best describes the patient's presentation; Upper Extremity selected as	
					the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or	
					Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a	
					diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				97533 Sensory integrative techniques	selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
				to enhance sensory processing and	was selected; Magellan does not manage chiropractic but does manage speech therapy for	
				promote adaptive responses to	the member's plan; Occupational Therapy was requested; The health carrier is NOT New	
4/1/2023 -		Physical		environmental demands, direct (one-on-	Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT	Apr-Jun
6/30/2023 4/	1/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	HMSA	1 2023 2023
5,00,000	, -,	.,,====			Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Elbow; 06/30/2023; No patient history in the past 90 days;	
					Evaluation dates less than 90 days in the past; Non-Surgical; Elbow selected as the specific	
					body part; Body Part pass complete; Questions about your Elbow request: ; Three or more	
					visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other	
					than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective	
					and functional deficits: constant intense symptoms with severe loss of range of motion,	
					strength, or ability to perform daily tasks best describes the patient's presentation; Upper	
					Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not	
					selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	
					diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
				97533 Sensory integrative techniques	Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				to enhance sensory processing and	selected; Physical or Occupational therapy was selected; Magellan does not manage	
				promote adaptive responses to	chiropractic but does manage speech therapy for the member's plan; Occupational Therapy	
4/1/2023 -		Physical		environmental demands, direct (one-on-	was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational	Apr-Jun
6/30/2023 4	1/1/2022	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	Therapy was requested; The health carrier is NOT HMSA	1 2023 2023
0/30/2023 4/	1/1/2023	0/30/2023 Wedicine	Арргочаг	one, patient contact, each 13 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	1 2023 2023
					point; Body Part for first pass is Hand; 4/5/2023; No patient history in the past 90 days;	
					Evaluation dates less than 90 days in the past; Surgical; 1/17/2023; Post-Op; Hand selected	
					as the specific body part; Body Part pass complete; Questions about your Hand request: ;	
					Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
					type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	
					Severe objective and functional deficits: constant intense symptoms with severe loss of	
					range of motion, strength, or ability to perform daily tasks best describes the patient's	
					presentation; Upper Extremity selected as the body type/region; Occupational Therapy;	
					Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the	
					future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT	
					related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
				97533 Sensory integrative techniques	Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				to enhance sensory processing and	selected; Physical or Occupational therapy was selected; Magellan does not manage	
				promote adaptive responses to	chiropractic but does manage speech therapy for the member's plan; Occupational Therapy	
4/1/2023 -		Physical		environmental demands, direct (one-on-	was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational	Apr-Jun
6/30/2023 4/	1/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	Therapy was requested; The health carrier is NOT HMSA	1 2023 2023

6/30/2023 4/1/2023 6/30/2023 Medicine Approval one) patient contact, each 15 minutes Therapy was requested; The health carrier is NOT HMSA Perform Body Part selection; First Pass; Second Pass check point; Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 4/6/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/4/2023; Post-Op; Hand selected as the specific body part; Body Part pas scomplete; Questions about your Hand request:; Three or more visits anticipated, mumber of visits is other than 2; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy, Speech Therapy was not selected, Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cucupational Therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was endough the past selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 4/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/30/2023, Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ;							
4/1/2023 - Physical environmental demands, direct (one-on- 6/30/2023 4/1/2023 6/30/2023 Medicine Approval one) patient contact, each 15 minutes requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 4/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/30/2023; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ;		4/1/2023	•	Approval	to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	point; Body Part for first pass is Hand; 04/06/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of concert.; The rehabilitation is NOT related to a diagnosis of concert. The rehabilitation of Cocupational therapy was selected; Physical or Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 4/6/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/4/2023; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, streng	Apr-Jun 1 2023 2023
6/30/2023 4/1/2023 6/30/2023 Medicine Approval one) patient contact, each 15 minutes requested; The health carrier is NOT HMSA 1 2023 Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 4/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/30/2023; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ;	. /. /2022		BL		·		
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 4/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/30/2023; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ;		4/1/2022	,	Approval	, ,		Apr-Jun
type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was to enhance sensory processing and selected; Physical or Occupational therapy was selected; Physical or Occupationa	4/1/2023 -		Physical	·	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 4/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/30/2023; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; The health carrier is NOT New Hampshire Healthy Families; Occupational	1 2023 2023 Apr-Jun 1 2023 2023

4/1/2023 -	A/1/2022	Physical	Aggregati	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes.	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 4/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/29/2023; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	Therapy was requested; The health carrier is NOT HMSA	1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 04/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/14/2023; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 04/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/27/2023; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a Occupational therapy was selected; Physical or Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	Apr-Jun 1 2023 2023

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 4/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer. The related to a diagnosis of con	Apr-Jun 2023 2023
6/30/2023 4/1/2023 6/30/2023 Medicine Approval one) patient contact, each 15 minutes Therapy was requested; The health carrier is NOT HMSA	2023 2023
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 4/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation at the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation of NOT related to a diagnosis of current of the future; The rehabilitation of the future; The rehabilitation is NOT related to a diagnosis of current of the future; The rehabilitation of the future; The rehabilitation of the future; The rehabilitation is NOT related to a diagnosis of current of the future; The rehabilitation of the future; The rehabilitation is NOT related to a diagnosis of current of the future; The rehabilitation of the future; The rehabilitation is NOT related to a diagnosis of current of the future; The rehabilitation of the future; The rehabilitation is NOT related to a diagnosis of the future; The rehabilitation of the future; The rehabilitation of the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation of the future; The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation of the future; The	Apr-Jun
	2023 2023
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 4/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/5/2023; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy	
was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or 97533 Sensory integrative techniques Occupational therapy was selected; Physical or Occupational therapy was selected; Physical to enhance sensory processing and promote adaptive responses to manage speech therapy for the member's plan; Occupational Therapy was requested; The 4/1/2023 - Physical environmental demands, direct (one-on- health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was f/30/2023 4/1/2023 6/30/2023 Medicine Approval one) patient contact, each 15 minutes requested; The health carrier is NOT HMSA	Apr-Jun 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 4/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 2/2/2023; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 4/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 04/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/24/2023; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cccupational therapy was selected; Physical or Occupational therapy was selected; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 5/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational Therapy was selected; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 05/08/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/12/2023; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 5/9/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	Apr-Jun 2 2023 2023

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 5/9/2023; No patient history in the past 90 days;	
Evaluation dates less than 90 days in the past; Surgical; 4/14/2023; Post-Op; Hand selected	
as the specific body part; Body Part pass complete; Questions about your Hand request: ;	
Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	
Severe objective and functional deficits: constant intense symptoms with severe loss of	
range of motion, strength, or ability to perform daily tasks best describes the patient's	
presentation; Upper Extremity selected as the body type/region; Occupational Therapy;	
Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the	
future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT	
related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
97533 Sensory integrative techniques Physical or Occupational therapy was selected; Physical or Occupational therapy was	
to enhance sensory processing and selected; Physical or Occupational therapy was selected; Magellan does not manage	
promote adaptive responses to chiropractic but does manage speech therapy for the member's plan; Occupational Therapy	
4/1/2023 - Physical environmental demands, direct (one-on- was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval one) patient contact, each 15 minutes Therapy was requested; The health carrier is NOT HMSA	1 2023 2023
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	1 2023 2023
point; Body Part for first pass is Hand; 05/10/2023; No patient history in the past 90 days;	
Evaluation dates less than 90 days in the past; Surgical; 04/07/2023; Post-Op; Hand selected	
as the specific body part; Body Part pass complete; Questions about your Hand request: ;	
Three or more visits anticipated, The anticipated number of visits is other than 2.; Therapy	
type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild	
objective and functional deficits: sporadic symptoms with minimal loss of range of motion,	
strength, or ability to perform daily tasks best describes the patient's presentation; Upper	
Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not	
selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation	
is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
97533 Sensory integrative techniques therapy was selected; Physical or Occupational therapy was selected; Physical or	
to enhance sensory processing and Occupational therapy was selected; Magellan does not manage chiropractic but does	
promote adaptive responses to manage speech therapy for the member's plan; Occupational Therapy was requested; The	
4/1/2023 - Physical environmental demands, direct (one-on-health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval one) patient contact, each 15 minutes requested; The health carrier is NOT HMSA	1 2023 2023
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
point; Body Part for first pass is Hand; 5/12/2023; No patient history in the past 90 days;	
Evaluation dates less than 90 days in the past; Surgical; 2/10/2023; Post-Op; Hand selected	
as the specific body part; Body Part pass complete; Questions about your Hand request: ;	
Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	
Severe objective and functional deficits: constant intense symptoms with severe loss of	
range of motion, strength, or ability to perform daily tasks best describes the patient's	
presentation; Upper Extremity selected as the body type/region; Occupational Therapy;	
Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the	
future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT	
related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
97533 Sensory integrative techniques Physical or Occupational therapy was selected; Physical or Occupational therapy was	
to enhance sensory processing and selected; Physical or Occupational therapy was selected; Magellan does not manage	
promote adaptive responses to chiropractic but does manage speech therapy for the member's plan; Occupational Therapy	
4/1/2023 - Physical environmental demands, direct (one-on- was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval one) patient contact, each 15 minutes Therapy was requested; The health carrier is NOT HMSA	1 2023 2023

					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 5/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/3/2023; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy	
4/1/2023 - 6/30/2023	3 4/1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 5/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/9/2023; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cymphedema.; Physical or Occupational therapy was selected; Physical or Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 5/16/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational Therapy was selected; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	Apr-Jun 1 2023 2023

				97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 5/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cuprational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy	
4/1/2023 -		Physical		environmental demands, direct (one-on-	was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	Therapy was requested; The health carrier is NOT HMSA	1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 05/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/15/2023; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cupmhedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023		Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 05/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cocupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational	Apr-Jun 1 2023 2023

				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is Hand; 5/24/2023; No patient history in the past 90 days;	
				Evaluation dates less than 90 days in the past; Surgical; 5/10/2023; Post-Op; Hand selected	
				as the specific body part; Body Part pass complete; Questions about your Hand request: ;	
				Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
				type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	
				Severe objective and functional deficits: constant intense symptoms with severe loss of	
				range of motion, strength, or ability to perform daily tasks best describes the patient's	
				presentation; Upper Extremity selected as the body type/region; Occupational Therapy;	
				Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the	
				future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT	
				related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
			97533 Sensory integrative techniques	Physical or Occupational therapy was selected; Physical or Occupational therapy was	
			to enhance sensory processing and	selected; Physical or Occupational therapy was selected; Magellan does not manage	
			promote adaptive responses to	chiropractic but does manage speech therapy for the member's plan; Occupational Therapy	
4/1/2023 -	Physical		environmental demands, direct (one-on-	was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	Therapy was requested; The health carrier is NOT HMSA	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Wedicine	Approvar	one) patient contact, each 15 minutes	merapy was requested, the health carrier is NOT HVIDA	1 2023 2023
				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is Hand; 5/26/2023; No patient history in the past 90 days;	
				Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific	
				body part; Body Part pass complete; Questions about your Hand request: ; Three or more	
				visits anticipated; The anticipated number of visits is other than 2.; Therapy type is	
				Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe	
				objective and functional deficits: constant intense symptoms with severe loss of range of	
				motion, strength, or ability to perform daily tasks best describes the patient's presentation;	
				Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy	
				was not selected; The evaluation date is not in the future; The rehabilitation is NOT related	
				to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
			97533 Sensory integrative techniques	Physical or Occupational therapy was selected; Physical or Occupational therapy was	
			to enhance sensory processing and	selected; Physical or Occupational therapy was selected; Magellan does not manage	
			promote adaptive responses to	chiropractic but does manage speech therapy for the member's plan; Occupational Therapy	
4/1/2023 -	Physical		environmental demands, direct (one-on-	was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	Therapy was requested; The health carrier is NOT HMSA	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Wicalcine	Approvai	one) patient contact, each 13 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	1 2023 2023
				point; Body Part for first pass is Hand; 06/05/2023; No patient history in the past 90 days;	
				Evaluation dates less than 90 days in the past; Surgical; 05/12/2023; Post-Op; Hand selected	
				as the specific body part; Body Part pass complete; Questions about your Hand request: ;	
				Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
				type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	
				Moderate objective and functional deficits: constant symptoms and/or symptoms that are	
				intensified with activity with moderate loss of range of motion, strength, or ability to	
				perform daily task best describes the patient's presentation; Upper Extremity selected as the	
				body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-	
				Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a	
				diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
			97533 Sensory integrative techniques	selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
			to enhance sensory processing and	was selected; Magellan does not manage chiropractic but does manage speech therapy for	
			promote adaptive responses to	the member's plan; Occupational Therapy was requested; The health carrier is NOT New	
4/4/2022	Dhuni I		· · · · · · · · · · · · · · · · · · ·		Ama luca
4/1/2023 -	Physical Physical	Ammus	environmental demands, direct (one-on-	Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	HMSA	1 2023 2023

					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Hand; 6/6/2023; No patient history in the past 90 days;	
					Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific	
					body part; Body Part pass complete; Questions about your Hand request: ; Three or more	
					visits anticipated; The anticipated number of visits is other than 2.; Therapy type is	
					Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe	
					objective and functional deficits: constant intense symptoms with severe loss of range of	
					motion, strength, or ability to perform daily tasks best describes the patient's presentation;	
					Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy	
					was not selected; The evaluation date is not in the future; The rehabilitation is NOT related	
					to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
				97533 Sensory integrative techniques	Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				to enhance sensory processing and	selected; Physical or Occupational therapy was selected; Magellan does not manage	
				promote adaptive responses to	chiropractic but does manage speech therapy for the member's plan; Occupational Therapy	
4/1/2023 -		Physical		environmental demands, direct (one-on-	was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	Therapy was requested; The health carrier is NOT HMSA	1 2023 2023
0/30/2023	7/1/2023	0/30/2023 WEGICITE	Αρριοναι	one, patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	1 2023 2023
					point; Body Part for first pass is Hand; 6/6/2023; No patient history in the past 90 days;	
					Evaluation dates less than 90 days in the past; Surgical; 5/24/2023; Post-Op; Hand selected	
					as the specific body part; Body Part pass complete; Questions about your Hand request: ;	
					Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
					type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	
					Moderate objective and functional deficits: constant symptoms and/or symptoms that are	
					intensified with activity with moderate loss of range of motion, strength, or ability to	
					perform daily task best describes the patient's presentation; Upper Extremity selected as the	
					body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-	
					Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a	
					diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				97533 Sensory integrative techniques	selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
				to enhance sensory processing and	was selected; Magellan does not manage chiropractic but does manage speech therapy for	
				promote adaptive responses to	the member's plan; Occupational Therapy was requested; The health carrier is NOT New	
4/1/2023 -		Physical		environmental demands, direct (one-on-	Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT	Apr-Jun
6/30/2023	4/1/2022	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	HMSA	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Wedicine	Арргочаг	one, patient contact, each 13 minutes	THIND	1 2023 2023
					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Hand; 06/07/2023; No patient history in the past 90 days;	
					Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific	
					body part; Body Part pass complete; Questions about your Hand request: ; Three or more	
					visits anticipated; The anticipated number of visits is other than 2.; Therapy type is	
					Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe	
					objective and functional deficits: constant intense symptoms with severe loss of range of	
					motion, strength, or ability to perform daily tasks best describes the patient's presentation;	
					Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy	
					was not selected; The evaluation date is not in the future; The rehabilitation is NOT related	
					to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
				07522 Sansany intogrative techniques		
				97533 Sensory integrative techniques	Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				to enhance sensory processing and	selected; Physical or Occupational therapy was selected; Magellan does not manage	
4/1/2022		Dhooise		promote adaptive responses to	chiropractic but does manage speech therapy for the member's plan; Occupational Therapy	Amounties
4/1/2023 -	4/1/2022	Physical Physical	Annrewal	environmental demands, direct (one-on-	was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	Therapy was requested; The health carrier is NOT HMSA	1 2023 2023

					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Hand; 6/7/2023; No patient history in the past 90 days;	
					Evaluation dates less than 90 days in the past; Surgical; 05/09/2023; Post-Op; Hand selected	
					as the specific body part; Body Part pass complete; Questions about your Hand request: ;	
					Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
					type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	
					Severe objective and functional deficits: constant intense symptoms with severe loss of	
					range of motion, strength, or ability to perform daily tasks best describes the patient's	
					presentation; Upper Extremity selected as the body type/region; Occupational Therapy;	
					Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the	
					future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT	
					related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
				97533 Sensory integrative techniques	Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				to enhance sensory processing and	selected; Physical or Occupational therapy was selected; Magellan does not manage	
				promote adaptive responses to	chiropractic but does manage speech therapy for the member's plan; Occupational Therapy	
4/1/2023 -		Physical		environmental demands, direct (one-on-	was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	Therapy was requested; The health carrier is NOT HMSA	1 2023 2023
2, 22, 2020	, _, _0_0	.,,		-, ,,,,		
					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Hand; 6/8/2023; No patient history in the past 90 days;	
					Evaluation dates less than 90 days in the past; Surgical; 2/8/2023; Post-Op; Hand selected as	
					the specific body part; Body Part pass complete; Questions about your Hand request: ; Three	
					or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is	
					Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate	
					objective and functional deficits: constant symptoms and/or symptoms that are intensified	
					with activity with moderate loss of range of motion, strength, or ability to perform daily task	
					best describes the patient's presentation; Upper Extremity selected as the body type/region;	
					, , , , , , , , , , , , , , , , , , , ,	
					Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The	
					evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
				07522 Carran interpreting to the large	cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
				97533 Sensory integrative techniques	Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
				to enhance sensory processing and	or Occupational therapy was selected; Physical or Occupational therapy was selected;	
				promote adaptive responses to	Magellan does not manage chiropractic but does manage speech therapy for the member's	
4/1/2023 -		Physical		environmental demands, direct (one-on-	plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	1 2023 2023
					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Hand; 06/08/2023; No patient history in the past 90 days;	
					Evaluation dates less than 90 days in the past; Surgical; 06/03/2023; Post-Op; Hand selected	
					as the specific body part; Body Part pass complete; Questions about your Hand request: ;	
					Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
					type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	
					Moderate objective and functional deficits: constant symptoms and/or symptoms that are	
					intensified with activity with moderate loss of range of motion, strength, or ability to	
					perform daily task best describes the patient's presentation; Upper Extremity selected as the	
					body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-	
					Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a	
					diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				97533 Sensory integrative techniques	selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
				to enhance sensory processing and	was selected; Magellan does not manage chiropractic but does manage speech therapy for	
				promote adaptive responses to	the member's plan; Occupational Therapy was requested; The health carrier is NOT New	
4/1/2023 -		Physical		environmental demands, direct (one-on-	Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	HMSA	1 2023 2023
, , , , _ , _ ,		, ,		, , ,		

				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is Hand; 6/12/2023; No patient history in the past 90 days;	
				Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific	
				body part; Body Part pass complete; Questions about your Hand request: ; Three or more	
				visits anticipated; The anticipated number of visits is other than 2.; Therapy type is	
				Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate	
				objective and functional deficits: constant symptoms and/or symptoms that are intensified	
				with activity with moderate loss of range of motion, strength, or ability to perform daily task	
				best describes the patient's presentation; Upper Extremity selected as the body type/region;	
				Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the	
				future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT	
				related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
			07522 Concern integrative techniques	Physical or Occupational therapy was selected; Physical or Occupational therapy was	
			97533 Sensory integrative techniques	, , , , , , , , , , , , , , , , , , , ,	
			to enhance sensory processing and	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
			promote adaptive responses to	member's plan; Occupational Therapy was requested; The health carrier is NOT New	
4/1/2023 -	Physical		environmental demands, direct (one-on-	Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	HMSA	1 2023 2023
				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is Hand; 6/14/2023; No patient history in the past 90 days;	
				Evaluation dates less than 90 days in the past; Surgical; 06/08/2023; Post-Op; Hand selected	
				as the specific body part; Body Part pass complete; Questions about your Hand request: ;	
				Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
				type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	
				Moderate objective and functional deficits: constant symptoms and/or symptoms that are	
				intensified with activity with moderate loss of range of motion, strength, or ability to	
				perform daily task best describes the patient's presentation; Upper Extremity selected as the	
				body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-	
				Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a	
				diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
				Physical or Occupational therapy was selected; Physical or Occupational therapy was	
			97533 Sensory integrative techniques	selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
			to enhance sensory processing and	was selected; Magellan does not manage chiropractic but does manage speech therapy for	
4/4/2022	Phonical		promote adaptive responses to	the member's plan; Occupational Therapy was requested; The health carrier is NOT New	A constitute
4/1/2023 -	Physical		environmental demands, direct (one-on-	Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	HMSA	1 2023 2023
				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is Hand; 6/14/2023; No patient history in the past 90 days;	
				Evaluation dates less than 90 days in the past; Surgical; 6/8/2023; Post-Op; Hand selected as	
				the specific body part; Body Part pass complete; Questions about your Hand request: ; Three	
				or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is	
				Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe	
				objective and functional deficits: constant intense symptoms with severe loss of range of	
				motion, strength, or ability to perform daily tasks best describes the patient's presentation;	
				Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy	
				was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The	
				rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
				diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
			97533 Sensory integrative techniques	Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
			to enhance sensory processing and	or Occupational therapy was selected; Magellan does not manage chiropractic but does	
			promote adaptive responses to	manage speech therapy for the member's plan; Occupational Therapy was requested; The	
4/1/2023 -	Physical		environmental demands, direct (one-on-	health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was	Apr-Jun
6/30/2023 4/1/2023	•	Approval	one) patient contact, each 15 minutes	requested; The health carrier is NOT HMSA	1 2023 2023
0,00,2020 4,1,2023	0/30/2023 WEGICITE	, ibbi ovai	one, patient contact, each 13 minutes	requested, the neutral surrer is not this is	1 2023 2023

4/1/2023 - 6/30/2023 4/1/202	Physical 3 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 6/16/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational Therapy was selected; Physical or Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 6/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the p	Apr-Jun 1 2023 2023
			promote adaptive responses to	member's plan; Occupational Therapy was requested; The health carrier is NOT New	
4/1/2023 -	Physical		environmental demands, direct (one-on-	Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT	Apr-Jun
6/30/2023 4/1/202	•	Approval	one) patient contact, each 15 minutes	HMSA	1 2023 2023
4/1/2023 - 6/30/2023 4/1/202	Physical 3 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 6/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	Apr-Jun 1 2023 2023

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 6/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/25/2023; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	
Evaluation dates less than 90 days in the past; Surgical; 5/25/2023; Post-Op; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	
as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	
Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	
type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	
Moderate objective and functional deficits: constant symptoms and/or symptoms that are	
intensified with activity with moderate loss of range of motion, strength, or ability to	
perform daily task best describes the patient's presentation; Upper Extremity selected as the	
body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-	
Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a	
diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
Physical or Occupational therapy was selected; Physical or Occupational therapy was	
97533 Sensory integrative techniques selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
to enhance sensory processing and was selected; Magellan does not manage chiropractic but does manage speech therapy for	
promote adaptive responses to the member's plan; Occupational Therapy was requested; The health carrier is NOT New	
4/1/2023 - Physical environmental demands, direct (one-on-Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval one) patient contact, each 15 minutes HMSA 1 2	023 2023
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
point; Body Part for first pass is Hand; 6/22/2023; No patient history in the past 90 days;	
Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific	
body part; Body Part pass complete; Questions about your Hand request; Three or more	
visits anticipated; The anticipated number of visits is other than 2.; Therapy type is	
Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe	
objective and functional deficits: constant intense symptoms with severe loss of range of	
motion, strength, or ability to perform daily tasks best describes the patient's presentation;	
Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy	
was not selected; The evaluation date is not in the future; The rehabilitation is NOT related	
to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
97533 Sensory integrative techniques Physical or Occupational therapy was selected; Physical or Occupational therapy was	
to enhance sensory processing and selected; Physical or Occupational therapy was selected; Magellan does not manage	
promote adaptive responses to chiropractic but does manage speech therapy for the member's plan; Occupational Therapy	
4/1/2023 - Physical environmental demands, direct (one-on- was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational	Apr-Jun
	023 2023
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
point; Body Part for first pass is Hand; 6/22/2023; No patient history in the past 90 days;	
Evaluation dates less than 90 days in the past; Surgical; 04/13/2023; Post-Op; Hand selected	
as the specific body part; Body Part pass complete; Questions about your Hand request: ;	
Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	
Severe objective and functional deficits: constant intense symptoms with severe loss of	
range of motion, strength, or ability to perform daily tasks best describes the patient's	
presentation; Upper Extremity selected as the body type/region; Occupational Therapy;	
Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the	
future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT	
related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
97533 Sensory integrative techniques Physical or Occupational therapy was selected; Physical or Occupational therapy was	
to enhance sensory processing and selected; Physical or Occupational therapy was selected; Magellan does not manage	
promote adaptive responses to chiropractic but does manage speech therapy for the member's plan; Occupational Therapy	Apr-Jun
4/1/2023 - Physical environmental demands, direct (one-on-was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational	023 2023

4/1/2023 -		Physical		97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; 6/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	Therapy was requested; The health carrier is NOT HMSA	1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Occupational Therapy was requested; The health carrier is NOT HMSA	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Occupational Therapy was requested; The health carrier is NOT HMSA	Apr-Jun 6 2023 2023

4/1/2023 - 6/30/2023 -	4/1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 4/7/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Severe impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles or trigger points that cause referred pain best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	Apr-Jun 1 2023 2023
0/30/2023	4/1/2023	o/30/2023 Medicine	Approvai	one) patient contact, each 15 minutes	Occupational Therapy was requested; The health carrier is NOT HMSA	1 2023 2023
4/1/2023 - 6/30/2023 -	4/1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 4/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Severe impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles or trigger points that cause referred pain best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 -		Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 4/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 4/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Severe impairment in the ability to perform functional task due to short, tight or tender pelvic floor muscles or trigger points that cause referred pain best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun 1 2023 2023
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	Occupational Therapy was requested; The health carrier is NOT HMSA	1 2023 2023
44/000		Divisi		97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 5/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational	
4/1/2023 -	4/1/2022	Physical	A	environmental demands, direct (one-on-	Therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
4/1/2023 - 6/30/2023		Physical	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) actions contact each 15 minutes.	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; 6/9/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Severe impairment in the ability to perform functional tasks due to constipation, incontinence or pelvic organ prolapse best describes the patient's presentation; Lower Extremity/Hip selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	Occupational Therapy was requested; The health carrier is NOT HMSA	1 2023 2023

point; Body Part for first pass is not in options listed; 3/30/2023 past 90 days; Evaluation dates less than 90 days in the past; No complete; Three or more visits anticipated; Therapy type is Reh selected; No Second Pass; Requestor is not a fax; The requestin Physical Therapy or Occupational Therapy; The patient was pre mobility and now requires human assistance and/or an assistive	
Perform Body Part selection; Perform Body Part selection; First point; Body Part for first pass is Hip/Pelvis; Hip	as the specific body part; est: ; The anticipated number ss; The Pelvis/Pelvic Floor is ng bowel or bladder; Severe stitipation, incontinence or Lower Extremity/Hip ed; The previous auth did not not a gold-card auth; onal therapy was selected; end dates; Previous auth data erapy was requested; The Apr-Jun 2 2023 2023 Pass; Second Pass check
Perform Body Part selection; Perform Body Part selection; First point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected a Body Part pass complete; Questions about your Pelvis/Hip requ of visits is other than 2.; One Body Part selected; No Second Past being treated.; The patient has Pelvic Floor Dysfunction, includi moderate impairment in the ability to perform functional tasks incontinence or pelvic organ prolapse best describes the patient Extremity/Hip selected as the body type/region; Three or more vision suit did not address any body parts; Three or more vision suit did not address any body parts; Three or more vision shout the subsequent request: ; Physical environmental demands, direct (one-on-previous auth data retrieved, type of habilitation = Rehabilitation	as the specific body part; est: ; The anticipated number ss; The Pelvis/Pelvic Floor is ng bowel or bladder; Mild to due to constipation, t's presentation; Lower visits anticipated; The sits anticipated; This is not a sical or Occupational therapy n of start and end dates;

				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is not in options listed; 04/05/2023; No patient history in the	
				past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
				complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part	
				selected; No Second Pass; Requestor is not a fax; The requesting provider is other than	
				Physical Therapy or Occupational Therapy; The patient was previously independent with	
				mobility and now requires human assistance and/or an assistive device to walk and/or	
				transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as	
				the body type/region; Body Part for first pass is Gait/Balance; Occupational Therapy; Speech	
				Therapy was not selected; The evaluation date is not in the future; Occupational Therapy	
				was reaquested; The rehabilitation is NOT related to a diagnosis of cancer.; The	
			97533 Sensory integrative techniques	rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
			to enhance sensory processing and	therapy was selected; Physical or Occupational therapy was selected; Physical or	
			promote adaptive responses to	Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		environmental demands, direct (one-on-	manage speech therapy for the member's plan; Occupational Therapy was requested; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	, , ,	health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT HMSA	1 2023 2023
0/30/2023 4/1/2023	6/30/2023 Wedicine	Approvai	one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	1 2023 2023
				point; Body Part for first pass is not in options listed; 05/12/2023; No patient history in the	
				past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
				complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part	
				selected; No Second Pass; Requestor is not a fax; The requesting provider is other than	
				Physical Therapy or Occupational Therapy; The patient was previously independent with	
				mobility and now requires human assistance and/or an assistive device to walk and/or	
				transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as	
				the body type/region; Body Part for first pass is Gait/Balance; Occupational Therapy; Speech	
				Therapy was not selected; The evaluation date is not in the future; Occupational Therapy	
				was reaquested; The rehabilitation is NOT related to a diagnosis of cancer.; The	
			97533 Sensory integrative techniques	rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
			to enhance sensory processing and	therapy was selected; Physical or Occupational therapy was selected; Physical or	
			promote adaptive responses to	Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		environmental demands, direct (one-on-	manage speech therapy for the member's plan; Occupational Therapy was requested; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT HMSA	1 2023 2023
				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is not in options listed; 5/22/2023; No patient history in the	
				past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/6/2023; Post-Op;	
				Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative;	
				One Body Part selected; No Second Pass; Requestor is not a fax; Fracture selected as the	
				body type/region; Body Part for first pass is Fracture; Occupational Therapy; Speech Therapy	
				was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The	
				rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
				diagnosis of Lymphedema.; You will now be asked some questions about your fracture	
				request.; Post surgical upper or lower limb (extremities) best describes the patient's	
				presentation.; Physical or Occupational therapy was selected; Physical or Occupational	
			97533 Sensory integrative techniques	therapy was selected; Physical or Occupational therapy was selected; Physical or	
			to enhance sensory processing and	Occupational therapy was selected; Magellan does not manage chiropractic but does	
			promote adaptive responses to	manage speech therapy for the member's plan; Occupational Therapy was requested; The	
4/1/2023 -	Physical		environmental demands, direct (one-on-	health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	requested; The health carrier is NOT HMSA	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Medicine	Approvar	one) patient contact, each 15 minutes	requested, the flediti come is NOT fivish	1 2023 2023

					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is not in options listed; 5/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
					complete; Questions about your Head/Neck request:; Three or more visits anticipated;	
					Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body	
					Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits	
					due to cervical impariments with distal symptoms best describes the patient's clinical	
					presentation; Head/Neck selected as the body type/region; Body Part for first pass is	
					Head/Neck; Occupational Therapy; Speech Therapy was not selected; The evaluation date is	
					not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The	
					rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
				97533 Sensory integrative techniques	therapy was selected; Physical or Occupational therapy was selected; Physical or	
				to enhance sensory processing and	Occupational therapy was selected; Magellan does not manage chiropractic but does	
				promote adaptive responses to	manage speech therapy for the member's plan; Occupational Therapy was requested; The	
4/1/2023 -		Physical		environmental demands, direct (one-on-	health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	requested; The health carrier is NOT HMSA	1 2023 2023
					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is not in options listed; 5/26/2023; No patient history in the	
					past 90 days; Evaluation dates less than 90 days in the past; Surgical; 5/3/2023; Post-Op;	
					Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative;	
					One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is	
					other than Physical Therapy or Occupational Therapy; The patient was previously	
					independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and	
					Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Occupational	
					Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is	
					not in the future; Occupational Therapy was reaquested; The rehabilitation is NOT related to	
					a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
				97533 Sensory integrative techniques	Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				to enhance sensory processing and	selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
				promote adaptive responses to	was selected; Magellan does not manage chiropractic but does manage speech therapy for	
4/1/2023 -		Physical		environmental demands, direct (one-on-	the member's plan; Occupational Therapy was requested; The health carrier is NOT New	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	Hampshire Healthy Families; The health carrier is NOT HMSA	1 2023 2023
					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is not in options listed; 6/1/2023; No patient history in the past	
					90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
					complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part	
					selected; No Second Pass; Requestor is not a fax; The requesting provider is other than	
					Physical Therapy or Occupational Therapy; The patient was previously independent with	
					mobility and now requires human assistance and/or an assistive device to walk and/or	
					transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as	
					the body type/region; Body Part for first pass is Gait/Balance; Occupational Therapy; Speech	
					Therapy was not selected; The evaluation date is not in the future; Occupational Therapy was reaquested; The rehabilitation is NOT related to a diagnosis of cancer.; The	
				97533 Sensory integrative techniques	rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
				to enhance sensory processing and	therapy was selected; Physical or Occupational therapy was selected; Physical or	
				promote adaptive responses to	Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		environmental demands, direct (one-on-	manage speech therapy for the member's plan; Occupational Therapy was requested; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT HMSA	1 2023 2023
., ,	, -,	.,,	PP	/ p	,	

			97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 06/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Occupational Threapy was reaquested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Occupational Therapy was reaquested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT HMSA	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to cervical impairments with or without distal symptoms best describes the patient's clinical presentation; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	point; Body Part for first pass is not in options listed; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request:; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Occupational Therapy was requested; The health carrier is NOT HMSA	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/29/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; At least one of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Occupational Therapy was reaquested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT HMSA Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; 6/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/6/2023; Post-Op; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Fracture selected as the body type/region; Body Part for first pass is Fracture; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; You will now be asked some questions about your fracture request.; Post surgical upper or lower limb (extremities) best describes the patient's presentation.; Physical or Occupational therapy was selected; Physical or Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 1/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 1/23/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/03/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/04/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	Apr-Jun 1 2023 2023

Perform Body Part anteclation: Pier Parts Sected Pass sheel appear, Body Part and English Part Form Body Part and English Parts Pa							
Perform Body Part selection, Perform Body Part selection, First Pass, Second Pass check point, Body Part for first pass is Shoulder, 4/2/2023. No patient history in the past 90 days; Evaluation dates less than 90 days in the past, Non-Surgical, Shoulder selected as the specific body parts, Body Part pass is Shoulder, 4/2/2023. No patient history in the past Pod days; Evaluation dates less than 90 days in the past, Non-Surgical, The anticipated number of visits anticipated. Therapy type is Rehabilitative, Non-Surgical, The anticipated number of visits anticipated, Therapy type is Rehabilitative, Non-Surgical, The anticipated number of visits on the first pass of the past	1 1 1		,		to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-	point; Body Part for first pass is Shoulder; 4/4/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was	•
point, Body Part for first pass is Shoulder, 4/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past 50 days in the past 50 days; Evaluation dates less than 90 days in the past 50 days	1 1 1	4/1/2023	,	Approval	,		
point; Body Part for first pass is Shoulder; 4/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Occupational Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or 97533 Sensory integrative techniques Occupational therapy was selected; Physical or Occupational Therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational Therapy was requested; The 4/1/2023 - Physical environmental demands, direct (one-on-		4/1/2023	•	Approval	to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-	point; Body Part for first pass is Shoulder; 4/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT	
	4/1/2023 -		Physical		to enhance sensory processing and promote adaptive responses to	point; Body Part for first pass is Shoulder; 4/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of Cocupational therapy was selected; Physical or Occupational therapy was requested; The	Apr-Jun
	1 1	4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	requested; The health carrier is NOT HMSA	2 2023 2023

				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/6/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 01/18/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical	
			97533 Sensory integrative techniques to enhance sensory processing and	presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
			promote adaptive responses to	chiropractic but does manage speech therapy for the member's plan; Occupational Therapy	
4/1/2023 -	Physical		environmental demands, direct (one-on-	was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	Therapy was requested; The health carrier is NOT HMSA	1 2023 2023
				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is Shoulder; 4/7/2023; No patient history in the past 90 days;	
				Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific	
				body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more	
				visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of	
				visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe	
				loss of range of motion, strength, or ability to perform daily tasks best describes the	
				patient's clinical presentation; Upper Extremity selected as the body type/region;	
				Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the	
				future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT	
				related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
			97533 Sensory integrative techniques	Physical or Occupational therapy was selected; Physical or Occupational therapy was	
			to enhance sensory processing and	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
			promote adaptive responses to	member's plan; Occupational Therapy was requested; The health carrier is NOT New	
4/1/2023 -	Physical		environmental demands, direct (one-on-	Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	HMSA	1 2023 2023
				Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
				point; Body Part for first pass is Shoulder; 4/10/2023; No patient history in the past 90 days;	
				Evaluation dates less than 90 days in the past; Surgical; 3/30/2023; Post-Op; Shoulder	
				selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The	
				anticipated number of visits is other than 2.; One Body Part selected; No Second Pass;	
				Requestor is not a fax; Mild objective and functional deficits: minimal loss of range of	
				motion, strength, or ability to perform daily tasks best describes the patient's clinical	
				presentation; Upper Extremity selected as the body type/region; Occupational Therapy;	
				Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the	
				future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT	
				related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
			97533 Sensory integrative techniques	Physical or Occupational therapy was selected; Physical or Occupational therapy was	
			to enhance sensory processing and	selected; Physical or Occupational therapy was selected; Magellan does not manage	
			promote adaptive responses to	chiropractic but does manage speech therapy for the member's plan; Occupational Therapy	
4/1/2023 -	Physical		environmental demands, direct (one-on-	was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	Therapy was requested; The health carrier is NOT HMSA	1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cocupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 03/31/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of Locupational therapy was selected; Physical or Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/13/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits without instability: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical pre; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested.	Apr-Jun 1 2023 2023
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	requested; The health carrier is NOT HMSA	1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 02/14/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	point; Body Part selection; Perform Body Part selection; Pirst Pass; second Pass Check point; Body Part for first pass is Shoulder; 4/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Coccupational therapy was selected; Physical or Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cymphedema.; Physical or Occupational therapy was selected; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/13/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Interapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of Cymphedema.; Physical or Occupational therapy was selected; Physical or Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	Apr-Jun 1 2023 2023

					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 4/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/03/2023; Post-Op; Shoulder	
					selected as the specific body part; Body Part pass complete; Questions about your Shoulder	
					request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The	
					anticipated number of visits is other than 2.; One Body Part selected; No Second Pass;	
					Requestor is not a fax; Severe objective and functional deficits: severe loss of range of	
					motion, strength, or ability to perform daily tasks best describes the patient's clinical	
					presentation; Upper Extremity selected as the body type/region; Occupational Therapy;	
					Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the	
					future: The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT	
					related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
				97533 Sensory integrative techniques	Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				to enhance sensory processing and	selected; Physical or Occupational therapy was selected; Magellan does not manage	
				promote adaptive responses to	chiropractic but does manage speech therapy for the member's plan; Occupational Therapy	
4/1/2023 -		Physical		environmental demands, direct (one-on-	was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	Therapy was requested; The health carrier is NOT HMSA	1 2023 2023
0,30,2023	4/1/2023	0/30/2023 Wedicine	пррготаг	one, patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	1 2023 2023
					point; Body Part for first pass is Shoulder; 5/1/2023; No patient history in the past 90 days;	
					Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific	
					body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more	
					visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of	
					visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe	
					objective and functional deficits with instability: constant or intense symptoms with severe	
					loss of range of motion, strength, or ability to perform daily tasks best describes the	
					patient's clinical presentation; Upper Extremity selected as the body type/region;	
					Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the	
					future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT	
					related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
				97533 Sensory integrative techniques	Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				to enhance sensory processing and	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
				promote adaptive responses to	member's plan; Occupational Therapy was requested; The health carrier is NOT New	
4/1/2023 -		Physical		environmental demands, direct (one-on-	Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	HMSA	1 2023 2023
					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Shoulder; 05/02/2023; No patient history in the past 90	
					days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the	
					specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three	
					or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated	
					number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a	
					fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms	
					with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks	
					best describes the patient's clinical presentation; Upper Extremity selected as the body	
					type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is	
					not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
				97533 Sensory integrative techniques	therapy was selected; Physical or Occupational therapy was selected; Physical or	
				to enhance sensory processing and	Occupational therapy was selected; Physical of Occupational therapy was selected; Physical occupational thera	
				promote adaptive responses to	manage speech therapy for the member's plan; Occupational Therapy was requested; The	
4/1/2023 -		Physical		environmental demands, direct (one-on-	health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	requested; The health carrier is NOT HMSA	1 2023 2023
-,00,2023	., _, _0_0	5, 50, 2020	pp.0.0.	, p-1.011 contact, cach 15 11111ates	- Equation , the real countries is the countries of the c	_ 2020 2020

					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Shoulder; 5/3/2023; No patient history in the past 90 days;	
					Evaluation dates less than 90 days in the past; Surgical; 5/3/2023; Post-Op; Shoulder	
					selected as the specific body part; Body Part pass complete; Questions about your Shoulder	
					request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The	
					anticipated number of visits is other than 2.; One Body Part selected; No Second Pass;	
					Requestor is not a fax; Severe objective and functional deficits: severe loss of range of	
					motion, strength, or ability to perform daily tasks best describes the patient's clinical	
					presentation; Upper Extremity selected as the body type/region; Occupational Therapy;	
					, , , , , , , , , , , , , , , , , , , ,	
					Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the	
					future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT	
					related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
				97533 Sensory integrative techniques	Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				to enhance sensory processing and	selected; Physical or Occupational therapy was selected; Magellan does not manage	
				promote adaptive responses to	chiropractic but does manage speech therapy for the member's plan; Occupational Therapy	
4/1/2023 -		Physical		environmental demands, direct (one-on-	was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	Therapy was requested; The health carrier is NOT HMSA	1 2023 2023
, .				,,	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Shoulder; 5/4/2023; No patient history in the past 90 days;	
					Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific	
					body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more	
					visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of	
					visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild	
					or moderate objective and functional deficits with instability: sporadic symptoms with	
					minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best	
					describes the patient's clinical presentation; Upper Extremity selected as the body	
					type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is	
					not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The	
					rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
				97533 Sensory integrative techniques	therapy was selected; Physical or Occupational therapy was selected; Physical or	
				to enhance sensory processing and	Occupational therapy was selected; Magellan does not manage chiropractic but does	
				promote adaptive responses to	manage speech therapy for the member's plan; Occupational Therapy was requested; The	
4/1/2023 -		Physical		environmental demands, direct (one-on-	health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	requested; The health carrier is NOT HMSA	1 2023 2023
0,00,2020	., 1, 2020	0,00,2020 Weatonic	7.661.0101	one, patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	1 2020 2020
					point; Body Part for first pass is Shoulder; 5/5/2023; No patient history in the past 90 days;	
					Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific	
					body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more	
					visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of	
					visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild	
					or moderate objective and functional deficits with instability: sporadic symptoms with	
					minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best	
					describes the patient's clinical presentation; Upper Extremity selected as the body	
					type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is	
					not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The	
					rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
				97533 Sensory integrative techniques	therapy was selected; Physical or Occupational therapy was selected; Physical or	
				to enhance sensory processing and	Occupational therapy was selected; Magellan does not manage chiropractic but does	
				promote adaptive responses to	manage speech therapy for the member's plan; Occupational Therapy was requested; The	
4/1/2023 -		Physical		environmental demands, direct (one-on-	health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	requested; The health carrier is NOT HMSA	1 2023 2023
3/30/2023	., 1, 2023	5,55,2025 Wicalchie	. ippiovai	one, patient contact, each 15 minutes	requested, the health differ is not things.	1 2023 2023

					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Shoulder; 05/11/2023; No patient history in the past 90	
					days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the	
					specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three	
					or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated	
					number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a	
					fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms	
					with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks	
					best describes the patient's clinical presentation; Upper Extremity selected as the body	
					type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is	
					not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The	
					rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
				97533 Sensory integrative techniques	therapy was selected; Physical or Occupational therapy was selected; Physical or	
				to enhance sensory processing and	Occupational therapy was selected; Magellan does not manage chiropractic but does	
				promote adaptive responses to	manage speech therapy for the member's plan; Occupational Therapy was requested; The	
4/1/2023 -		Physical		environmental demands, direct (one-on-	health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	requested; The health carrier is NOT HMSA	1 2023 2023
					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Shoulder; 5/11/2023; No patient history in the past 90 days;	
					Evaluation dates less than 90 days in the past; Surgical; 4/24/2023; Post-Op; Shoulder	
					selected as the specific body part; Body Part pass complete; Questions about your Shoulder	
					request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The	
					anticipated number of visits is other than 2.; One Body Part selected; No Second Pass;	
					Requestor is not a fax; Severe objective and functional deficits: severe loss of range of	
					motion, strength, or ability to perform daily tasks best describes the patient's clinical	
					presentation; Upper Extremity selected as the body type/region; Occupational Therapy;	
					Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the	
					future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT	
					,	
				07522 6	related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
				97533 Sensory integrative techniques	Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				to enhance sensory processing and	selected; Physical or Occupational therapy was selected; Magellan does not manage	
				promote adaptive responses to	chiropractic but does manage speech therapy for the member's plan; Occupational Therapy	
4/1/2023 -		Physical		environmental demands, direct (one-on-	was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	Therapy was requested; The health carrier is NOT HMSA	1 2023 2023
					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Shoulder; 5/15/2023; No patient history in the past 90 days;	
					Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific	
					body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more	
					visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of	
					visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild	
					or moderate objective and functional deficits with instability: sporadic symptoms with	
					minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best	
					describes the patient's clinical presentation; Upper Extremity selected as the body	
					type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is	
					not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The	
					rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
				97533 Sensory integrative techniques	therapy was selected; Physical or Occupational therapy was selected; Physical or	
				to enhance sensory processing and	Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2022		Dhue! I		promote adaptive responses to	manage speech therapy for the member's plan; Occupational Therapy was requested; The	Ame III
4/1/2023 -	4 /4 /2222	Physical		environmental demands, direct (one-on-	health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	requested; The health carrier is NOT HMSA	1 2023 2023

4/4/2022		Dhycical		97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one on	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/16/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshiro Healthy Emilies; Occupational Therapy was requested; The health carrier is NOT New	Apr. Ivo
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	environmental demands, direct (one-on- one) patient contact, each 15 minutes	Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Coccupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 05/16/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023 4/1/	Physical 2023 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/22/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/25/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/	Physical	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 5/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 04/04/2023; Post-Op; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cocupational therapy was selected; Physical or Occupational Therapy was selected; Physical or Decupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/	Physical 2023 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	point; Body Part for first pass is Shoulder; 6/1/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; Physical or Occupational therapy was selected; Physical or Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	Apr-Jun 1 2023 2023

	lection; Perform Body Part selection; First Pass; Second Pass check
	rst pass is Shoulder; 6/7/2023; No patient history in the past 90 days;
Evaluation dates less	than 90 days in the past; Non-Surgical; Shoulder selected as the specific
body part; Body Part	pass complete; Questions about your Shoulder request: ; Three or more
visits anticipated; Th	erapy type is Rehabilitative; Non-Surgical; The anticipated number of
visits is other than 2.	One Body Part selected; No Second Pass; Requestor is not a fax; Severe
objective and function	nal deficits with instability: constant or intense symptoms with severe
loss of range of moti	on, strength, or ability to perform daily tasks best describes the
patient's clinical pres	entation; Upper Extremity selected as the body type/region;
Occupational Therap	y; Speech Therapy was not selected; The evaluation date is not in the
future; The rehabilit	tion is NOT related to a diagnosis of cancer.; The rehabilitation is NOT
related to a diagnosi	of Lymphedema.; Physical or Occupational therapy was selected;
97533 Sensory integrative techniques Physical or Occupation	nal therapy was selected; Physical or Occupational therapy was
· ·	pes not manage chiropractic but does manage speech therapy for the
7,7	pational Therapy was requested; The health carrier is NOT New
	amilies; Occupational Therapy was requested; The health carrier is NOT Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval one) patient contact, each 15 minutes HMSA	1 2023 2023
	lection; Perform Body Part selection; First Pass; Second Pass check
·	irst pass is Shoulder; 6/12/2023; No patient history in the past 90 days;
	than 90 days in the past; Non-Surgical; Shoulder selected as the specific
	pass complete; Questions about your Shoulder request: ; Three or more
	erapy type is Rehabilitative; Non-Surgical; The anticipated number of
	One Body Part selected; No Second Pass; Requestor is not a fax; Severe
	nal deficits with instability: constant or intense symptoms with severe
·	on, strength, or ability to perform daily tasks best describes the
	entation; Upper Extremity selected as the body type/region;
	r; Speech Therapy was not selected; The evaluation date is not in the
	tion is NOT related to a diagnosis of cancer.; The rehabilitation is NOT
, and the second se	of Lymphedema.; Physical or Occupational therapy was selected;
· · · · · · · · · · · · · · · · · · ·	nal therapy was selected; Physical or Occupational therapy was
, ,	pes not manage chiropractic but does manage speech therapy for the
	pational Therapy was requested; The health carrier is NOT New
	amilies; Occupational Therapy was requested; The health carrier is NOT Apr-Jun
The state of the s	2 2023 2023 lection; Perform Body Part selection; First Pass; Second Pass check
, and the second	irst pass is Shoulder; 6/14/2023; No patient history in the past 90 days;
	than 90 days in the past; Non-Surgical; Shoulder selected as the specific
	pass complete; Questions about your Shoulder request: ; Three or more
••••	erapy type is Rehabilitative; Non-Surgical; The anticipated number of
	., .,
	One Body Part selected; No Second Pass; Requestor is not a fax; Mild
·	e and functional deficits with instability: sporadic symptoms with
	loss of range of motion, strength, or ability to perform daily tasks best
·	's clinical presentation; Upper Extremity selected as the body
11.1	ional Therapy; Speech Therapy was not selected; The evaluation date is
· ·	rehabilitation is NOT related to a diagnosis of cancer.; The
	related to a diagnosis of Lymphedema.; Physical or Occupational
· ·	; Physical or Occupational therapy was selected; Physical or
,, ,	was selected; Magellan does not manage chiropractic but does
	py for the member's plan; Occupational Therapy was requested; The
	New Hampshire Healthy Families; Occupational Therapy was Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval one) patient contact, each 15 minutes requested; The healt	n carrier is NOT HMSA 1 2023 2023

	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
	point; Body Part for first pass is Shoulder; 6/14/2023; No patient history in the past 90 days;	
	Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific	
	body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more	
	visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of	
	visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe	
	objective and functional deficits with instability: constant or intense symptoms with severe	
	loss of range of motion, strength, or ability to perform daily tasks best describes the	
	patient's clinical presentation; Upper Extremity selected as the body type/region;	
	Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the	
	future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT	
	related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
97533 Sensory integrative techniques	Physical or Occupational therapy was selected; Physical or Occupational therapy was	
to enhance sensory processing and	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
promote adaptive responses to	member's plan; Occupational Therapy was requested; The health carrier is NOT New	
4/1/2023 - Physical environmental demands, direct (one-on-	Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval one) patient contact, each 15 minutes	HMSA	1 2023 2023
	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
	point; Body Part for first pass is Shoulder; 6/14/2023; No patient history in the past 90 days;	
	Evaluation dates less than 90 days in the past; Surgical; 05/25/2023; Post-Op; Shoulder	
	selected as the specific body part; Body Part pass complete; Questions about your Shoulder	
	request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The	
	anticipated number of visits is other than 2.; One Body Part selected; No Second Pass;	
	Requestor is not a fax; Severe objective and functional deficits: severe loss of range of	
	motion, strength, or ability to perform daily tasks best describes the patient's clinical	
	presentation; Upper Extremity selected as the body type/region; Occupational Therapy;	
	Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the	
	future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT	
	related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
97533 Sensory integrative techniques	Physical or Occupational therapy was selected; Physical or Occupational therapy was	
to enhance sensory processing and	selected; Physical or Occupational therapy was selected; Magellan does not manage	
promote adaptive responses to	chiropractic but does manage speech therapy for the member's plan; Occupational Therapy	
4/1/2023 - Physical environmental demands, direct (one-on-	was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval one) patient contact, each 15 minutes	Therapy was requested; The health carrier is NOT HMSA	1 2023 2023
	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
	point; Body Part for first pass is Shoulder; 6/15/2023; No patient history in the past 90 days;	
	Evaluation dates less than 90 days in the past; Surgical; 6/1/2023; Post-Op; Shoulder	
	selected as the specific body part; Body Part pass complete; Questions about your Shoulder	
	request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The	
	anticipated number of visits is other than 2.; One Body Part selected; No Second Pass;	
	Requestor is not a fax; Severe objective and functional deficits: severe loss of range of	
	motion, strength, or ability to perform daily tasks best describes the patient's clinical	
	presentation; Upper Extremity selected as the body type/region; Occupational Therapy;	
	Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the	
	future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT	
	related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
97533 Sensory integrative techniques	Physical or Occupational therapy was selected; Physical or Occupational therapy was	
to enhance sensory processing and	selected; Physical or Occupational therapy was selected; Magellan does not manage	
promote adaptive responses to	chiropractic but does manage speech therapy for the member's plan; Occupational Therapy	
4/1/2023 - Physical environmental demands, direct (one-on-	was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval one) patient contact, each 15 minutes	Therapy was requested; The health carrier is NOT HMSA	1 2023 2023

					Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Shoulder; 6/16/2023; No patient history in the past 90 days;	
					Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific	
					body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more	
					visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of	
					visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe	
					objective and functional deficits with instability: constant or intense symptoms with severe	
					loss of range of motion, strength, or ability to perform daily tasks best describes the	
					patient's clinical presentation; Upper Extremity selected as the body type/region;	
					Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the	
					future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT	
					related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
				97533 Sensory integrative techniques	Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				to enhance sensory processing and	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
				promote adaptive responses to	member's plan; Occupational Therapy was requested; The health carrier is NOT New	
4/1/2023 -		Physical		environmental demands, direct (one-on-	Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	HMSA	1 2023 2023
				·· ·	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
					point; Body Part for first pass is Shoulder; 06/19/2023; No patient history in the past 90	
					days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the	
					specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three	
					or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated	
					number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a	
					fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms	
					with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks	
					best describes the patient's clinical presentation; Upper Extremity selected as the body	
					type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is	
					not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The	
					rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
				97533 Sensory integrative techniques	therapy was selected; Physical or Occupational therapy was selected; Physical or	
				to enhance sensory processing and	Occupational therapy was selected; Magellan does not manage chiropractic but does	
				promote adaptive responses to	manage speech therapy for the member's plan; Occupational Therapy was requested; The	
4/1/2023 -		Physical		environmental demands, direct (one-on-	health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	requested; The health carrier is NOT HMSA	1 2023 2023
0,00,2020	., 1, 2020	0,00,2020 11100101110	7.661.0101	one, patient contact, each 25 minutes	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	1 2025 2025
					point; Body Part for first pass is Shoulder; 6/20/2023; No patient history in the past 90 days;	
					Evaluation dates less than 90 days in the past; Surgical; 6/15/2023; Post-Op; Shoulder	
					selected as the specific body part; Body Part pass complete; Questions about your Shoulder	
					request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The	
					anticipated number of visits is other than 2.; One Body Part selected; No Second Pass;	
					Requestor is not a fax; Severe objective and functional deficits: severe loss of range of	
					motion, strength, or ability to perform daily tasks best describes the patient's clinical	
					presentation; Upper Extremity selected as the body type/region; Occupational Therapy;	
					Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the	
					future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT	
					related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
				97533 Sensory integrative techniques	Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				to enhance sensory processing and	selected; Physical or Occupational therapy was selected; Magellan does not manage	
				promote adaptive responses to	chiropractic but does manage speech therapy for the member's plan; Occupational Therapy	
4/1/2023 -		Physical		environmental demands, direct (one-on-	was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	Therapy was requested; The health carrier is NOT HMSA	1 2023 2023
0/30/2023	7/1/2023	0/30/2023 MEUICITE	Approvai	one) patient contact, cach 13 minutes	merapy was requested, the health tarrier is NOT Hivish	1 2023 2023

	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check
	point; Body Part for first pass is Shoulder; 6/26/2023; No patient history in the past 90 days;
	Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific
	body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more
	visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of
	visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild
	or moderate objective and functional deficits with instability: sporadic symptoms with
	minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best
	describes the patient's clinical presentation; Upper Extremity selected as the body
	type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is
	not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The
	rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational
07E22 Conconsistence techniques	therapy was selected; Physical or Occupational therapy was selected; Physical or
97533 Sensory integrative techniques	., , , , , , , , , , , , , , , , , , ,
to enhance sensory processing and	Occupational therapy was selected; Magellan does not manage chiropractic but does
promote adaptive responses to	manage speech therapy for the member's plan; Occupational Therapy was requested; The
4/1/2023 - Physical environmental demands, direct (one-on	
6/30/2023 4/1/2023 6/30/2023 Medicine Approval one) patient contact, each 15 minutes	requested; The health carrier is NOT HMSA 1 2023 2023
	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check
	point; Body Part for first pass is Shoulder; 6/26/2023; No patient history in the past 90 days;
	Evaluation dates less than 90 days in the past; Surgical; 04/18/2023; Post-Op; Shoulder
	selected as the specific body part; Body Part pass complete; Questions about your Shoulder
	request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Post-Op; The
	anticipated number of visits is other than 2.; One Body Part selected; No Second Pass;
	Requestor is not a fax; Severe objective and functional deficits: severe loss of range of
	motion, strength, or ability to perform daily tasks best describes the patient's clinical
	presentation; Upper Extremity selected as the body type/region; Occupational Therapy;
	Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the
	future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT
	related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;
97533 Sensory integrative techniques	Physical or Occupational therapy was selected; Physical or Occupational therapy was
to enhance sensory processing and	selected; Physical or Occupational therapy was selected; Magellan does not manage
promote adaptive responses to	chiropractic but does manage speech therapy for the member's plan; Occupational Therapy
1 1 1	, , , , , , , , , , , , , , , , , , , ,
6/30/2023 4/1/2023 6/30/2023 Medicine Approval one) patient contact, each 15 minutes	Therapy was requested; The health carrier is NOT HMSA 1 2023 2023
	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check
	point; Body Part for first pass is Shoulder; 6/27/2023; No patient history in the past 90 days;
	Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific
	body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more
	visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of
	visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe
	objective and functional deficits with instability: constant or intense symptoms with severe
	loss of range of motion, strength, or ability to perform daily tasks best describes the
	patient's clinical presentation; Upper Extremity selected as the body type/region;
	Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the
	future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT
	related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;
97533 Sensory integrative techniques	Physical or Occupational therapy was selected; Physical or Occupational therapy was
to enhance sensory processing and	selected; Magellan does not manage chiropractic but does manage speech therapy for the
promote adaptive responses to	member's plan; Occupational Therapy was requested; The health carrier is NOT New
4/1/2023 - Physical environmental demands, direct (one-on	
6/30/2023 4/1/2023 6/30/2023 Medicine Approval one) patient contact, each 15 minutes	HMSA 1 2023 2023
-,, , -, -, o,	1 2023 2023

		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
		point; Body Part for first pass is Shoulder; 6/28/2023; No patient history in the past 90 days;	
		Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific	
		body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more	
		visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of	
		visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe	
		objective and functional deficits with instability: constant or intense symptoms with severe	
		loss of range of motion, strength, or ability to perform daily tasks best describes the	
		patient's clinical presentation; Upper Extremity selected as the body type/region;	
		Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the	
		future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT	
	07500.0	related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
	-	y integrative techniques Physical or Occupational therapy was selected; Physical or Occupational therapy was	
		ensory processing and selected; Magellan does not manage chiropractic but does manage speech therapy for the	
		ptive responses to member's plan; Occupational Therapy was requested; The health carrier is NOT New	
4/1/2023 - F	Physical environmental	al demands, direct (one-on-Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT	Apr-Jun
6/30/2023 4/1/2023 6/30/2023	Medicine Approval one) patient co	contact, each 15 minutes HMSA	1 2023 2023
		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
		point; Body Part for first pass is Wrist; 03/15/2023; No patient history in the past 90 days;	
		Evaluation dates less than 90 days in the past; Surgical; 03/07/2023; Post-Op; Wrist selected	
		as the specific body part; Body Part pass complete; Questions about your Wrist request: ;	
		Three or more visits anticipated. The anticipated number of visits is other than 2.; Therapy	
		type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	
		Moderate objective and functional deficits: constant symptoms and/or symptoms that are	
		intensified with activity with moderate loss of range of motion, strength, or ability to	
		perform daily tasks best describes the patient presentation; Upper Extremity selected as the	
		body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-	
		Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a	
		diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
		Physical or Occupational therapy was selected; Physical or Occupational therapy was	
	•	y integrative techniques selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
	to enhance ser	ensory processing and was selected; Magellan does not manage chiropractic but does manage speech therapy for	
	promote adapt	ptive responses to the member's plan; Occupational Therapy was requested; The health carrier is NOT New	
4/1/2023 -	Physical environmental	al demands, direct (one-on-Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 [Medicine Approval one) patient co	contact, each 15 minutes HMSA	1 2023 2023
		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
		point; Body Part for first pass is Wrist; 4/6/2023; No patient history in the past 90 days;	
		Evaluation dates less than 90 days in the past; Surgical; 3/30/2023; Post-Op; Wrist selected	
		as the specific body part; Body Part pass complete; Questions about your Wrist request: ;	
		Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
		type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	
		Severe objective and functional deficits: constant intense symptoms with severe loss of	
		range of motion, strength, or ability to perform daily tasks best describes the patient	
		presentation; Upper Extremity selected as the body type/region; Occupational Therapy;	
		Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the	
		future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT	
		related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
	97533 Sensory	y integrative techniques Physical or Occupational therapy was selected; Physical or Occupational therapy was	
	to enhance ser	ensory processing and selected; Physical or Occupational therapy was selected; Magellan does not manage	
	promote adapt	otive responses to chiropractic but does manage speech therapy for the member's plan; Occupational Therapy	
4/1/2023 -	Physical environmental	al demands, direct (one-on- was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 [Medicine Approval one) patient co	contact, each 15 minutes Therapy was requested; The health carrier is NOT HMSA	1 2023 2023
	,,		

		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
		point; Body Part for first pass is Wrist; 4/10/2023; No patient history in the past 90 days;	
		Evaluation dates less than 90 days in the past; Surgical; 1/24/2023; Post-Op; Wrist selected	
		as the specific body part; Body Part pass complete; Questions about your Wrist request: ;	
		Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
		type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	
		Severe objective and functional deficits: constant intense symptoms with severe loss of	
		range of motion, strength, or ability to perform daily tasks best describes the patient	
		presentation; Upper Extremity selected as the body type/region; Occupational Therapy;	
		Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the	
		future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT	
		related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
	97533 Sensory integrative techniques	Physical or Occupational therapy was selected; Physical or Occupational therapy was	
	to enhance sensory processing and	selected; Physical or Occupational therapy was selected; Magellan does not manage	
	promote adaptive responses to	chiropractic but does manage speech therapy for the member's plan; Occupational Therapy	
4/1/2022 Physical Phy			A mar I tum
	ysical environmental demands, direct (one-on-	was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Med	edicine Approval one) patient contact, each 15 minutes	Therapy was requested; The health carrier is NOT HMSA Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	1 2023 2023
		• • • • • • • • • • • • • • • • • • • •	
		point; Body Part for first pass is Wrist; 4/11/2023; No patient history in the past 90 days;	
		Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific	
		body part; Body Part pass complete; Questions about your Wrist request: ; Three or more	
		visits anticipated; The anticipated number of visits is other than 2.; Therapy type is	
		Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate	
		objective and functional deficits: constant symptoms and/or symptoms that are intensified	
		with activity with moderate loss of range of motion, strength, or ability to perform daily	
		tasks best describes the patient presentation; Upper Extremity selected as the body	
		type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is	
		not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The	
		rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
	97533 Sensory integrative techniques	therapy was selected; Physical or Occupational therapy was selected; Physical or	
	to enhance sensory processing and	Occupational therapy was selected; Magellan does not manage chiropractic but does	
	promote adaptive responses to	manage speech therapy for the member's plan; Occupational Therapy was requested; The	
4/1/2023 - Phys	ysical environmental demands, direct (one-on-	health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Med	edicine Approval one) patient contact, each 15 minutes	requested; The health carrier is NOT HMSA	1 2023 2023
		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
		point; Body Part for first pass is Wrist; 4/13/2023; No patient history in the past 90 days;	
		Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific	
		body part; Body Part pass complete; Questions about your Wrist request: ; Three or more	
		visits anticipated; The anticipated number of visits is other than 2.; Therapy type is	
		Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe	
		objective and functional deficits: constant intense symptoms with severe loss of range of	
		motion, strength, or ability to perform daily tasks best describes the patient presentation;	
		Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy	
		was not selected; The evaluation date is not in the future; The rehabilitation is NOT related	
		to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
	97533 Sensory integrative techniques	Physical or Occupational therapy was selected; Physical or Occupational therapy was	
	to enhance sensory processing and	selected; Physical or Occupational therapy was selected; Magellan does not manage	
	promote adaptive responses to	chiropractic but does manage speech therapy for the member's plan; Occupational Therapy	
4/1/2023 - Phys	ysical environmental demands, direct (one-on-	was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Med	•	Therapy was requested; The health carrier is NOT HMSA	1 2023 2023
0/30/2023 4/1/2023 0/30/2023 Med	dicine Approvai one, patient contact, each 15 minutes	merapy was requested, the health callier is NOT fivish	1 2023 2023

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 4/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe	
Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe	
body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe	
visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe	
Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe	
phicative and five time I deficite acceptant interest when a constant in the constant with acceptance of	
objective and functional deficits: constant intense symptoms with severe loss of range of	
motion, strength, or ability to perform daily tasks best describes the patient presentation;	
Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy	
was not selected; The evaluation date is not in the future; The rehabilitation is NOT related	
to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
97533 Sensory integrative techniques Physical or Occupational therapy was selected; Physical or Occupational therapy was	
to enhance sensory processing and selected; Physical or Occupational therapy was selected; Magellan does not manage	
promote adaptive responses to chiropractic but does manage speech therapy for the member's plan; Occupational Therapy	
4/1/2023 - Physical environmental demands, direct (one-on- was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval one) patient contact, each 15 minutes Therapy was requested; The health carrier is NOT HMSA 1 2023	
Perform Body Part selection; First Pass; Second Pass check	2023
point; Body Part for first pass is Wrist; 4/18/2023; No patient history in the past 90 days;	
Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific	
body part; Body Part pass complete; Questions about your Wrist request; Three or more	
visits anticipated; The anticipated number of visits is other than 2.; Therapy type is	
Rehabilitative; One Body Part selected; No Second Pass; Requestor, in not a fax; Moderate	
objective and functional deficits: constant symptoms and/or symptoms that are intensified	
with activity with moderate loss of range of motion, strength, or ability to perform daily	
tasks best describes the patient presentation; Upper Extremity selected as the body	
type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is	
not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The	
rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
97533 Sensory integrative techniques therapy was selected; Physical or Occupational therapy was selected; Physical or	
to enhance sensory processing and Occupational therapy was selected; Magellan does not manage chiropractic but does	
promote adaptive responses to manage speech therapy for the member's plan; Occupational Therapy was requested; The	
4/1/2023 - Physical environmental demands, direct (one-on-health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval one) patient contact, each 15 minutes requested; The health carrier is NOT HMSA 1 2023	2023
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
point; Body Part for first pass is Wrist; 4/20/2023; No patient history in the past 90 days;	
Evaluation dates less than 90 days in the past; Surgical; 4/4/2023; Post-Op; Wrist selected as	
the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three	
or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is	
Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate	
objective and functional deficits: constant symptoms and/or symptoms that are intensified	
with activity with moderate loss of range of motion, strength, or ability to perform daily	
tasks best describes the patient presentation; Upper Extremity selected as the body	
type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-	
Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a	
diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
Physical or Occupational therapy was selected; Physical or Occupational therapy was	
97533 Sensory integrative techniques selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
to enhance sensory processing and was selected; Magellan does not manage chiropractic but does manage speech therapy for	
promote adaptive responses to the member's plan; Occupational Therapy was requested; The health carrier is NOT New	
4/1/2023 - Physical environmental demands, direct (one-on- Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval one) patient contact, each 15 minutes HMSA 1 2023	2023

Perform Body Part	selection; Perform Body Part selection; First Pass; Second Pass check
point; Body Part fo	r first pass is Wrist; 4/26/2023; No patient history in the past 90 days;
Evaluation dates le	ss than 90 days in the past; Surgical; 1/12/2023; Post-Op; Wrist selected
as the specific bod	part; Body Part pass complete; Questions about your Wrist request: ;
Three or more visit	s anticipated; The anticipated number of visits is other than 2.; Therapy
type is Rehabilitati	ve; One Body Part selected; No Second Pass; Requestor is not a fax;
	d functional deficits: constant intense symptoms with severe loss of
·	rength, or ability to perform daily tasks best describes the patient
g ,	er Extremity selected as the body type/region; Occupational Therapy;
	is not selected; Post-Op or Non-Surgical; The evaluation date is not in the
	tation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT
	sis of Lymphedema.; Physical or Occupational therapy was selected;
-	
	tional therapy was selected; Physical or Occupational therapy was
	or Occupational therapy was selected; Magellan does not manage
· · · · · · · · · · · · · · · · · · ·	es manage speech therapy for the member's plan; Occupational Therapy
	e health carrier is NOT New Hampshire Healthy Families; Occupational Apr-Jun
	sted; The health carrier is NOT HMSA 1 2023 2023
·	selection; Perform Body Part selection; First Pass; Second Pass check
• • • • • • • • • • • • • • • • • • • •	r first pass is Wrist; 4/27/2023; No patient history in the past 90 days;
	ss than 90 days in the past; Non-Surgical; Wrist selected as the specific
	rt pass complete; Questions about your Wrist request: ; Three or more
,	he anticipated number of visits is other than 2.; Therapy type is
Rehabilitative; One	Body Part selected; No Second Pass; Requestor is not a fax; Moderate
objective and function	ional deficits: constant symptoms and/or symptoms that are intensified
with activity with n	noderate loss of range of motion, strength, or ability to perform daily
tasks best describe	s the patient presentation; Upper Extremity selected as the body
type/region; Occup	ational Therapy; Speech Therapy was not selected; The evaluation date is
not in the future; T	he rehabilitation is NOT related to a diagnosis of cancer.; The
rehabilitation is NC	T related to a diagnosis of Lymphedema.; Physical or Occupational
97533 Sensory integrative techniques therapy was select	ed; Physical or Occupational therapy was selected; Physical or
to enhance sensory processing and Occupational thera	py was selected; Magellan does not manage chiropractic but does
promote adaptive responses to manage speech the	erapy for the member's plan; Occupational Therapy was requested; The
4/1/2023 - Physical environmental demands, direct (one-on-health carrier is NC	T New Hampshire Healthy Families; Occupational Therapy was Apr-Jun
,	Ilth carrier is NOT HMSA 1 2023 2023
	selection; Perform Body Part selection; First Pass; Second Pass check
point; Body Part fo	r first pass is Wrist; 5/2/2023; No patient history in the past 90 days;
Evaluation dates le	ss than 90 days in the past; Non-Surgical; Wrist selected as the specific
	rt pass complete; Questions about your Wrist request: ; Three or more
	he anticipated number of visits is other than 2.; Therapy type is
· · ·	Body Part selected; No Second Pass; Requestor is not a fax; Severe
	ional deficits: constant intense symptoms with severe loss of range of
·	or ability to perform daily tasks best describes the patient presentation;
	lected as the body type/region; Occupational Therapy; Speech Therapy
·	he evaluation date is not in the future; The rehabilitation is NOT related
· · · · · · · · · · · · · · · · · · ·	ncer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;
	tional therapy was selected; Physical or Occupational therapy was
	or Occupational therapy was selected; Magellan does not manage
·	es manage speech therapy for the member's plan; Occupational Therapy
	e health carrier is NOT New Hampshire Healthy Families; Occupational Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval one) patient contact, each 15 minutes Therapy was reque	sted; The health carrier is NOT HMSA 1 2023 2023

Private with the control of the cont							
Polyation dates less than 90 days in the past Surgicial (373/2023) Project desired as the specific body parts (body parts (bod						•	
as the specific body part, Body Part pass complete, Questions about your Write request; Three or more visits a simple. The enatiogested make of visits is other than 2; Therapy type is Rehabilitative. One Body Part selected, No Second Pass, Requestor is not a fax, Moderate objective and fine enablished make of original of motion, strength, and ability to perform only plants better objectives and fine programs and or responsions that are internelled with actively with moderate loss of orange of motion, strength, and ability to perform only plants better the program and or responsions to the performance of programs of motion, strength, and ability to perform only plants better to be pollery representation. Upper Teaching of Section 1, 1987, and the performance of the performance of suggests of the control of the performance of suggests of the programs of the performance of suggests of the performance of the performance of suggests of the performance						point; Body Part for first pass is Wrist; 5/2/2023; No patient history in the past 90 days;	
There or more value anticipated, the anticipated number of visits is other than 2; Therapy type is Rehabilitate visit of parties each of some of ass, Requestor is not a fact. Moderate objective and functional deficits contant symptoms and/or symptoms that are interested with a city parties each of the contact, and an interested with a city parties each of the contact, and an interested of the city of the behality to whose suggested the contact of the city of the behality to whose suggested the city of the behality to whose suggested the city of the behality to whose suggested the city of the city of the behality of the city of the cit						Evaluation dates less than 90 days in the past; Surgical; 3/23/2023; Post-Op; Wrist selected	
type is farbibilitative. One Body Part selected, ho Second Pass, Requestors in not a fax. Modorate objective and promotion afforts: constraint region and/or synothems that are internalled with activity with moderate loss of range of motion, strength, or ability to perform early fasts better the protect presentation. Upper Strenmy, leveled as the body typer legion of larges of motion, strength, or ability to perform early fasts better the protect presentation. Upper Strenmy, leveled as the body typer legion to the protect presentation. Upper Strenmy, severe to design of some care. In the protect of agreement of the body typer legion of access the body typer legion. Comparison of cancers. In the protection of the protection						as the specific body part; Body Part pass complete; Questions about your Wrist request: ;	
Moderate objective and functional deficits; constant symptoms and/or symptoms that are internsfield with actival moderate loss of many moderate loss of many of motions, transport of part of the past						Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
Moderate objective and functional deficits; constant symptoms and/or symptoms that are internsfield with actival moderate loss of many moderate loss of many of motions, transport of part of the past						type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	
internalized with activity with montant loss of range of motion, strength, or ability to perform daily takes the describes the pattert presentation; Upper Externalizer states the performance of the page was not selected, Post-So or Non-Surgical; The evaluation date is not in the future; the rehabilitation is NOT related to a diagnosis of ymmherema; Physical or Cocapational therapy was selected. Profession of ymmherema; Physical or Cocapational therapy was selected, Post-So or Non-Surgical; The evaluation date is not in the future; the rehabilitation is NOT related to a diagnosis of ymmherema; Physical or Cocapational therapy was selected, Post-So or Non-Surgical,						· · · · · · · · · · · · · · · · · · ·	
perform daily trads best describes the patient presentation. Upper Extention Upper Extention Upper Extention Upper Extention Upper Extention Section 2 and S							
body type-(piper). Occupational Therapy. Sepecth Therapy was not selected, Post-Op or Non-Surgicia; The evaluation date in on in the future. The enhabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagno						, , , , , ,	
Surgicia; The revolutation date is not in the future. The rehabilitation is NOT related to a diagnosis of care, the rehabilitation is NOT related to a diagnosis of care, the rehabilitation is NOT related to a diagnosis of care, the rehabilitation is NOT related to a diagnosis of care, the rehabilitation is NOT related to a diagnosis of care the relation of the future. The rehabilitation is NOT related to a diagnosis of care and diagnosis of care and the relative responses to the member's place selected, Physical or Occupational therapy was selected, Physical or Occupational therapy							
diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical of Cocquational therapy was selected; Physical of Cocquational therapy was selected; Physical of Cocquational therapy was requested; the health carrier is NOT files the member's plan; Occupational Therapy was requested; the health carrier is NOT files the member's plan; Occupational Therapy was requested; the health carrier is NOT files the member's plan; Occupational Therapy was requested; the health carrier is NOT files the many proposed one patient contact, each 15 minutes one) patient contact, each							
Physical or Occupational therapy was selected, Physical or Occupational						•	
selected; Physical or Occupational therapy was selected; Physical or Occ							
to enhance sensory processing and promote adaptive responses to the members (approxish between the permitten and approxish to the part of the permitten and approxish to enhance sensory processing and promote adaptive responses to the semble (approxish between the permitten and part of the permitten and					07F32 Conservinte quative techniques		
promote adaptive responses to environmental demands, direct (one-on-on-plant) one) patient contact, each 15 minutes environmental demands, direct (one-on-on-plant) one) patient contact, each 15 minutes environmental demands, direct (one-on-on-plant) one) patient contact, each 15 minutes environmental demands, direct (one-on-on-plant) one) patient contact, each 15 minutes environmental demands, direct (one-on-on-plant) one) patient contact, each 15 minutes environmental demands, direct (one-on-on-plant) one) patient contact, each 15 minutes environmental demands, direct (one-on-on-plant) one) patient contact, each 15 minutes environmental demands, direct (one-on-on-plant) one) patient contact, each 15 minutes environmental demands, direct (one-on-on-plant) one) patient contact, each 15 minutes environmental demands, direct (one-on-on-plant) one) patient contact, each 15 minutes environmental demands, direct (one-on-on-plant) one) patient contact, each 15 minutes environmental demands, direct (one-on-on-plant) one) patient contact, each 15 minutes environmental demands, direct (one-on-on-plant) one) patient contact, each 15 minutes environmental demands, direct (one-on-on-plant) one) patient contact, each 15 minutes environmental demands, direct (one-on-on-plant) one) patient contact, each 15 minutes environmental demands, direct (one-on-on-plant) one) patient contact, each 15 minutes environmental demands, direct (one-on-on-plant) one) patient contact, each 15 minutes environmental demands, direct (one-on-on-plant) one) patient contact, each 15 minutes environmental demands, direct (one-on-on-plant) one) patient contact, each 15 minutes environmental demands, direct (one-on-on-on-plant) one) patient contact, each 15 minutes environmental demands, direct (one-on-on-on-plant) one) patient contact, each 15 minutes environmental demands, direct (one-on-on-on-on-on-on-on-on-on-on-on-on-on-					, ,		
4/1/2023 Physical Phy							
6/30/2023 4/1/2023 6/30/2023 Medicine Approval one) patient contact, each 15 minutes HMSA Ferform Body Part selection, Perform Body Part selection, Pirst Pass; Second Pass check point; Body Part for first pass is Wrist, 5/30/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgicia, 9/40/7023; Pest Op; Wrist selected is at the specific body part, Body Part selection, Perform Body Part selection, Perfo					·		
Perform Body Part selection, Perform Body Part selection, Prist Pass; Second Pass check point; Body Part to first pass is Wrist; 05/30/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgicia (Ay07/2023; Post Dop; Wrist selected as the Septific body part factor, No Part Second Part Security, No Part Description (Ay07/2023; Post Dop; Wrist selected as the Septific body part selection, No Second Part, Security, No Second Part, Part, No Second Part, No Second Part, Part, No Second Part, No Second Part, Part, No Se			•		, .		
point; Body part for first pass is Wrist; 05/03/2023. No patient history in the past 90 days; Evaluation dates less rest. Surgicial (AVQ/7023). Post-Opy Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request; Three or more with a incliquated. The anticipated in them for Visils is other than 2; threapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits; sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy, sepecch Therapy was not selected; Post-Op or Non-Surgical: The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational Therapy was requested; The health carrier is NOT production and the past of	6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	· · · · · · · · · · · · · · · · · · ·	1 2023 2023
Evaluation dates less than 90 days in the past; Surgical; Oxf07/2023; Post-Op; Wrist selected as the specific body part; Sody Part pass complete; Questions about your Wrist request; Three or more visits anticipated; The anticipated number of visits is other than 2; Therapy type is Rehabilitative; One Body Part selection; For Sod a fax, Mild objective and functional deficits sponded symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extrently selected as the body vergelgion; Occupational Therapy, Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NoT related to a diagnosis of a concert, The rehabilitation is NOT related to a diagnosis of concert, and a selected; Physical or Occupational therapy was select							
as the specific body part; Body Part pass complete; Questions about your Wrist request:; Three or more visits anticipated; mulner of visits is other and: 2: Therapy type is Rehabilitative; One Body Part selected; No Second Pass, Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity; selected as the body type/region; Occupational Therapy was post extended, Post-Op on Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilita							
Three or more wists anticipated; The anticipated number of wists is other than 2; Therapy type is Rehabilitative; One Body Para selected, No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the pattent presentation; Upper Externity, selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of occupational therapy was requested; The health carrier is NOT New thampshire Healthy Families; Occupational therapy was requested; The health carrier is NOT MSA. 1 2023 2023 Perform Body Part selection, Perform						Evaluation dates less than 90 days in the past; Surgical; 04/07/2023; Post-Op; Wrist selected	
type is Rehabilitative; One Body Part selected; No Second Pass, Requestor is not a fax, Mild objective and functional deficits; sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy, Speech Therapy was not selected; Post-Op or Non-Surgial; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema, Physical or Occupational Therapy was selected; Physical or Occupational therapy was requested; The amange speech therapy for the member's plan; Occupational Therapy was requested; The amange speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT Healthy and the selection one plant of the past; Surgical, 4/24/2023; Posten Past, Second Past, Sec						as the specific body part; Body Part pass complete; Questions about your Wrist request: ;	
objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of active deficits on the future; The rehabilitation is NOT related to a diagnosis of active diagnosis of rehabilitation is NOT related to a diagnosis of active deficits on the repulsional therapy was selected; Physical or Occupational therapy was requested; the wealth of the patient of the proposed of the provided design of the patient						Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of all therapy was selected; Physical or Occupational therapy was selected; Physical or Occupatio						type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild	
Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Sugical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational Therapy was requested; The environmental demands, direct (one-on-environmental demands, direct (one-on-one) patient contact, each 15 minutes one) patient contact, each 15 minutes or equested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was elected; Physical or Occup						objective and functional deficits: sporadic symptoms with minimal loss of range of motion,	
selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitatio						strength, or ability to perform daily tasks best describes the patient presentation; Upper	
is NOT related to a diagnosis of cancer., The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational Therapy was requested; Physical or Occupational Therapy was selected; Physical or Occupational Therapy was requested; Physical or Occupational Therapy was selected; Physical or Occupational Therapy was requested; Physic						Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not	
Lymphedema; Physical or Occupational therapy was selected; Physical or O						selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation	
Lymphedema; Physical or Occupational therapy was selected; Physical or O						is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
97533 Sensory integrative techniques therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan odes not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The 4/1/2023 - Physical environmental demands, direct (one-on-one) patient contact, each 15 minutes requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was enveloped. Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval one) patient contact, each 15 minutes requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval one) patient contact, each 15 minutes requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was selected; The health carrier is NOT HMSA 12023 2023 2023 2023 2023 2023 2023 202							
to enhance sensory processing and Occupational therapy was selected; Magellan does not manage chiropractic but does promote adaptive responses to manage speech therapy for the member's plan; Occupational Therapy was requested; The 4/1/2023 - Physical environmental demands, direct (one-on-health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was Apr-Jun 6/30/2023 Medicine Approval one) patient contact, each 15 minutes requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was Apr-Jun 6/30/2023 Medicine Approval one) patient contact, each 15 minutes requested; The health carrier is NOT HMSA 1 2023 2023 2023 2023 2023 2023 2023 20					97533 Sensory integrative techniques		
promote adaptive responses to manage speech therapy for the member's plan; Occupational Therapy was requested; The 4/1/2023 - Physical Phy					· -		
4/1/2023 - Physical environmental demands, direct (one-on-6/30/2023 4/1/2023 6/30/2023 Medicine Approval one) patient contact, each 15 minutes requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was Apr-Jun requested; The health carrier is NOT HMSA Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 5/3/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/24/2023; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request:; Three or more visits anticipated; The anticipated number of visits is other than 2; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily task best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cupational therapy was selected; 97533 Sensory integrative techniques to enhance sensory processing and selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage promote adaptive responses to chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Apr-Jun					,, -		
6/30/2023 4/1/2023 6/30/2023 Medicine Approval one) patient contact, each 15 minutes requested; The health carrier is NOT HMSA 1 2023 2023 Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 5/3/2023; No patient history in the past sugged; 4/24/2023; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of concer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a d	1/1/2023 -		Physical		·	-	Anr-lun
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 5/3/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/24/2023; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; 97533 Sensory integrative techniques to enhance sensory processing and selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational Therapy 4/1/2023 - Physical environmental demands, direct (one-on-		4/1/2022	•	Approval	,		•
point; Body Part for first pass is Wrist; 5/3/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/24/2023; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; 97533 Sensory integrative techniques to enhance sensory processing and selected; Physical or Occupational therapy was selected; Magellan does not manage promote adaptive responses to chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational	0/30/2023	4/1/2023	0/30/2023 Wedicine	Арргочаг	one, patient contact, each 13 minutes	•	1 2023 2023
Evaluation dates less than 90 days in the past; Surgical; 4/24/2023; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request:; Three or more visits anticipated; The anticipated number of visits of the than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; 97533 Sensory integrative techniques to enhance sensory processing and selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was to enhance sensory processing and selected; Physical or Occupational therapy was selected; Magellan does not manage of chiropractic but does manage speech therapy for the member's plan; Occupational Therapy 4/1/2023 - Physical environmental demands, direct (one-on- was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational						•	
as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; 97533 Sensory integrative techniques 47533 Sensory processing and selected; Physical or Occupational therapy was selected; Physical or Occupational therap							
Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; 97533 Sensory integrative techniques 4/1/2023 - Physical environmental demands, direct (one-on-was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Apr-Jun							
type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of concupational therapy was selected; 97533 Sensory integrative techniques Physical or Occupational therapy was selected; Physical or Occupational therapy was to enhance sensory processing and selected; Physical or Occupational therapy was selected; Magellan does not manage promote adaptive responses to chiropractic but does manage speech therapy for the member's plan; Occupational Therapy 4/1/2023 - Physical environmental demands, direct (one-on- was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Apr-Jun							
Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Coccupational therapy was selected; 97533 Sensory integrative techniques 97533 Sensory integrative techniques 4/1/2023 - Physical Apr-Jun Apr-Jun							
range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; 97533 Sensory integrative techniques Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage promote adaptive responses to chiropractic but does manage speech therapy for the member's plan; Occupational Therapy 4/1/2023 - Physical environmental demands, direct (one-on- Physical or Occupational therapy for the member's plan; Occupational Apr-Jun							
presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; 97533 Sensory integrative techniques Physical or Occupational therapy was selected; Physical or Occupational therapy was to enhance sensory processing and selected; Physical or Occupational therapy was selected; Magellan does not manage promote adaptive responses to chiropractic but does manage speech therapy for the member's plan; Occupational Therapy 4/1/2023 - Physical environmental demands, direct (one-on- presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy of the member's plan; Occupational Therapy 4/1/2023 - Physical environmental demands, direct (one-on- was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Apr-Jun						, , ,	
Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; 97533 Sensory integrative techniques Physical or Occupational therapy was selected; Magellan does not manage promote adaptive responses to chiropractic but does manage speech therapy for the member's plan; Occupational Therapy 4/1/2023 - Physical environmental demands, direct (one-on-was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Apr-Jun							
future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT new related; the rehabilitation is NOT new diagnosis of cancer.; The rehabilitation is NOT new dia						, , , , , , , , , , , , , , , , , , ,	
related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; 97533 Sensory integrative techniques Physical or Occupational therapy was selected; Physical or Occupational therapy was to enhance sensory processing and selected; Physical or Occupational therapy was selected; Magellan does not manage promote adaptive responses to chiropractic but does manage speech therapy for the member's plan; Occupational Therapy 4/1/2023 - Physical environmental demands, direct (one-on-was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Apr-Jun						, , , , , , , , , , , , , , , , , , , ,	
97533 Sensory integrative techniques Physical or Occupational therapy was selected; Physical or Occupational therapy was to enhance sensory processing and selected; Physical or Occupational therapy was selected; Magellan does not manage promote adaptive responses to chiropractic but does manage speech therapy for the member's plan; Occupational Therapy 4/1/2023 - Physical environmental demands, direct (one-on-was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Apr-Jun						· · · · · · · · · · · · · · · · · · ·	
to enhance sensory processing and selected; Physical or Occupational therapy was selected; Magellan does not manage promote adaptive responses to chiropractic but does manage speech therapy for the member's plan; Occupational Therapy 4/1/2023 - Physical environmental demands, direct (one-on-was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Apr-Jun						related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
promote adaptive responses to chiropractic but does manage speech therapy for the member's plan; Occupational Therapy 4/1/2023 - Physical environmental demands, direct (one-on-was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Apr-Jun					97533 Sensory integrative techniques	Physical or Occupational therapy was selected; Physical or Occupational therapy was	
4/1/2023 - Physical environmental demands, direct (one-on-was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Apr-Jun					to enhance sensory processing and	selected; Physical or Occupational therapy was selected; Magellan does not manage	
					promote adaptive responses to	chiropractic but does manage speech therapy for the member's plan; Occupational Therapy	
6/30/2023 4/1/2023 6/30/2023 Medicine Approval one) patient contact, each 15 minutes Therapy was requested; The health carrier is NOT HMSA 1 2023 2023	4/1/2023 -		Physical		environmental demands, direct (one-on-	was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational	Apr-Jun
	6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	Therapy was requested; The health carrier is NOT HMSA	1 2023 2023

Perfor	rm Body Part selection; Perform Body Part selection; First Pass; Second Pass check
point;	Body Part for first pass is Wrist; 5/15/2023; No patient history in the past 90 days;
Evalua	ation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific
body r	part; Body Part pass complete; Questions about your Wrist request: ; Three or more
visits :	anticipated; The anticipated number of visits is other than 2.; Therapy type is
Rehat	pilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate
object	tive and functional deficits: constant symptoms and/or symptoms that are intensified
·	activity with moderate loss of range of motion, strength, or ability to perform daily
	best describes the patient presentation; Upper Extremity selected as the body
	region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is
· ·	the future; The rehabilitation is NOT related to a diagnosis of cancer.; The
	ilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational
, · ·	py was selected; Physical or Occupational therapy was selected; Physical or
,, ,	pational therapy was selected; Magellan does not manage chiropractic but does
· · · · ·	ge speech therapy for the member's plan; Occupational Therapy was requested; The
	n carrier is NOT New Hampshire Healthy Families; Occupational Therapy was Apr-Jun
	sted; The health carrier is NOT HMSA 1 2023 2023
	rm Body Part selection; Perform Body Part selection; First Pass; Second Pass check
	Body Part for first pass is Wrist; 5/19/2023; No patient history in the past 90 days;
	ation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific
	part; Body Part pass complete; Questions about your Wrist request: ; Three or more
	anticipated; The anticipated number of visits is other than 2.; Therapy type is
Rehab	pilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate
object	tive and functional deficits: constant symptoms and/or symptoms that are intensified
with a	activity with moderate loss of range of motion, strength, or ability to perform daily
tasks I	best describes the patient presentation; Upper Extremity selected as the body
type/r	region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is
not in	the future; The rehabilitation is NOT related to a diagnosis of cancer.; The
rehab	ilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational
97533 Sensory integrative techniques therap	py was selected; Physical or Occupational therapy was selected; Physical or
to enhance sensory processing and Occup	pational therapy was selected; Magellan does not manage chiropractic but does
promote adaptive responses to mana	ge speech therapy for the member's plan; Occupational Therapy was requested; The
4/1/2023 - Physical environmental demands, direct (one-on-health	n carrier is NOT New Hampshire Healthy Families; Occupational Therapy was Apr-Jun
	ested; The health carrier is NOT HMSA 1 2023 2023
	rm Body Part selection; Perform Body Part selection; First Pass; Second Pass check
point;	Body Part for first pass is Wrist; 6/6/2023; No patient history in the past 90 days;
Evalua	ation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific
	part; Body Part pass complete; Questions about your Wrist request: ; Three or more
	anticipated; The anticipated number of visits is other than 2.; Therapy type is
	pilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe
	tive and functional deficits: constant intense symptoms with severe loss of range of
	on, strength, or ability to perform daily tasks best describes the patient presentation;
	r Extremity selected as the body type/region; Occupational Therapy; Speech Therapy
	ot selected; The evaluation date is not in the future; The rehabilitation is NOT related
	iagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;
	cal or Occupational therapy was selected; Physical or Occupational therapy was
· · · · · ·	red; Physical or Occupational therapy was selected; Magellan does not manage
· · · · · · · · · · · · · · · · · · ·	practic but does manage speech therapy for the member's plan; Occupational Therapy
	equested; The health carrier is NOT New Hampshire Healthy Families; Occupational Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval one) patient contact, each 15 minutes Thera	py was requested; The health carrier is NOT HMSA 1 2023 2023

Perform Body Fast selection Perform Gody Fast selection Process Good Past selection in the past 50 days; solublation date less them to days in the past, 10 days; solublation date less them to days in the past, 10 days; solublation date less them to days in the past, 10 days; solublation date less them to days in the past, 10 days; solublation date less them to days in the past, 10 days; solublation date less them to days in the past, 10 days; solublation date less them to days in the past, 10 days; solublation date less them to days in the past, 10 days; solublation date less them to days in the past, 10 days; solublation date less them to days in the past, 10 days; solublation date less them to days in the past, 10 days; solublation date less them to days in the past, 10 days; solublation date less them to days in the past, 10 days; solublation date less them to days in the past, 10 days; solublation date less them to days in the past, 10 days; solublation date less them to days in the past, 10 days; solublation date less them to days in the past, 10 days; solublation date less them to days in the past, 10 days; solublation date less them to days in the past, 10 days and 10							
Evaluation data: less than 90 days in the past. Non-Surgicial, Whisis selected as the specific body part, 200-p9 hat pass conceivates about you will sequest; Throng the past to evaluate equation of the past to evaluate the past of part of the past to evaluate the past of part of the past to evaluate the past of part of the past to evaluate the past of part of the past to evaluate the past of part of the past of						Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
body parti Replace completer, Questions about your Whist request; Three or more visits anticipated; The material enabled visits is chief made of visits in control to the Replace of the R						point; Body Part for first pass is Wrist; 6/9/2023; No patient history in the past 90 days;	
visits antisipanted, The antisipanted number of visits in them than 2.2 Therapy type in Rehabilitative, One Deby Grand with a state seed, No Second Pass, Requestion is not a fas. Severe objective and functional deficitis: constant interne symptoms with swere less of range of motion, strength, or allow of profit with a state of the profit of the state of the profit of th						Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific	
Rehabilitative. One Booy Part selected, No Second Pass, Requestor is not a fac. Severe objective and functional promote with severe lost of range of motion, strength, or ability to perform daily lasts best describes the patient presentation; Upper Cerbramity selected, count strength or patient describes the patient presentation; Upper Cerbramity selected, both your region. Composition of the strength of the patient presentation; Upper Cerbramity selected, the evaluation date is not in the future. The enhabilitation is NOT related to describe the patient of the modern patient of the patient presentation; Upper Cerbramity selected, the enhances the patient presentation; Upper Cerbramity selected as the selected, Physical or Occupational therapy was selected, Magelland does not manage promote adaptive response to environmental demands, direct (one-on-one) patient contact, each 15 minutes of children patients of the patient presentation; upper the						body part; Body Part pass complete; Questions about your Wrist request: ; Three or more	
objective and functional deficits; constant interacy symptoms with severe loss of range of motions, strengts, or ability to perform shally absolve describes the petition processing of motions, strengts, performed shally absolve describes the petition in NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of cymphedienal, Physical or Coupational therapy was requested, the future. The rehabilitation is NOT related to a diagnosis of cymphedienal, Physical or Coupational therapy was requested, the future. The rehabilitation is NOT related to a diagnosis of cymphedienal, Physical or Coupational therapy was requested, the future in the rehability of the members of plants of the control of the physical or Coupational therapy was requested, the health carrier is NOT Make. 4/1/2023						visits anticipated; The anticipated number of visits is other than 2.; Therapy type is	
motion, trangity, or ability to perform daily tasks best describes the pattern presentation, Upper Externity speak the body type/regions (Coupational Therapy was set telected, The evaluation date is not in the future, The rehabilitation is NOT related to disposis of canadra. If the rehabilitation is NOT related to a disposis of canadra of the rehabilitation is NOT related to a disposis of canadra. If the past subject to complete the rehabilitation is NOT related to a						Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe	
Upper Extensity, the cetal as the body type/region, Occupational Therapy, Speech Therapy was not selected, Physical or Compation to the future. The rehibilitation is NOT related to a diagnosis of cancer, 2 the rehabilitation is NOT related to a diagnosis of cancer, 2 the rehabilitation is NOT related to a diagnosis of cancer. 3 the related to a diagnosis of cancer, 2 the rehabilitation is NOT related to a diagnosis of cancer. 3 the related to a diagnosis of cancer, 2 the rehabilitation is NOT related to a diagnosis of cancer. 3 the related to a diagnosis of cancer. 4 the related to a diagnosis of cancer. 5 the related to a diagnosis of cancer. 5 the related to a diagnosis of cancer. 5 the related to a diagnosis of ca						objective and functional deficits: constant intense symptoms with severe loss of range of	
was not selected. The evaluation date is not in the future. The rehabilitation is NOT related to a diagnosis of comprehena; proposed to a diagnosis of comprehena; to endorse sensory processing and promote adaptive responses to the configuration of the process of the product of the process o						motion, strength, or ability to perform daily tasks best describes the patient presentation;	
was not selected. The evaluation date is not in the future. The rehabilitation is NOT related to a diagnosis of comprehena; proposed to a diagnosis of comprehena; to endorse sensory processing and promote adaptive responses to the configuration of the process of the product of the process o							
by a special property of the comments of the c							
975.35 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to the enhance sensory processing and promote adaptive responses to enhance sensory processing and promote adaptive responses to environmental demands, direct (new or patient contact, each 15 minutes) 4/1/2023 Physical (6/30/2023 Medicine Approval one) patient contact, each 15 minutes) 4/1/2023 Physical (6/30/2023 Medicine Approval one) patient contact, each 15 minutes) 4/1/2023 Physical (6/30/2023 Medicine Approval one) patient contact, each 15 minutes) 4/1/2023 Physical (6/30/2023 Medicine Approval one) patient contact, each 15 minutes) 4/1/2023 Physical (6/30/2023 Medicine Approval one) patient contact, each 15 minutes) 4/1/2023 Physical (6/30/2023 Medicine Approval one) patient contact, each 15 minutes) 4/1/2023 Physical (6/30/2023 Medicine Approval one) patient contact, each 15 minutes) 4/1/2023 Physical (6/30/2023 Medicine Approval one) patient contact, each 15 minutes) 4/1/2023 Physical (6/30/2023 Medicine Approval One) patient contact, each 15 minutes) 4/1/2023 Physical (6/30/2023 Medicine Approval One) patient contact, each 15 minutes) 4/1/2023 Physical (6/30/2023 Medicine Approval One) patient contact, each 15 minutes) 4/1/2023 Physical (6/30/2023 Medicine Approval One) patient contact, each 15 minutes) 4/1/2023 Physical (6/30/2023 Medicine Approval One) patient contact, each 15 minutes) 4/1/2023 Physical (6/30/2023 Medicine Approval One) patient contact, each 15 minutes) 4/1/2023 Physical (6/30/2023 Medicine Approval One) patient contact, each 15 minutes) 4/1/2023 Physical (6/30/2023 Medicine Approval One) patient contact, each 15 minutes) 4/1/2023 Physical (6/30/2023 Medicine Approval One) patient contact, each 15 minutes) 4/1/2023 Physical (6/30/2023 Medicine Approval One) patient contact, each 15 minutes) 4/1/2023 Physical (6/30/2023 Medicine Approval One) patient contact, each 15 minutes) 4/1/2023 Physical (6/30/2023 Medicine Approval One) Physical One) Physical One) Physical One							
selected. Physical or Occupational therapy was selected. Magellan does not manage chirally response to promote adaptive responses to chirally responses to promote adaptive responses to chirally responses to promote adaptive responses to manage specific the part of the remaining Span Occupational Therapy was requested. The health carrier is NOT MNSA (2023) April 100 (2023) 2023 patient contact, each 15 minutes (2023) 2023 patient each 2023 p					97533 Sensory integrative techniques		
#1/2023 - Physical emrivacemental demands, direct (one on one) patient contact, each 15 minutes emrivacemental demands, direct (one on one) patient contact, each 15 minutes emrivacemental demands, direct (one one) one) patient contact, each 15 minutes emrivacemental demands, direct (one one) one) patient contact, each 15 minutes emrivacemental demands, direct (one one) one) patient contact, each 15 minutes emrivacemental demands, direct (one one) one) patient contact, each 15 minutes emrivacemental demands, direct (one one) one) patient contact, each 15 minutes emrivacemental demands, direct (one on one) patient contact, each 15 minutes emrivacemental demands, direct (one on one) patient contact, each 15 minutes emrivacemental demands, direct (one on one) patient contact, each 15 minutes emrivacemental demands, direct (one on one) patient contact, each 15 minutes emrivacemental demands, direct (one on one) patient contact, each 15 minutes emrivacemental demands, direct (one on one) patient contact, each 15 minutes emrivacemental demands, direct (one on physical or Occupational therapy was requested; the beath carrier is NOT experts an employment and contact and promote adaptive responses to the shares experts on the pattern of the					, ,		
41/2023 - Physical environmental demands, direct Lone on was requested. The health carrier is NOT New Hampshire Healthy Families, Occupational 1, Apr Jun 6/30/2023 Medicine Aproval one) patient contact, each 15 minutes 150/2023 Medicine Aproval one) patient contact, each 15 minutes 150/2023 Medicine Aproval one) patient contact, each 15 minutes 150/2023 Medicine Aproval one) patient contact, each 15 minutes 150/2023 Medicine Aproval one one of the patient contact, each 15 minutes 150/2023 Medicine Aproval one one of the patient contact, each 15 minutes 150/2023 Medicine Aproval one one of the patient contact, each 15 minutes 150/2023 Medicine Aproval one one of the patient contact, each 15 minutes 150/2023 Medicine Aproval one one of the patient contact, each 15 minutes 150/2023 Medicine Aproval one of the patient contact, each 15 minutes 150/2023 Medicine Aproval one of the patient Contact Open Aproval one of the members of the patient Contact Open Aproval one of the members of the patient Contact Open Aproval one of the patient Contact Open					· · · · · · ·	, , , , , , , , , , , , , , , , , , , ,	
6/30/2023 4/1/2023 6/30/2023 Medicine Approval one) patient contact, each 15 minutes Perform Body Part selection, First Pass, Second Pass check point, Body Part selection, Perform Body Part Selection, First Pass, Second Pass check point, Body Part Selection, Perform Body Part Selection, First Pass, Second Pass check point, Body Part Selection, Perform Body Part Selection, First Pass, Second Pass check point, Body Part Selection, First Pass, Second Pass check point, Body Part Selected, No Second Pass, Sequestor is not a fax; Moderal position of the Part Pass complete, Questions about your Wrist request; There or wrist and such pass complete, Questions about your Wrist request; There or wrist and such pass complete, Questions about your Wrist request; There yet yet is Rehabilitative. One Body Part selected, No Second Pass, Requestor is not a fax; Moderal policythe and functional deficits; constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily always better. Perform Body Part selected, No Second Pass, Requestor is not a fax; Moderal policythean of functional deficits; constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily always selected; Post Cyb por Non-Surgical. The realibilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT New Hampshire healthy families, Capacido Mogration and therapy was requested. The health carrier is NOT New Hampshire health carrier is NOT New Hampshire health carrier is NOT	4/1/2022		Dhysical		·		Apr lup
Perform Body Part selection, Perform Body Part selection, First Pass; Second Pass check point; Body Part Selection, First Pass; Second Pass check point; Body Part Selection, Series Pass (1987) with the past 90 days; Evaluation dates less than 90 days in the past 90 days; The past 9	1	4/4/2022	•	A	· · · · · · · · · · · · · · · · · · ·		
point; Body Part for first pass is Wrist, 06/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical, 06/06/2023; Post-Opy Wrist selected as the specific body part, Body Part pass complete, Questions about your Wrist request; Threa or more wists anticipated, The anticipated, The anticipated, The mating and of symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform dialy tasks best describes the patient persentation. Upper Externity selected as the body type/region; Occupational Threapy, Sepech Threapy was not selected; Post-Op or Non- Surgical, The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of years or commentated or commentated demands, direct (one-on- diagnosis of cancer, The rehabilitation is NOT related to a diagnosis of years or commentated demands, direct (one-on- more promote adaptive responses to promote adaptive responses to promote adaptive responses to the member's plan; Occupational therapy was selected; The health carrier is NOT New Hampshire Healthy Familiae; Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Familiae; Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Familiae; Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Familiae; Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Familiae; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Familiae; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Familiae; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Familiae; Occupational Herapy was requested; The health carrier is NOT New Hampshire Healthy Familiae; Occupational Herapy was requested; The health carrier is NOT New Hampshire Healthy Familiae; S	6/30/2023	4/1/2023	6/30/2023 Wiedicine	Approvai	one) patient contact, each 15 minutes		1 2023 2023
Evaluation dates less than 90 days in the past; Surgicia (60/66/2023; Post-Op; Wrist selected as the specific hody part past complete, Questions shout your Wrist request; Three or more visits anticipated; The anticipated number of visits is other than 2; Therapy type is Rehabilitative; One Body Part selected; No Second Pass, Secules of Secules of Fast of a fac; Moderate objective and functional deficits; constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region. Occupational Therapy; Sepseth Therapy was reselected, Physical or Occupational therapy was selected, Physical or Occupational therapy was selected. Physical or Occupational therapy was selected, The health carrier is NOT New Years and April of Physical Occupational therapy was selected, Physical or Occupational t							
as the specific body part; Body Part pass completez, Questions about your Wrist request;; Three or more visits an intignated: The anticipated in them for visits is other than 2; therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits. constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily assis best described; be patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Pass LOp or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer, and the pass of th							
Three or more wists anticipated; The anticipated number of visits is other than 2; Therapy type is Rehabilitative; One Body Part selected; No Second Pass, Requested; not a faz; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy. Speech Therapy was not selected; Post-0p or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer in the future in the future of the pass selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire lealthy Families; Occupational Therapy was requested; The health carrier is NOT was selected; Physical or Occupational Therapy was requested; The health carrier is NOT was selected; Physical or Occupational Therapy was requested; The health carrier is NOT was selected; Physical or Occupational Therapy was requested; The health carrier is NOT was selected; Physical or Occupational Therapy was requested; The health carrier is NOT was selected; Physical or Occupational Therapy was requested; The health carrier is NOT was selected; Physical or Occupational Therapy was selected						· · · · · · · · · · · · · · · · · · ·	
Vype is Rehabilitative; One Body Part selected; No Second Pass, Requestor is not a fax, Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy. Speech Therapy was not selected; Post Op or Non- Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of rancer; The rehabilitation is NOT related to a diagnosis of rancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis							
Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy, yeas not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of tymphedema; Physical or Occupational therapy was selected; Physical or Occupational Therapy was requested; The health carrier is NOT New 4/1/2023							
intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy, Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of the member's plan; Occupational Therapy was requested; The health carrier is NOT was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT was selected; Magellan does not manage chiropractic but does manage speech therapy was requested; The health carrier is NOT was selected; Magellan does not manage chiropractic but does manage speech therapy was requested; The health carrier is NOT was selected; Magellan does not manage chiropractic but does manage speech therapy was requested; The health carrier is NOT was selected; Magellan does not manage chiropractic but does manage speech therapy was selected; Physical or Occupational therapy was selected to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a dia							
perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of 1 mphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New 4/1/2023 - Physical or Occupational therapy was requested; The health carrier is NOT New 4/1/2023 - A/1/2023 6/30/2023 Medicine Approval one) patient contact, each 15 minutes Perform Body Part selection;							
body type/region; Occupational Therapy, Speech Therapy was not selected; Post-Op or Non- Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of Lymphedema; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New 4/1/2023 - Physical environmental demands, direct (one-on- diamonal physical environmental de						intensified with activity with moderate loss of range of motion, strength, or ability to	
Surgicaj; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of a diag						perform daily tasks best describes the patient presentation; Upper Extremity selected as the	
diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; Physical or Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT Apr-Jun 6/30/2023 Medicine Approval one) patient contact, each 15 minutes MMSA 1 2023 2023 Perform Body Part selection; Perform Body Part sele						body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-	
Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was relected; Physical or Occupational therapy was relected; Physical or Occupational therapy was relected; Physical or Occupational therapy was requested; The health carrier is NOT New 41/2023 6/30/2023 Medicine Approval one) patient contact, each 15 minutes HMSA. Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Approval one) patient contact, each 15 minutes HMSA. Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 6/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 6/6/09/2023; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request:; Three or more visits anticipated; The anticipated; The anticipated; The anticipated number of visits is other than 2; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits; constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a d						Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a	
97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to the member's plan; Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New 4/1/2023 - Physical or Occupational demands, direct (one-on-one) patient contact, each 15 minutes 4/1/2023 - Physical or Occupational Therapy was requested; The health carrier is NOT Apr-Jun 6/30/2023 4/1/2023 Medicine Approval one) patient contact, each 15 minutes 4/1/2023 - Physical or Occupational Therapy was requested; The health carrier is NOT Apr-Jun 6/30/2023 4/1/2023 Medicine Approval one) patient contact, each 15 minutes 4/1/2023 - Physical or Occupational Therapy was requested; The health carrier is NOT Apr-Jun 6/30/2023 4/1/2023 Medicine Approval one) patient contact, each 15 minutes 4/1/2023 - Physical or Occupational Therapy was selected; Physical or O						diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
to enhance sensory processing and promote adaptive responses to the member's plan; Occupational Therapy was requested; The health carrier is NOT New 4/1/2023 - Physical environmental demands, direct (one-on-one) patient contact, each 15 minutes						Physical or Occupational therapy was selected; Physical or Occupational therapy was	
promote adaptive responses to the member's plan; Occupational Therapy was requested; The health carrier is NOT New 4/1/2023 - Physical Phy					97533 Sensory integrative techniques	selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
4/1/2023 - Physical environmental demands, direct (one-on- 6/30/2023 4/1/2023 6/30/2023 Medicine Approval one) patient contact, each 15 minutes HMSA 1 2023 2023 Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 6/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/09/2023, Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non- Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Ph					to enhance sensory processing and	was selected; Magellan does not manage chiropractic but does manage speech therapy for	
4/1/2023 - Physical environmental demands, direct (one-on- 6/30/2023 4/1/2023 6/30/2023 Medicine Approval one) patient contact, each 15 minutes HMSA 1 2023 2023 Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 6/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/09/2023, Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non- Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Ph					promote adaptive responses to	the member's plan: Occupational Therapy was requested: The health carrier is NOT New	
6/30/2023 4/1/2023 6/30/2023 Medicine Approval one) patient contact, each 15 minutes HMSA Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 6/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/09/2023; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non- Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational Therapy was requested; The health carrier is NOT New 4/1/2023 - Physical Physica	4/1/2023 -		Physical		· · · · · · · · · · · · · · · · · · ·		Apr-Jun
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 6/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/09/2023; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabilitation is NOT related to a diagnosis of cancer; The rehabili		4/1/2023	•	Approval	, ,		· ·
point; Body Part for first pass is Wrist; 6/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 06/09/2023; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy, Speech Therapy was not selected; Post-Op or Non- Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was 97533 Sensory integrative techniques selected; Physical or Occupational therapy was selected; Physical or Occupational therapy to enhance sensory processing and promote adaptive responses to the member's plan; Occupational Therapy was requested; The health carrier is NOT New 4/1/2023 - Physical environmental demands, direct (one-on-	0,50,2025	., 1, 2020	0/00/2020 Weatonic	7.pp.o.c.	one, patient contact, each 15 minutes		1 2020 2020
Evaluation dates less than 90 days in the past; Surgical; 06/09/2023; Post-Op; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation of Cocupational therapy was selected; Physical or Occupational therapy was selected; Physical or O							
as the specific body part; Body Part pass complete; Questions about your Wrist request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of cancer of							
Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy of to enhance sensory processing and was selected; Magellan does not manage chiropractic but does manage speech therapy for promote adaptive responses to the member's plan; Occupational Therapy was requested; The health carrier is NOT New 4/1/2023 - Physical environmental demands, direct (one-on-						, , , , , , , , , , , , , , , , , , , ,	
type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non- Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was 97533 Sensory integrative techniques selected; Physical or Occupational therapy was selected; Physical or Occupational therapy to enhance sensory processing and was selected; Magellan does not manage chiropractic but does manage speech therapy for promote adaptive responses to the member's plan; Occupational Therapy was requested; The health carrier is NOT Apr-Jun 4/1/2023 - Physical or Physical or Decupational Therapy was requested; The health carrier is NOT Apr-Jun							
Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy, Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy to enhance sensory processing and was selected; Magellan does not manage chiropractic but does manage speech therapy for promote adaptive responses to the member's plan; Occupational Therapy was requested; The health carrier is NOT New 4/1/2023 - Physical environmental demands, direct (one-on-							
intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non- Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was 97533 Sensory integrative techniques selected; Physical or Occupational therapy was selected; Physical or Occupational therapy to enhance sensory processing and was selected; Magellan does not manage chiropractic but does manage speech therapy for promote adaptive responses to the member's plan; Occupational Therapy was requested; The health carrier is NOT New 4/1/2023 - Physical environmental demands, direct (one-on-							
perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy to enhance sensory processing and was selected; Magellan does not manage chiropractic but does manage speech therapy for promote adaptive responses to the member's plan; Occupational Therapy was requested; The health carrier is NOT New 4/1/2023 - Physical environmental demands, direct (one-on- Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT Apr-Jun							
body type/region; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was 97533 Sensory integrative techniques selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy or to enhance sensory processing and was selected; Magellan does not manage chiropractic but does manage speech therapy for promote adaptive responses to the member's plan; Occupational Therapy was requested; The health carrier is NOT New 4/1/2023 - Physical environmental demands, direct (one-on- Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT Apr-Jun							
Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New 4/1/2023 - Physical environmental demands, direct (one-on- Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT Apr-Jun							
diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was 97533 Sensory integrative techniques selected; Physical or Occupational therapy was requested; The health carrier is NOT New 4/1/2023 - Physical environmental demands, direct (one-on- Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT Apr-Jun							
Physical or Occupational therapy was selected; Physical or Occupational therapy was 97533 Sensory integrative techniques selected; Physical or Occupational therapy was selected; Physical or Occupational therapy wa							
97533 Sensory integrative techniques selected; Physical or Occupational therapy was selected; Physical or Occupational therapy to enhance sensory processing and was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New 4/1/2023 - Physical environmental demands, direct (one-on-Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT Apr-Jun							
to enhance sensory processing and was selected; Magellan does not manage chiropractic but does manage speech therapy for promote adaptive responses to the member's plan; Occupational Therapy was requested; The health carrier is NOT New 4/1/2023 - Physical environmental demands, direct (one-on-Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT Apr-Jun							
promote adaptive responses to the member's plan; Occupational Therapy was requested; The health carrier is NOT New 4/1/2023 - Physical environmental demands, direct (one-on-Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT Apr-Jun					, -		
4/1/2023 - Physical environmental demands, direct (one-on- Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT Apr-Jun					to enhance sensory processing and	was selected; Magellan does not manage chiropractic but does manage speech therapy for	
					promote adaptive responses to	the member's plan; Occupational Therapy was requested; The health carrier is NOT New	
6/30/2023 4/1/2023 6/30/2023 Medicine Approval one) patient contact, each 15 minutes HMSA 1 2023 2023	1		Physical		environmental demands, direct (one-on-	Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT	
· · · · · · · · · · · · · · · · · · ·	6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	one) patient contact, each 15 minutes	HMSA	1 2023 2023

	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check
	point; Body Part for first pass is Wrist; 6/27/2023; No patient history in the past 90 days;
	Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific
	body part; Body Part pass complete; Questions about your Wrist request: ; Three or more
	visits anticipated; The anticipated number of visits is other than 2.; Therapy type is
	Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Moderate
	objective and functional deficits: constant symptoms and/or symptoms that are intensified
	with activity with moderate loss of range of motion, strength, or ability to perform daily
	tasks best describes the patient presentation; Upper Extremity selected as the body
	type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is
	not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The
	rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational
97533 Sensory integrative technique	
to enhance sensory processing and	Occupational therapy was selected; Magellan does not manage chiropractic but does
	manage speech therapy for the member's plan; Occupational Therapy was requested; The
promote adaptive responses to	
4/1/2023 - Physical environmental demands, direct (or	
6/30/2023 4/1/2023 6/30/2023 Medicine Approval one) patient contact, each 15 minu	tes requested; The health carrier is NOT HMSA 1 2023 2023 Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check
	, , , , , , , , , , , , , , , , , , , ,
	point; Body Part for first pass is Wrist; 6/29/2023; No patient history in the past 90 days;
	Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific
	body part; Body Part pass complete; Questions about your Wrist request: ; Three or more
	visits anticipated; The anticipated number of visits is other than 2.; Therapy type is
	Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe
	objective and functional deficits: constant intense symptoms with severe loss of range of
	motion, strength, or ability to perform daily tasks best describes the patient presentation;
	Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy
	was not selected; The evaluation date is not in the future; The rehabilitation is NOT related
	to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;
97533 Sensory integrative technique	es Physical or Occupational therapy was selected; Physical or Occupational therapy was
to enhance sensory processing and	selected; Physical or Occupational therapy was selected; Magellan does not manage
promote adaptive responses to	chiropractic but does manage speech therapy for the member's plan; Occupational Therapy
4/1/2023 - Physical environmental demands, direct (or	e-on- was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Approval one) patient contact, each 15 minu	tes Therapy was requested; The health carrier is NOT HMSA 1 2023 2023
	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check
	point; Body Part for first pass is Wrist; 6/29/2023; No patient history in the past 90 days;
	Evaluation dates less than 90 days in the past; Surgical; 6/12/2023; Post-Op; Wrist selected
	as the specific body part; Body Part pass complete; Questions about your Wrist request: ;
	Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy
	type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;
	Severe objective and functional deficits: constant intense symptoms with severe loss of
	range of motion, strength, or ability to perform daily tasks best describes the patient
	presentation; Upper Extremity selected as the body type/region; Occupational Therapy;
	Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the
	future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT
07522 Canana internative technica	related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;
97533 Sensory integrative techniqu	
to enhance sensory processing and	selected; Physical or Occupational therapy was selected; Magellan does not manage
promote adaptive responses to	chiropractic but does manage speech therapy for the member's plan; Occupational Therapy
4/1/2023 - Physical environmental demands, direct (or	
6/30/2023 4/1/2023 6/30/2023 Medicine Approval one) patient contact, each 15 minu	tes Therapy was requested; The health carrier is NOT HMSA 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-or one) patient contact, each 15 minutes	l-	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Occupational Therapy was requested; The health carrier is NOT HMSA	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-or one) patient contact, each 15 minutes	1-	Perform Body Part selection; Second Pass check point; 03/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 11/11/2023; Pre-Op; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Occupational Therapy; Speech Therapy was not selected; Pre-Op; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT HMSA	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-or one) patient contact, each 15 minutes	ŀ	Perform Body Part selection; Second Pass check point; 4/5/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; No Second Pass; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is related to a diagnosis of Lymphedema.; Occupational Therapy was requested; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; The health carrier is NOT MNSA	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	·	Physical 6/30/2023 Medicine	Disapproval	70450 Computed tomography, head or brain; without contrast material		; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary Radiology Services	; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023 - 6/30/2023	•	Physical 6/30/2023 Medicine Physical 6/30/2023 Medicine	Disapproval Disapproval	70490 Computed tomography, soft tissue neck; without contrast material 70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD. This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023

4/1/2023 -		Physical		70400 Computed tomography coft	Radiology Services Denied Not	This is a request for pack coff tissue CT. The nations has a suspicious infection or absence t	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Surgery is NOT scheduled in the next 30 days.; Yes this is a request for a Diagnostic CT	1 2023 2023
4/1/2023 -		Physical		70490 Computed tomography, soft	Radiology Services Denied Not	This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	tissue neck; without contrast material		infection/abcess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1 2023 2023
4/1/2023 -		Physical		71250 Computed tomography, thorax;	Radiology Services Denied Not	; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	without contrast material	Medically Necessary	Oncology; This case was created via RadMD.	2 2023 2023
						; This study is being ordered for something other than: known trauma or injury, metastatic	
						disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs	
					Radiology Services	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
4/1/2023 -		Physical		71250 Computed tomography, thorax;	Denied Not	Radiation Oncology; This case was created via RadMD.; The primary symptoms began less	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	without contrast material	Medically Necessary	than 6 months ago; Medications were given for this diagnosis	1 2023 2023
					Radiology Services		
4/1/2023 -		Physical		71250 Computed tomography, thorax;	Denied Not	A Chest/Thorax CT is being ordered.; This study is being ordered for non of the above.; Yes	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	without contrast material	Medically Necessary	this is a request for a Diagnostic CT; The study is being ordered for none of the above.	1 2023 2023
						There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
					Radiology Services	Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -	4/1/2022	Physical	Disamentarial	71250 Computed tomography, thorax;	Denied Not	This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	without contrast material	iviedically Necessary	began 6 months to 1 year; Other not listed was done for this diagnosis There has not been any treatment or conservative therapy.; The ordering MDs specialty is	1 2023 2023
						NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/4/2022		Dharataal		74250 Comments de la commentación	Radiology Services	Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	A mar Norm
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Denied Not Medically Necessary	This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago	Apr-Jun 1 2023 2023
						This request is for a Low Dose CT for Lung Cancer Screening.; This patient has had a Low	
				71271 Computed tomography, thorax,	Radiology Services	Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other	
4/1/2023 -		Physical		low dose for lung cancer screening,	Denied Not	diagnostic test suggestive of lung cancer.; The health carrier is NOT Virginia Premier Health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	without contrast material(s)	Medically Necessary		1 2023 2023
						Patient has pain, numbness and burning in her neck and right arm.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a	
						neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular	
						disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is	
4/1/2023 -		Physical		72125 Computed tomography, cervical	Radiology Services Denied Not	NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	spine; without contrast material	Medically Necessary	year; Physical Therapy was completed for this diagnosis	1 2023 2023
4/1/2023 -		Physical		72131 Computed tomography, lumbar	Radiology Services Denied Not	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does have a new foot drop.; Yes	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	spine; without contrast material		this is a request for a Diagnostic CT	1 2023 2023
4/1/2023 -		Physical		72131 Computed tomography, lumbar	Radiology Services Denied Not	This is a request for a lumbar spine CT.; Pre-Operative Evaluation; It is not known when	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	spine; without contrast material		surgery is scheduled.; Yes this is a request for a Diagnostic CT	1 2023 2023
4/1/2023 -		Physical		72131 Computed tomography, lumbar	Radiology Services Denied Not	This is a request for a lumbar spine CT.; Pre-Operative Evaluation; Surgery is not scheduled	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	spine; without contrast material		within the next 4 weeks.; Yes this is a request for a Diagnostic CT	1 2023 2023

				72141 Magnetic resonance (eg, proton)	Radiology Services	; There has been treatment or conservative therapy.; This case was created via RadMD.; This	
4/1/2023 -		Physical		imaging, spinal canal and contents,	Denied Not	study is being ordered for Other; The primary symptoms began more than 1 year ago;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	cervical; without contrast material	Medically Necessary	Physical Therapy was completed for this diagnosis	1 2023 2023
						Patient educated on Postural body mechanics / PA for TENs Unit and LS brace.Stretching	
						exercise program.Patient was counseled on Opioid and Non- Opioid medications side	
				72141 Magnetic resonance (eg, proton)	Radiology Services	effects, Home exercise program; It is not known if there has been any treatment or	
4/1/2023 -		Physical		imaging, spinal canal and contents,	Denied Not	conservative therapy.; This case was created via RadMD.; This study is being ordered for	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	cervical; without contrast material	Medically Necessary	Other; The primary symptoms began more than 1 year ago	1 2023 2023
						There has been treatment or conservative therapy.; This case was created via BBI.; This study	
				72141 Magnetic resonance (eg, proton)		is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty	
4/1/2023 -		Physical		imaging, spinal canal and contents,	Denied Not	is NOT Neurological Surgery or Orthopedics; The primary symptoms began 6 months to 1	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	cervical; without contrast material	Medically Necessary	year; Physical Therapy was completed for this diagnosis	1 2023 2023
. /. /2022		a		72141 Magnetic resonance (eg, proton)			
4/1/2023 -	. /. /2022	Physical	5: 1	imaging, spinal canal and contents,	Denied Not	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	cervical; without contrast material	Medically Necessary	deficits; This is a Medicare member.; The patient has Abnormal Reflexes	1 2023 2023
				721.41 Magnetic reconance (eg. proten)	Padiology Convices	This is a request for consistal coins MRI. The reason for ordering this test is Neuralegia	
4/1/2023 -		Physical		72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Denied Not	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent	Apr-Jun
6/30/2023	4/1/2022	6/30/2023 Medicine	Disapproval	cervical; without contrast material	Medically Necessary	· · · · · · · · · · · · · · · · · · ·	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Medicine	Disaphinnal	cervicar, without contrast material	iviedically ivecessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new	1 2025 2023
				72141 Magnetic resonance (eg, proton)	Radiology Services	neck pain; The pain began within the past 6 weeks.; The patient had an abnormal xray	
4/1/2023 -		Physical		imaging, spinal canal and contents,	Denied Not	indicating a complex fracture or other significant abnormality involving the cervical spine;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	cervical; without contrast material		This is NOT a Medicare member.	1 2023 2023
0,50,2025	., 2, 2020	0,00,2020 (((0.00))	э ізаррі ота	cervical, wenout contract material	Tricularly Tredessary	This is a request for cervical spine MRI; This procedure is being requested for Acute / new	1 2023 2023
				72141 Magnetic resonance (eg, proton)	Radiology Services	neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient	
4/1/2023 -		Physical		imaging, spinal canal and contents,	Denied Not	completed or failed a trial of physical therapy, chiropractic or physician supervised home	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	cervical; without contrast material	Medically Necessary		2 2023 2023
				72141 Magnetic resonance (eg, proton)	Radiology Services	This is a request for cervical spine MRI; This procedure is being requested for Acute / new	
4/1/2023 -		Physical		imaging, spinal canal and contents,	Denied Not	neck pain; The patient has a new onset or changing radiculitis / radiculopathy; The pain did	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	cervical; without contrast material	Medically Necessary	NOT begin within the past 6 weeks.	1 2023 2023
						This is a request for cervical spine MRI; This procedure is being requested for Acute / new	
				72141 Magnetic resonance (eg, proton)	Radiology Services	neck pain; Within the past 6 months the patient had 6 weeks of therapy or failed a trial of	
4/1/2023 -		Physical		imaging, spinal canal and contents,	Denied Not	physical therapy, chiropractic or physician supervised home exercise; The pain did NOT	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	cervical; without contrast material	Medically Necessary	begin within the past 6 weeks.; This is NOT a Medicare member.	1 2023 2023
				72141 Magnetic resonance (eg, proton)			
4/1/2023 -		Physical		imaging, spinal canal and contents,	Denied Not	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	cervical; without contrast material	Medically Necessary	longstanding neck pain; The patient does not have any of the above listed items	1 2023 2023
				724.44 Manustin assessment (see seedow)	Dadidan Camba	This is a second for consist and a large MDI. This are added to be a second of a Character I	
4/1/2022		Dhysical		72141 Magnetic resonance (eg, proton)		This is a request for cervical spine MRI; This procedure is being requested for Chronic /	Apr I
4/1/2023 - 6/30/2023	4/1/2022	Physical 6/30/2023 Medicine	Disapproval	imaging, spinal canal and contents, cervical; without contrast material	Denied Not	longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	Apr-Jun 1 2023 2023
0/30/2023	4/1/2023	0/30/2023 WieuiCine	Disappioval	cervical, without contrast material	iviedically ivecessary	other significant abnormality involving the cervical spine, this is NOT a Medicare member.	1 2023 2023
				72141 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -		Physical		imaging, spinal canal and contents,	Denied Not	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	cervical; without contrast material		longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	5 2023 2023
5/50/2025	., 1, 2023	5,55,2025 WICHIGH	2.3upprovai	ce. v.ca., without contrast material	carcuity recessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	3 2023 2023
				72141 Magnetic resonance (eg, proton)	Radiology Services	longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or	
4/1/2023 -		Physical		imaging, spinal canal and contents,	Denied Not	failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	cervical; without contrast material		NOT a Medicare member.	8 2023 2023
					,,		
				72141 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -		Physical		imaging, spinal canal and contents,	Denied Not	This is a request for cervical spine MRI; This procedure is being requested for None of the	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	cervical; without contrast material	Medically Necessary	above; Pre-operative evaluation describes the reason for requesting this procedure.	1 2023 2023

				721.45 Magnetic reconnect (or mester)	Dadialası Candasa	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic	
4/1/2023 -		Dhysical		72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not	back pain; It is not known if the patient does have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has not seen the	Apr-Jun
6/30/2023 4/1	1/2022	Physical 6/30/2023 Medicine	Disapproval	thoracic; without contrast material		doctor more then once for these symptoms.	1 2023 2023
0/30/2023 4/1	1/2023	0/30/2023 Wedicine	Disappiovai	thoracic, without contrast material	ivieuically ivecessary	doctor more then once for these symptoms.	1 2023 2023
				72146 Magnetic resonance (eg, proton)	Radiology Services	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic	
4/1/2023 -		Physical		imaging, spinal canal and contents,	Denied Not	back pain; The patient does have new or changing neurologic signs or symptoms.; The	Apr-Jun
6/30/2023 4/1	1/2023	6/30/2023 Medicine	Disapproval	thoracic; without contrast material		patient does have a new foot drop.	3 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	.,,		,	,	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic	
						back pain; The patient does have new or changing neurologic signs or symptoms.; The	
				72146 Magnetic resonance (eg, proton)	Radiology Services	patient does not have a new foot drop.; The patient does not have new signs or symptoms of	
4/1/2023 -		Physical		imaging, spinal canal and contents,	Denied Not	bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is	Apr-Jun
6/30/2023 4/1	1/2023	6/30/2023 Medicine	Disapproval	thoracic; without contrast material	Medically Necessary	no weakness or reflex abnormality.	1 2023 2023
						This study is being ordered for something other than: known trauma or injury, metastatic	
						disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
						vascular disease.; There has been treatment or conservative therapy.; The ordering MDs	
				72146 Magnetic resonance (eg, proton)	Radiology Services	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
4/1/2023 -		Physical		imaging, spinal canal and contents,	Denied Not	Radiation Oncology; This case was created via BBI.; The primary symptoms began more than	Apr-Jun
6/30/2023 4/1	1/2023	6/30/2023 Medicine	Disapproval	thoracic; without contrast material	Medically Necessary	1 year ago; Medications were given for this diagnosis	1 2023 2023
				72148 Magnetic resonance (eg, proton)	Radiology Services	; There has been treatment or conservative therapy.; This case was created via RadMD.; This	
4/1/2023 -		Physical		imaging, spinal canal and contents,	Denied Not	study is being ordered for Other; The primary symptoms began more than 1 year ago;	Apr-Jun
6/30/2023 4/1	1/2023	6/30/2023 Medicine	Disapproval	lumbar; without contrast material	Medically Necessary	Physical Therapy was completed for this diagnosis	1 2023 2023
						Patient educated on Postural body mechanics / PA for TENs Unit and LS brace. Stretching	
						exercise program.Patient was counseled on Opioid and Non- Opioid medications side	
				72148 Magnetic resonance (eg, proton)		effects, Home exercise program; It is not known if there has been any treatment or	
4/1/2023 -		Physical		imaging, spinal canal and contents,	Denied Not	conservative therapy.; This case was created via RadMD.; This study is being ordered for	Apr-Jun
6/30/2023 4/1	1/2023	6/30/2023 Medicine	Disapproval	lumbar; without contrast material	Medically Necessary	Other; The primary symptoms began more than 1 year ago	1 2023 2023
						The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
				72148 Magnetic resonance (eg, proton)		This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is	
4/1/2023 -		Physical		imaging, spinal canal and contents,	Denied Not	NOT General/Family Practice, Internal Medicine, Unknown, Other, Advanced Practice	Apr-Jun
6/30/2023 4/1	1/2023	6/30/2023 Medicine	Disapproval	lumbar; without contrast material	Medically Necessary	Registered Nurse or Preventative Medicine	1 2023 2023
. /. /2022		51 · 1		72148 Magnetic resonance (eg, proton)		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -	4 /2022	Physical Physical	Diagram and	imaging, spinal canal and contents,	Denied Not	This study is being requested for 6 weeks of completed conservative care in the past 6	Apr-Jun
6/30/2023 4/1	1/2023	6/30/2023 Medicine	Disapproval	lumbar; without contrast material	Medically Necessary	months	16 2023 2023
				72149 Magnetic reconance (og proten)	Padiology Convices	The study requested is a Lumbar Spine MRL. The nations has acute or shronis back pain.	
4/1/2023 -		Physical		72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal nerve study (EMG) involving the lumbar	Apr-Jun
6/30/2023 4/1	1 /2022	6/30/2023 Medicine	Disapproval	lumbar; without contrast material		spine; This is NOT a Medicare member.	1 2023 2023
0/30/2023 4/1	1/2023	6/30/2023 Wedicine	Disapprovai	iumbar, without contrast material	ivieuically Necessary	spine, this is NOT a Medicale member.	1 2023 2023
				72148 Magnetic resonance (eg, proton)	Radiology Services	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -		Physical		imaging, spinal canal and contents,	Denied Not	This study is being requested for an Abnormal x-ray indicating a complex fracture or severe	Apr-Jun
6/30/2023 4/1	1/2023	6/30/2023 Medicine	Disapproval	lumbar; without contrast material	Medically Necessary	anatomic derangement of the lumbar spine; This is NOT a Medicare member.	4 2023 2023
5,50,2025 4/1	-, <i>-</i> 0 <i>-</i> 3	5, 50, 2025 WEGICITE	Sisupprovai		carcarry recessary	anaconno del angement or the rambar spine, rms is 1901 a Medicare member.	7 2023 2023
				72148 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -		Physical		imaging, spinal canal and contents,	Denied Not	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	Apr-Jun
6/30/2023 4/1	1/2023	6/30/2023 Medicine	Disapproval	lumbar; without contrast material		This study is being requested for Follow-up to spine injection in the past 6 months	2 2023 2023
, , , .		, ,		,	,,	, ,	
				72148 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -		Physical		imaging, spinal canal and contents,	Denied Not	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	Apr-Jun
6/30/2023 4/1	1/2023	6/30/2023 Medicine	Disapproval	lumbar; without contrast material		This study is being requested for Neurological deficit(s); The patient has None of the above	1 2023 2023
					. ,		
				72148 Magnetic resonance (eg, proton)	Radiology Services	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -		Physical		imaging, spinal canal and contents,	Denied Not	This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr-Jun
6/30/2023 4/1	1/2023	6/30/2023 Medicine	Disapproval	lumbar; without contrast material	Medically Necessary	The patient has Dermatomal sensory changes on physical examination	1 2023 2023

### Affalogy Services								
### Aff2023 - Physical Sp30/2023 Medicine Disapproval Imaging, spinal canal and contents, lember; without contrast material (Sp. 2005) Physical Sp30/2023 Medicine Disapproval Imaging, spinal canal and contents, lember; without contrast material (Sp. 2005) Physical Sp30/2023 Medicine Disapproval Imaging, spinal canal and contents, lember; without contrast material (Sp. 2005) Physical Sp30/2023 Medicine Disapproval Imaging, spinal canal and contents, lember; without contrast material (Sp. 2005) Physical Sp30/2023 Medicine Disapproval Imaging, spinal canal and contents, lember; without contrast material (Sp. 2005) Physical Sp30/2023 Medicine Disapproval Imaging, spinal canal and contents, lember; without contrast material (Sp. 2005) Physical Sp30/2023 Medicine Disapproval Imaging, spinal canal and contents, lember; without contrast material (Sp. 2005) Physical Sp30/2023 Medicine Disapproval Imaging, spinal canal and contents, lember; without contrast material (Sp. 2005) Physical Sp30/2023 Medicine Disapproval Imaging, spinal canal and contents, lember; without contrast material (Sp. 2005) Physical Sp30/2023 Medicine Disapproval Imaging, spinal canal and contents, lember; without contrast material (Sp. 2005) Physical Sp30/2023 Medicine Disapproval Imaging, spinal canal and contents, lember; without contrast material (Sp. 2005) Physical Sp30/2023 Medicine Disapproval Imaging, spinal canal and contents, lember; without contrast material (Sp. 2005) Physical Sp30/2023 Medicine Disapproval Imaging, spinal canal and contents, lember; without contrast material (Sp. 2005) Physical Sp30/2023 Medicine Disapproval Imaging, spinal canal and contents, lember; without contrast material (Sp. 2005) Physical Sp30/2023 Medicine Disapproval Imaging, spinal canal and contents, lember; without contrast material (Sp. 2005) Physical Sp30/2023 Medicine Disapproval Imaging, spinal canal and contents, lember; without contrast material (Sp. 2005) Physical Sp30/2023 Medicine Disapproval Imaging, spinal canal an		4/1/2023	•	Disapproval	imaging, spinal canal and contents,	Denied Not	This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr-Jun 2 2023 2023
### Aff2023 - Physical 6/30/203 Medicine Disapproval Imahar without contrast materially Medically Necessary 14/1/2023 - Physical 6/30/203 Medicine Disapproval Physical 6/30/2		4/1/2023	•	Disapproval	imaging, spinal canal and contents,	Denied Not	This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr-Jun 1 2023 2023
14/1/2023 - Physical		4/1/2023	•	Disapproval	imaging, spinal canal and contents,	Denied Not		Apr-Jun 2 2023 2023
41/2023 4/1/2023 6/30/2023 Medicine Disapproval material(s) Denied Not Medically Necessary Oncology, Structure of Foliage Physical 6/30/2023 Medicine Disapproval material(s) Desapproval material(s) Desapproval material(s) Denied Not Medically Necessary Oncology, This case was created via RadMD. 2296 Magnetic resonance (e.g. proton) Radiology Services Denied Not Medically Necessary arthritis. 22023 Medicine Disapproval material(s) Desapproval material(s) De		4/1/2023		Disapproval	imaging, spinal canal and contents,	Denied Not	is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began 6 months to 1	Apr-Jun 1 2023 2023
4/1/2023		4/1/2023	•	Disapproval	imaging, pelvis; with contrast	Denied Not	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	Apr-Jun 1 2023 2023
4/1/2023 - Physical Figure 1 - Physical (singling, pelvis, with contrast material (s)		4/1/2023	•	Disapproval	imaging, pelvis; with contrast	Denied Not	ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for	Apr-Jun 1 2023 2023
disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease, 2. There has been treatment or conservative therapy. The ordering MDs specialty is NOT Hematologisty Oncologist, Thoracis Eurgery, Oncology, Surgical Oncology or Radiation All/2023 - Physical Physical Physical Physical 6/30/2023 4/1/2023 - Physical Physical Physical 6/30/2023 4/1/2023 - Physical		4/1/2023	•	Disapproval	imaging, pelvis; with contrast	Denied Not	pain radiates through upper thigh region and buttocks.; The ordering physician is not an orthopedist.; This is a request for a Pelvis MRI.; The study is being ordered for pelvic trauma	Apr-Jun 1 2023 2023
Radiology Services 4/1/2023 - Physical 73200 Computed tomography, upper 6/30/2023 4/1/2023 6/30/2023 Medicine Disapproval extremity; without contrast material Medically Necessary Physical 73200 Computed tomography, upper Denied Not There is a history of upper extremity joint or long bone trauma or injury.; Yes this is a request for an upper extremity joint or long bone trauma or injury.; Yes this is a medically Necessary request for a Diagnostic CT There is a history of upper extremity joint or long bone trauma or injury.; Yes this is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.; Yes this is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is a history of upper extremity joint or long bone trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Physical imaging, any joint of upper extremity; Denied Not Oncology; This case was created via RadfMD.; The primary symptoms began 6 months to 1 Medically Necessary year; Home Exercise was done for this diagnosis 2 2023	6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	imaging, pelvis; with contrast material(s)	Denied Not Medically Necessary Radiology Services	disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis Patient has pain, numbness and burning in her neck and right arm.; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	Apr-Jun 1 2023 2023 Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Disapproval extremity; without contrast material Medically Necessary request for a Diagnostic CT Patient in severe pain.; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT 73221 Magnetic resonance (eg, proton) Radiology Services Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation 4/1/2023 - Physical imaging, any joint of upper extremity; Denied Not Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 6/30/2023 4/1/2023 6/30/2023 Medicine Disapproval without contrast material(s) Medically Necessary year; Home Exercise was done for this diagnosis 2 2023		4/1/2023	· ·	Disapproval	·	Radiology Services	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.;	1 2023 2023 Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Disapproval without contrast material(s) Medically Necessary year; Home Exercise was done for this diagnosis 2 2023	6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	extremity; without contrast material 73221 Magnetic resonance (eg, proton)	Medically Necessary Radiology Services	request for a Diagnostic CT Patient in severe pain.; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	1 2023 2023
4/1/2023 - Physical imaging, any joint of upper extremity; Denied Not management in the past 3 months.; This is a request for an elbow MRI; The study is 6/30/2023 4/1/2023 6/30/2023 Medicine Disapproval without contrast material(s) Medically Necessary requested for evaluation of elbow pain. 1 2023	6/30/2023 4/1/2023 -		6/30/2023 Medicine Physical	• •	without contrast material(s) 73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity;	Medically Necessary Radiology Services Denied Not	year; Home Exercise was done for this diagnosis The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is	2 2023 2023 Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; It is not known if the physician has directed conservative treatment for the past 4 weeks.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; continued left shoulder pain as the outcome; The patient received oral analgesics.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Denied Not	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; It is not known if the physician has directed a home exercise program for at least 4 weeks.; The patient recevied medication other than joint injections(s) or oral analgesics.; Cyclobenzaprine 10mg 1p.o. Q HS;Methylprednisolone dos pak;gabapentin100 mg 1p.o. TID	Apr-Jun 1 2023 2023
4/1/2023 - 5/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Radiology Services Denied Not Medically Necessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient recevied joint injection(s).	Apr-Jur 1 2023 2023
4/1/2023 - 5/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Denied Not	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	Apr-Jur 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Denied Not	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; Surgery or arthrscopy is scheduled in the next 4 weeks.; This is NOT a Medicare member.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		Physical 6/30/2023 Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	POSIBLE INJURIES TO LEFT HIP AND LT KNEE. TRIED HOME EXERCISES AND MEDICATIONS WITH NO IMPROVEMENT; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences 73720 Magnetic resonance (eg, proton)	Radiology Services Denied Not Medically Necessary	This is a request for a foot MRI.; The study is being oordered for infection.; There are physical exam findings, laboratory results, other imaging including bone scan or plain film confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is not planned for in the next 4 weeks.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	•	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Instability was noted on the physical examination; The patient is not being treated with any of the listed items (crutches, knee immobilizer, wheel chair, neoprene knee sleeve, ace bandage, knee brace); The ordering MDs specialty is NOT Orthopedics.	Apr-Jun 1 2023 2023

				73720 Magnetic resonance (eg, proton)			
				imaging, lower extremity other than	Dadislas Cardas	This is a second for a Very MDI. About all about all accordance of the law areas and as	
4/1/2023 -		Physical		joint; without contrast material(s), followed by contrast material(s) and	Radiology Services Denied Not	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as an indication for knee imaging; Locking was noted on the physical examination; The ordering	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	further sequences		MDs specialty is NOT Orthopedics.	1 2023 2023
., ,	, ,	.,,			, , , , , ,	POSIBLE INJURIES TO LEFT HIP AND LT KNEE. TRIED HOME EXERCISES AND MEDICATIONS	
						WITH NO IMPROVEMENT; This study is being ordered for trauma or injury.; There has been	
						treatment or conservative therapy.; The ordering MDs specialty is NOT	
. /. /2022		BL : 1		73721 Magnetic resonance (eg, proton)		Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 - 6/30/2023	4/1/2022	Physical Physical	Disamment	imaging, any joint of lower extremity;	Denied Not	Oncology; This case was created via RadMD.; The primary symptoms began less than 6	Apr-Jun 1 2023 2023
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	without contrast material	iviedically necessary	months ago; Medications were given for this diagnosis	1 2023 2023
				73721 Magnetic resonance (eg, proton)	Radiology Services	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; It is not	
4/1/2023 -		Physical		imaging, any joint of lower extremity;	Denied Not	known if the member has failed a 4 week course of conservative management in the past 3	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	without contrast material	Medically Necessary	months.	1 2023 2023
. / . /		BL : 1		73721 Magnetic resonance (eg, proton)		TI	
4/1/2023 - 6/30/2023	4/1/2022	Physical	Disapproval	imaging, any joint of lower extremity;	Denied Not	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The	Apr-Jun 1 2023 2023
0/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	without contrast material	ivieuically ivecessary	member has failed a 4 week course of conservative management in the past 3 months. This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to a recent	1 2023 2023
				73721 Magnetic resonance (eg, proton)	Radiology Services	injury.; It is not known if there is a suspicion of tendon or ligament injury.; Surgery or	
4/1/2023 -		Physical		imaging, any joint of lower extremity;	Denied Not	arthrscopy is not scheduled in the next 4 weeks.; There is not a suspicion of fracture not	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	without contrast material	Medically Necessary	adequately determined by x-ray.	1 2023 2023
				73721 Magnetic resonance (eg, proton)		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to an old	
4/1/2023 - 6/30/2023	4/1/2022	Physical Physical	Disamment	imaging, any joint of lower extremity;	Denied Not	injury.; The member has failed a 4 week course of conservative management in the past 3	Apr-Jun 1 2023 2023
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	without contrast material	Medically Necessary	monurs.	1 2023 2023
				74176 Computed tomography,	Radiology Services	; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT	
4/1/2023 -		Physical		abdomen and pelvis; without contrast	Denied Not	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	material	Medically Necessary	Oncology; This case was created via RadMD.	2 2023 2023
						There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	
					5 11 6 1	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -		Dhusiaal		74176 Computed tomography, abdomen and pelvis; without contrast	Radiology Services Denied Not	Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms	Ama Ium
6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	material		began 6 months to 1 year; Other not listed was done for this diagnosis	Apr-Jun 1 2023 2023
0,30,2023	4/1/2023	0/30/2023 Wicalcine	ызарргочаг	material	ivical carry ivecessary	There has not been any treatment or conservative therapy.; The ordering MDs specialty is	1 2025 2025
						NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
				74176 Computed tomography,	Radiology Services	Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -		Physical		abdomen and pelvis; without contrast	Denied Not	This study is being ordered for Cancer/Tumor/ Metastatic Disease; The primary symptoms	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	material	Medically Necessary	began less than 6 months ago	1 2023 2023
						This is a request for an Ahdaman and Dalvis CT. This study is being requested for abdaminal	
						This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for	
						this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was	
				74176 Computed tomography,	Radiology Services	performed.; The results of the exam were normal.; The patient had an Ultrasound.; The	
4/1/2023 -		Physical		abdomen and pelvis; without contrast	Denied Not	Ultrasound was normal.; It is unknown if a contrast/barium x-ray has been completed.; It is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	material	Medically Necessary	unknown if the patient have an endoscopy.; Yes this is a request for a Diagnostic CT	1 2023 2023
				7475 0	5 11 6 1	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
4/1/2022		Dhysical		74176 Computed tomography,	Radiology Services	and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical	Annlun
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	abdomen and pelvis; without contrast material	Denied Not Medically Necessary	exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a	Apr-Jun 2 2023 2023
0/30/2023	-1/1/2023	0, 30, 2023 WEURINE	σισαρρισναι	moterial	ivicultary recessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	2 2023 2023
				74176 Computed tomography,	Radiology Services	and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical	
4/1/2023 -		Physical		abdomen and pelvis; without contrast	Denied Not	exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	material	Medically Necessary	request for a Diagnostic CT	1 2023 2023

						This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
						and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
						this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was	
				74176 Computed tomography,	Radiology Services	performed.; The results of the exam were normal.; The patient had an Ultrasound.; The	
4/1/2023 -		Physical		abdomen and pelvis; without contrast	Denied Not	Ultrasound was abnormal.; The ultrasound showed a pelvic mass.; Yes this is a request for a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	material	Medically Necessary	•	1 2023 2023
						This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
				74176 Computed tomography,	Radiology Services	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/1/2023 -		Physical		abdomen and pelvis; without contrast	Denied Not	this complaint.; There has been a physical exam.; The patient is female.; It is not known if a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	material	Medically Necessary	pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1 2023 2023
						This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
				74176 Computed tomography,	Radiology Services	and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this	
4/1/2023 -		Physical		abdomen and pelvis; without contrast	Denied Not	complaint.; The patient had an amylase lab test.; The results of the lab test were abnormal.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	material	Medically Necessary	Yes this is a request for a Diagnostic CT	1 2023 2023
						This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
				74176 Computed tomography,	Radiology Services	and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this	
4/1/2023 -		Physical		abdomen and pelvis; without contrast	Denied Not	complaint.; The patient had an lipase lab test.; The results of the lab test were abnormal.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	material	Medically Necessary	Yes this is a request for a Diagnostic CT	1 2023 2023
						This is a request for an Abdomen and Pelvis CT.; This study is not being requested for	
				74176 Computed tomography,	Radiology Services	abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request	
4/1/2023 -		Physical		abdomen and pelvis; without contrast	Denied Not	for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	material		diagnosis or treatment.	1 2023 2023
0,00,2020	., 1, 2020	0/00/2020 Micaiomic	элэарргота.	material	medically recessory	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for	1 2020 2020
				74176 Computed tomography,	Radiology Services	abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT; There is	
4/1/2023 -		Physical		abdomen and pelvis; without contrast	Denied Not	documentation of a known tumor or a known diagnosis of cancer; This is study being	Apr-Jun
6/30/2023	4/1/2022	6/30/2023 Medicine	Disapproval	material	Medically Necessary		1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Medicine	Disapprovai	material	ivieuically necessary	ordered for a concern of cancer such as for diagnosis of treatment.	1 2023 2023
				74191 Magnetic reconance (og proten)	Padiology Convices		
4/4/2022		Dhootaal		74181 Magnetic resonance (eg, proton)	-,		A 1
4/1/2023 -	4/4/2022	Physical Physical	Diamana	imaging, abdomen; without contrast	Denied Not	This are most in forces Abda area AADI. This stock in being and and for Version Toronto.	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	material(s)	iviedically Necessary	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.	1 2023 2023
						This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or	
				74181 Magnetic resonance (eg, proton)		suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT,	
4/1/2023 -		Physical		imaging, abdomen; without contrast	Denied Not	MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	material(s)	Medically Necessary	The patient has a tumor.	1 2023 2023
				75571 Computed tomography, heart,			
				without contrast material, with	Radiology Services		
4/1/2023 -		Physical		quantitative evaluation of coronary	Denied Not	Enter answer here - or Type In Unknown If No Info Given. This is a request for a CT scan for	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	calcium	Medically Necessary	evalutation of coronary calcification.	1 2023 2023
				77078 Computed tomography, bone	Radiology Services	This is a request for a Bone Density Study.; This patient has not had a bone mineral density	
4/1/2023 -		Physical		mineral density study, 1 or more sites,	Denied Not	study within the past 23 months.; This is a bone density study in a patient with clinical risk of	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	axial skeleton (eg, hips, pelvis, spine)	Medically Necessary	osteoporosis or osteopenia.	1 2023 2023
						This is a request for a Bone Density Study.; Unknown if this patient had a bone mineral	
						density study within the past 23 months.; This is a bone density study in a patient with	
				77078 Computed tomography, bone	Radiology Services	clinical risk of osteoporosis or osteopenia.; The patient has not been on steroid therapy for	
4/1/2023 -		Physical		mineral density study, 1 or more sites,	Denied Not	more than 3 months.; This is not a repeat study due to a change in treatment or a change in	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	axial skeleton (eg, hips, pelvis, spine)		symptoms of osteoporosis.	1 2023 2023
., ,	, ,	.,,		(-0, ,	, , , , , , , ,	7	
				78429 Myocardial imaging, positron			
				emission tomography (PET), metabolic			
				evaluation study (including ventricular			
				wall motion[s] and/or ejection			
				fraction[s], when performed), single			
					Padiology Consises		
4/4/2022		Diameter 1		study; with concurrently acquired	Radiology Services	. This is NOT a Madisage manches. This is a sequent for a User's DET Corn with CT 5	A 1
4/1/2023 -		Physical 6/30/2023 Medicine	Disapproval	computed tomography transmission scan	Denied Not Medically Necessary	; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for	Apr-Jun 1 2023 2023
6/30/2023	4/4/2022						

4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Radiology Services Denied Not Medically Necessary	Mr. Moore is a 46 y/o AA male with a PMH of HTN, HLD, MI, depression, and CAD he is here today for his yearly check up. He is a former Dr. Stoy patient.; Patient denies CP/Palpitations/LE edema/syncope/SOB. Patient states he has been well since las; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	Denied Not	This is a request for a MUGA scan.; This study is being ordered for Chemotherapy.; Chemotherapy has not been initiated or completed.; Chemotherapy is planned.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Denied Not	; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Prostate Cancer.; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Breast Cancer.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This nodule is New (recently diagnosed); The nodule is calcified (full or partial); This Pet Scan is being requested for a Pulmonary Nodule; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023

						No patient history in the past 90 days; Evaluation dates less than 90 days in the past;	
						4/15/2023; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy; Speech	
						Therapy was selected; 4/20/2023; The evaluation date is not in the future; Magellan does	
				92507 Treatment of speech, language,	Radiology Services	not manage chiropractic but does manage speech therapy for the member's plan; Speech	
4/1/2023 -		Physical		voice, communication, and/or auditory	Denied Not	Therapy was requested; The patient is 65 or older; Date of condition onset is within the past	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	processing disorder; individual	Medically Necessary	6 months; The health carrier is NOT New Hampshire Healthy Families	2 2023 2023
						No patient history in the past 90 days; Evaluation dates less than 90 days in the past;	
						08/10/2022; Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech	
						Therapy; Speech Therapy was selected; The patient recently suffered either a CVA or TBI;	
						5/16/2023; The evaluation date is not in the future; Three or more visits anticipated;	
						Magellan does not manage chiropractic but does manage speech therapy for the member's	
				92507 Treatment of speech, language,	Radiology Services	plan; Speech Therapy was requested; The patient is under the age of 65; Onset was 6-12	
4/1/2023 -		Physical		voice, communication, and/or auditory	Denied Not	months ago; The primary condition is Cognitive linguistic Impairment; The health carrier is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	processing disorder; individual	Medically Necessary	NOT New Hampshire Healthy Families	1 2023 2023
						No patient history in the past 90 days; Evaluation dates less than 90 days in the past;	
						Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy; Speech	
						Therapy was selected; The primary condition is Cognitive linguistic Impairment; The patient	
						has not recently suffered either a CVA or TBI; 6/9/2023; The evaluation date is not in the	
				92507 Treatment of speech, language,	Radiology Services	future; Three or more visits anticipated; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		voice, communication, and/or auditory	Denied Not	manage speech therapy for the member's plan; Speech Therapy was requested; The patient	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	processing disorder; individual	Medically Necessary	is under the age of 65; The health carrier is NOT New Hampshire Healthy Families	1 2023 2023
						No patient history in the past 90 days; Evaluation dates less than 90 days in the past;	
						Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy; Speech	
						Therapy was selected; The primary condition is Dysphagia; The patient has not recently	
						suffered either a CVA or TBI; 1/11/2023; The evaluation date is not in the future; Three or	
				92507 Treatment of speech, language,	Radiology Services	more visits anticipated; Magellan does not manage chiropractic but does manage speech	
4/1/2023 -		Physical		voice, communication, and/or auditory	Denied Not	therapy for the member's plan; Speech Therapy was requested; The patient is under the age	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	processing disorder; individual	Medically Necessary	of 65; The health carrier is NOT New Hampshire Healthy Families	1 2023 2023
						No patient history in the past 90 days; Evaluation dates less than 90 days in the past;	
						Rehabilitative; Therapy type is Rehabilitative; Requestor is not a fax; Speech Therapy; Speech	
						Therapy was selected; The primary condition is Voice; The patient has not recently suffered	
						either a CVA or TBI; 06/14/2023; The evaluation date is not in the future; Three or more	
				92507 Treatment of speech, language,	Radiology Services	visits anticipated; Magellan does not manage chiropractic but does manage speech therapy	
4/1/2023 -		Physical		voice, communication, and/or auditory	Denied Not	for the member's plan; Speech Therapy was requested; The patient is under the age of 65;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	processing disorder; individual		The health carrier is NOT New Hampshire Healthy Families	1 2023 2023
-,,	, ,	.,,		,	,	No patient history in the past 90 days; Evaluation dates more than 90 days in the past;	
						Requestor is not a fax; Speech Therapy; 02/10/2023; The evaluation date is not in the future;	
				92507 Treatment of speech, language,	Radiology Services	Magellan does not manage chiropractic but does manage speech therapy for the member's	
4/1/2023 -		Physical		voice, communication, and/or auditory	Denied Not	plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	processing disorder; individual	Medically Necessary		1 2023 2023
2, 22, 222	, -,	.,,				No patient history in the past 90 days; Evaluation dates more than 90 days in the past;	
						Requestor is not a fax; Speech Therapy; 08/03/2022; The evaluation date is not in the future;	
				92507 Treatment of speech, language,	Radiology Services	Magellan does not manage chiropractic but does manage speech therapy for the member's	
4/1/2023 -		Physical		voice, communication, and/or auditory	Denied Not	plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	processing disorder; individual	Medically Necessary		1 2023 2023
0,30,2023	4/1/2023	0/30/2023 Weaterie	ызарргочаг	processing disorder, marvidual	Wiedically Weeessary	No patient history in the past 90 days; Evaluation dates more than 90 days in the past;	1 2023 2023
						Requestor is not a fax; Speech Therapy; 09/20/2022; The evaluation date is not in the future;	
				92507 Treatment of speech, language,	Radiology Services	Magellan does not manage chiropractic but does manage speech therapy for the member's	
4/1/2023 -		Physical		voice, communication, and/or auditory	Denied Not	plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun
6/30/2023	4/1/2022	6/30/2023 Medicine	Disapproval	processing disorder; individual	Medically Necessary		1 2023 2023
0/30/2023	7/1/2023	o, so, zozs ivieuiciile	Disaphi nai	processing disorder, illulvidual	ivicultally inecessary	Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 3/22/2023; The	1 2023 2023
				92507 Treatment of speech, language,	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Dhysical					Anglin
	4/1/2022	Physical Physical	Disappracial	voice, communication, and/or auditory	Denied Not	manage speech therapy for the member's plan; Speech Therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	processing disorder; individual	iviedically Necessary	carrier is NOT New Hampshire Healthy Families	1 2023 2023

				02507 Taratarant of an arch January	Dedieles Condes	Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 04/21/2023; The	
4/1/2022		Dhusiaal		92507 Treatment of speech, language,	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	A
4/1/2023 - 6/30/2023 4	/1 /2022	Physical 6/30/2023 Medicine	Disapproval	voice, communication, and/or auditory processing disorder; individual	Denied Not	manage speech therapy for the member's plan; Speech Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023
0/30/2023 4	/1/2023	6/30/2023 Medicine	Disapprovai	processing disorder, individual	ivieuically Necessary	Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 5/12/2023; The	1 2023 2023
				92507 Treatment of speech, language,	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		voice, communication, and/or auditory	Denied Not	manage speech therapy for the member's plan; Speech Therapy was requested; The health	Apr-Jun
6/30/2023 4	/1/2023	6/30/2023 Medicine	Disapproval	processing disorder; individual		carrier is NOT New Hampshire Healthy Families	1 2023 2023
, , , , , , , , , , , , , , , , , , , ,	, _,	0,00,000		processing area and, manneau.	, , , , , , , , , , , , , , , , , , , ,	Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 06/07/2023; The	
				92507 Treatment of speech, language,	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		voice, communication, and/or auditory	Denied Not	manage speech therapy for the member's plan; Speech Therapy was requested; The health	Apr-Jun
6/30/2023 4	/1/2023	6/30/2023 Medicine	Disapproval	processing disorder; individual	Medically Necessary	carrier is NOT New Hampshire Healthy Families	1 2023 2023
						Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 06/14/2023; The	
				92507 Treatment of speech, language,	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		voice, communication, and/or auditory	Denied Not	manage speech therapy for the member's plan; Speech Therapy was requested; The health	Apr-Jun
6/30/2023 4	/1/2023	6/30/2023 Medicine	Disapproval	processing disorder; individual	Medically Necessary	carrier is NOT New Hampshire Healthy Families	1 2023 2023
						Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 06/20/2022; The	
				92507 Treatment of speech, language,	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		voice, communication, and/or auditory	Denied Not	manage speech therapy for the member's plan; Speech Therapy was requested; The health	Apr-Jun
6/30/2023 4	/1/2023	6/30/2023 Medicine	Disapproval	processing disorder; individual	Medically Necessary	carrier is NOT New Hampshire Healthy Families	1 2023 2023
				005077		Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 9/30/2022; The	
4/4/2022		Dhariaal		92507 Treatment of speech, language,	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	A I
4/1/2023 -	/1 /2022	Physical Physical	Discourses	voice, communication, and/or auditory	Denied Not	manage speech therapy for the member's plan; Speech Therapy was requested; The health	Apr-Jun
6/30/2023 4	/1/2023	6/30/2023 Medicine	Disapproval	processing disorder; individual	Medically Necessary	carrier is NOT New Hampshire Healthy Families Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 10/11/2022; The	1 2023 2023
				92507 Treatment of speech, language,	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		voice, communication, and/or auditory	Denied Not	manage speech therapy for the member's plan; Speech Therapy was requested; The health	Apr-Jun
6/30/2023 4	/1/2023	6/30/2023 Medicine	Disapproval	processing disorder; individual		carrier is NOT New Hampshire Healthy Families	2 2023 2023
4/1/2023 - 6/30/2023 4	·/1/2023	Physical 6/30/2023 Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	This is a request for a Transthoracic Echocardiogram.; There is known valvular heart disease.; The patient's valvular heart disease is mild.; Pre-existing murmur best describes the reason for ordering this study. 1/4/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; adl's; 70%; Standardized tests document a deficit at or	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4	./1/2023	Physical 6/30/2023 Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	below the 10th percentile; Requestor is not a fax; Physical Therapy; Physical Therapy was requested; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Habilitative; Physical therapy was requested; The member is 5 years old or older.; Moderate to severe functional deficits supported by standardized assessments best describes the patient's presentation or goal of treatment; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT HMSA	Apr-Jun 1 2023 2023
				97116 Therapeutic procedure, 1 or	Radiology Services	01/04/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4	/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)		carrier is NOT New Hampshire Healthy Families	1 2023 2023
, ,	. ,	, ,			,	1/10/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4	/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)		carrier is NOT New Hampshire Healthy Families	1 2023 2023
						1/12/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4	/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	1 2023 2023

						04/45/0000 N	
						01/16/2023; No patient history in the past 90 days; Evaluation dates more than 90 days in	
						the past; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future;	
				97116 Therapeutic procedure, 1 or	Radiology Services	Magellan does not manage chiropractic but does manage speech therapy for the member's	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary		1 2023 2023
						1/19/2023; No patient history in the past 90 days; Evaluation dates more than 90 days in the	
						past; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future;	
				97116 Therapeutic procedure, 1 or	Radiology Services	Magellan does not manage chiropractic but does manage speech therapy for the member's	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	Families	1 2023 2023
						01/19/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	2 2023 2023
						01/20/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)		carrier is NOT New Hampshire Healthy Families	1 2023 2023
.,,	, ,	.,,		, , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,	1/20/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)		carrier is NOT New Hampshire Healthy Families	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Wedicine	ызарргочаг	training (merades stair elimbing)	ivicultury recessury	1/23/2023; No patient history in the past 90 days; Evaluation dates more than 90 days in the	1 2023 2023
						past; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future;	
				97116 Therapeutic procedure, 1 or	Radiology Services	Magellan does not manage chiropractic but does manage speech therapy for the member's	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun
6/30/2023	4/1/2022	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary		1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Wedicine	Disapprovai	training (includes stail climbing)	ivieuically necessary		1 2025 2025
				07116 Thereachia areas dure 1 as	Dadialası Camiasa	01/24/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
4/1/2022		Dhusiaal		97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	A mar Juan
4/1/2023 -	. /. /2022	Physical	5: 1	more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	3 2023 2023
						01/27/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
						evaluation date is not in the future; Magellan does not manage chiropractic but does	
				97116 Therapeutic procedure, 1 or	Radiology Services	manage speech therapy for the member's plan; Magellan does not manage chiropractic but	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	does manage speech therapy for the member's plan; Physical therapy was requested; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	health carrier is NOT New Hampshire Healthy Families	1 2023 2023
						01/27/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	1 2023 2023
						02/03/2023; No patient history in the past 90 days; Evaluation dates more than 90 days in	
						the past; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future;	
				97116 Therapeutic procedure, 1 or	Radiology Services	Magellan does not manage chiropractic but does manage speech therapy for the member's	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	Families	1 2023 2023
						2/6/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)		carrier is NOT New Hampshire Healthy Families	2 2023 2023
.,,	, ,	, ,		0, 111111111111111111111111111111111111	, , , , , , , , , , , , , , , , , , , ,	02/07/2023; No patient history in the past 90 days; Evaluation dates more than 90 days in	
						the past; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future;	
				97116 Therapeutic procedure, 1 or	Radiology Services	Magellan does not manage chiropractic but does manage speech therapy for the member's	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary		1 2023 2023
0/30/2023	-/ 1/ 2U23	0/30/2023 Medicifie	Disappioval	Ganning (Includes Stall Cillibring)	ivicultally Necessary	Tarrinics	1 2023 2023

					2/7/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
			97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2	•	Disapproval	training (includes stair climbing)		carrier is NOT New Hampshire Healthy Families	1 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			, , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,	2/8/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
			97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2		Disapproval	training (includes stair climbing)		carrier is NOT New Hampshire Healthy Families	1 2023 2023
0,00,2020 .,2,2	0,50,2025 meanine	элэарргота.	training (merades stair eminerily)	medically mecessary	02/09/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	1 2023 2020
			97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2		Disapproval	training (includes stair climbing)		carrier is NOT New Hampshire Healthy Families	1 2023 2023
0/30/2023 4/1/2	0/30/2023 Wicaremic	Disapprovai	training (merades stair emissing)	Wicarcary Wecessary	2/10/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	1 2025 2025
			97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2	•	Disapproval	training (includes stair climbing)		carrier is NOT New Hampshire Healthy Families	1 2023 2023
0/30/2023 4/1/2	0/30/2023 Wiedicine	Disappiovai	training (includes stail climbing)	ivicultally ivecessary	2/13/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	1 2023 2023
			97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2		Disapproval	training (includes stair climbing)		carrier is NOT New Hampshire Healthy Families	1 2023 2023
0/30/2023 4/1/2	0/30/2023 Wiedicilie	Disappiovai	training (includes stair climbing)	ivieuically ivecessary	2/15/2023; No patient history in the past 90 days; Evaluation dates more than 90 days in the	1 2023 2023
			07446 Therese which are a down 4 and	Dadislam Candasa	past; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future;	
4/4/2022	Dhtl		97116 Therapeutic procedure, 1 or	Radiology Services	Magellan does not manage chiropractic but does manage speech therapy for the member's	A mar to m
4/1/2023 -	Physical Physical	Diameter I	more areas, each 15 minutes; gait	Denied Not	plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun
6/30/2023 4/1/2	023 6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary		1 2023 2023
			0744671 .:		02/15/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
			97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2	023 6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	1 2023 2023
					2/15/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
			97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2	023 6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	1 2023 2023
					2/17/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
			97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2	023 6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	1 2023 2023
					02/20/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
			97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2	023 6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	2 2023 2023
					02/21/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
			97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2	023 6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	2 2023 2023
					2/21/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
			97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2	023 6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	2 2023 2023
					02/23/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
			97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2	-	Disapproval	training (includes stair climbing)		carrier is NOT New Hampshire Healthy Families	1 2023 2023
, , , , , , , ,	, ,		<u> </u>	,,	02/27/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
			97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2	•	Disapproval	training (includes stair climbing)		carrier is NOT New Hampshire Healthy Families	1 2023 2023
5/50/2025 4/1/2	0,30,2023 MEGICITE	Disapproval	daning (merades stail climbing)	.viculcully ivecessally	carrier is the free free free free free free free fr	1 2023 2023

			07446 There are the arrange of a re-	David alama Camatana	2/28/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
. /. /2022	5 1 1 1		97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical	Discount	more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	iviedically necessary	carrier is NOT New Hampshire Healthy Families 03/01/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	3 2023 2023
			97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)		carrier is NOT New Hampshire Healthy Families	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Medicine	Disappiovai	training (includes stail climbing)	ivieuically ivecessary	3/1/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	1 2023 2023
			97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)		carrier is NOT New Hampshire Healthy Families	1 2023 2023
1,00,000	2,00,200	pp		,	3/2/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
			97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)		carrier is NOT New Hampshire Healthy Families	1 2023 2023
			-		3/6/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
			97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	2 2023 2023
					03/07/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
			97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	1 2023 2023
					3/7/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
			97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	1 2023 2023
					3/8/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
			97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	, ,	1 2023 2023
					03/09/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
					past; Gait, Balance and Falls is the selected condition; Therapy type is Neuro Rehabilitative;	
					Requestor is not a fax; Physical Therapy; Physical Therapy was requested; The evaluation	
					date is not in the future; Magellan does not manage chiropractic but does manage speech	
					therapy for the member's plan; Neuro Rehabilitative; Physical therapy was requested; The	
			07116 Thereasontic procedure 1 as	Dadialas, Camiasa	patient was previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; Gait, Balance and Falls is the selected	
4/1/2023 -	Physical		97116 Therapeutic procedure, 1 or	Radiology Services Denied Not	condition; The health carrier is NOT New Hampshire Healthy Families; Physical or	Anr lun
6/30/2023 4/1/2023	6/30/2023 Medicine	Disapproval	more areas, each 15 minutes; gait training (includes stair climbing)			Apr-Jun 2 2023 2023
0/30/2023 4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	ivieuically Necessary	Occupational therapy was requested 3/9/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	2 2023 2023
			97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary		2 2023 2023
0,00,2020 4,1,2020	5, 50, 2025 Wicaldille	2 isappi ovai	a diministra	curcuity (4ccc33di y	03/10/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	2 2023 2023
			97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)		carrier is NOT New Hampshire Healthy Families	1 2023 2023
.,,, ., .,	.,,		3 (, , , , , , , , , , , , , , , , , , , ,	3/10/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
			97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)		carrier is NOT New Hampshire Healthy Families	2 2023 2023
			5,	, ,	03/13/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
			97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	3 2023 2023
.,,	.,,		3 (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	and the state of t	

						3/13/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	2 2023 2023
						03/14/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	1 2023 2023
						3/14/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	1 2023 2023
						3/15/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	1 2023 2023
						3/16/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
						past; Non-Surgical; Three or more visits anticipated; Therapy type is Rehabilitative;	
						Requestor is not a fax; Physical Therapy; Speech Therapy was not selected; The evaluation	
						date is not in the future; The rehabilitation related to a diagnosis of cancer.; Physical Therapy	
						was requested; Physical or Occupational therapy was selected; Physical or Occupational	
				97116 Therapeutic procedure, 1 or	Radiology Services	therapy was selected; Magellan does not manage chiropractic but does manage speech	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	therapy for the member's plan; Physical therapy was requested; The health carrier is NOT	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	New Hampshire Healthy Families	1 2023 2023
						03/16/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	2 2023 2023
.,,	, ,	.,,		5,	, , , , , , , , , , , , , , , , , , , ,	03/17/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)		carrier is NOT New Hampshire Healthy Families	1 2023 2023
0,00,000	., _,	0,00,000	pp		, , , , , , , , , , , , , , , , , , , ,	03/20/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)		carrier is NOT New Hampshire Healthy Families	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Wicalcine	ызарргочаг	training (merades stail elimbing)	Wicalcully Weeessally	3/21/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	1 2023 2023
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)		carrier is NOT New Hampshire Healthy Families	2 2023 2023
0/30/2023	4/1/2023	0/30/2023 Wicalcine	ызарргочаг	training (merades stail elimbing)	ivicultury recessury	3/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	2 2023 2023
						past; Therapy type is Habilitative; adl's; 70; Standardized tests document a deficit above the	
						10th percentile; Requestor is not a fax; Physical Therapy; The evaluation date is not in the	
						future; Magellan does not manage chiropractic but does manage speech therapy for the	
				97116 Therapeutic procedure, 1 or	Radiology Services		
4/1/2023 -		Dhooise			0,	member's plan; Habilitative; Physical therapy was requested; The member is 5 years old or	مناهما المساورة
1	4/1/2022	Physical	Dicanasasas	more areas, each 15 minutes; gait	Denied Not	older.; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	ivieuically Necessary	therapy was requested; The health carrier is NOT HMSA	1 2023 2023
				0711C Theremousling presenting 4 - 7	Dadialası Cami'	03/23/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
4/4/2022		Dh		97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	A
4/1/2023 -	. /. /2	Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	1 2023 2023
						3/23/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	1 2023 2023

				07446 There are the area of the first	Dadialan Carden	3/24/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
4/4/2022		Dhoolast		97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	A man I to me
4/1/2023 -	4 /4 /2022	Physical Physical	Discount	more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	1 2023 2023
				0711C Thoronoutio procedure 1 or	Dadialası Camiasa	3/27/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
4/4/2022		Dhusiaal		97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	Amm I.im
4/1/2023 -	. /. /2022	Physical Physical	5: 1	more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	2 2023 2023
				07446 There are the area of the target	Dadialas Cardas	03/28/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
4/4/2022		Dhorataal		97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	A 1
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	1 2023 2023
				0744671	5 11 1 6 1	3/28/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
. /. /2022		5 1 1 1		97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	. /. /2022	Physical	5: 1	more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	1 2023 2023
				0744 C Theorem with annual days 4 and	Dadidan Camba	03/29/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
4/4/2022		Dh		97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	A
4/1/2023 -	. /. /2022	Physical Physical	5: 1	more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	1 2023 2023
				0744671	5 11 1 6 1	3/29/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	1 2023 2023
						03/30/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	3 2023 2023
						3/30/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	2 2023 2023
				97116 Therapeutic procedure, 1 or	Radiology Services	03/31/2022; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	evaluation date is not in the future; Magellan does not manage chiropractic but does	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	manage speech therapy for the member's plan; Physical therapy was requested	1 2023 2023
						3/31/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	2 2023 2023
						04/03/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	1 2023 2023
						4/3/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
1				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary		2 2023 2023
						4/4/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
						past; None of the listed conditions were selected; Therapy type is Neuro Rehabilitative;	
						Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan	
				97116 Therapeutic procedure, 1 or	Radiology Services	does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	Neuro Rehabilitative; Physical therapy was requested; The health carrier is NOT New	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	Hampshire Healthy Families; Physical or Occupational therapy was requested	1 2023 2023

						04/04/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
. / . /		a		97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	4 10000	Physical	B: 1	more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/	/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	2 2023 2023
				07446 Theresee the second second second	Dadislass Camitas	4/4/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
. /. /2022		a		97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	4 10000	Physical	5: 1	more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/	/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	1 2023 2023
				0744671 .:		04/05/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
. / . /		a		97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	4 10000	Physical	B: 1	more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/	/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	1 2023 2023
				0744671 .:		4/5/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
. /. /2022		a		97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	4 10000	Physical	5: 1	more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/	/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	·	4 2023 2023
						4/6/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
						past; Therapy type is Habilitative; adl's; 70; Standardized tests document a deficit above the	
						10th percentile; Requestor is not a fax; Physical Therapy; The evaluation date is not in the	
				0744C Thereseath	Desired and Co.	future; Magellan does not manage chiropractic but does manage speech therapy for the	
				97116 Therapeutic procedure, 1 or	Radiology Services	member's plan; Habilitative; Physical therapy was requested; The member is 5 years old or	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	older.; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational	Apr-Jun
6/30/2023 4/	/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	therapy was requested; The health carrier is NOT HMSA	1 2023 2023
				0744671 .:		04/06/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
. /. /2022		a		97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/	/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	,	2 2023 2023
				0744671 .:		4/6/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
. / . /		a		97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/	/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	1 2023 2023
				0744671 .:		4/10/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
4 /4 /2022		a		97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	4 10000	Physical	5: 1	more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/	/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	9 2023 2023
						4/11/23; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
						past; Gait, Balance and Falls is the selected condition; Therapy type is Neuro Rehabilitative;	
						Requestor is not a fax; Physical Therapy; Physical Therapy was requested; The evaluation	
						date is not in the future; Magellan does not manage chiropractic but does manage speech	
						therapy for the member's plan; Neuro Rehabilitative; Physical therapy was requested; The	
						patient was NOT previously independent with mobility and now requires human assistance	
						and/or an assistive device to walk and/or transfer; None of the following apply; Increase in	
				07116 Thorangutic assessment 1	Radiology Camiles	frequency of falls, Decline in transfers, bed mobility or transitional movements and/or	
4/4/2022		Discrete - 1		97116 Therapeutic procedure, 1 or	Radiology Services	Decline in independence with mobility (walking or wheelchair mobility); Gait, Balance and	A 1.
4/1/2023 -	/1 /2022	Physical	Discounts:-1	more areas, each 15 minutes; gait	Denied Not	Falls is the selected condition; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023 4/	/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	iviedically Necessary	Physical or Occupational therapy was requested	1 2023 2023
				07116 Thorangutic assessment 1	Radiology Camiles	04/11/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
4/1/2022		Dhucical		97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	Apr I
4/1/2023 -	/1 /2022	Physical	Disamment	more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/	/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	iviedically necessary	carrier is NOT New Hampshire Healthy Families	1 2023 2023
				07116 Thorangutic assessment 1	Radiology Camiles	4/11/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
4/1/2023 -		Dhysical		97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	Apr lun
1	/1 /2022	Physical	Dicapproval	more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/	11/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	ivieuically Necessary	carrier is NOT New Hampshire Healthy Families	8 2023 2023

						4/12/2022, Patient history in the past 00 days; Boguestor is not a favy Physical Thorany, The	
				07116 Theremouting are adding 1 or	Dadialası Candasa	4/12/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
4 /4 /2022		BL		97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	. /. /2022	Physical	B: 1	more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	4 2023 2023
						04/13/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	1 2023 2023
						4/13/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	1 2023 2023
						04/14/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	2 2023 2023
						4/14/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)		carrier is NOT New Hampshire Healthy Families	3 2023 2023
., ,	, ,	.,,		5,	, , , , , , , , , , , , , , , , , , , ,	04/17/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)		carrier is NOT New Hampshire Healthy Families	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Wedicine	Disapprovai	training (merades stair emissing)	Wicalculty Weeessury	4/17/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	1 2023 2023
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr lup
	4/1/2022	•	Disamenanal				Apr-Jun 3 2023 2023
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	iviedically necessary	carrier is NOT New Hampshire Healthy Families 04/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	3 2023 2023
						past; None of the listed conditions were selected; Therapy type is Neuro Rehabilitative;	
						Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan	
				97116 Therapeutic procedure, 1 or	Radiology Services	does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	Neuro Rehabilitative; Physical therapy was requested; The health carrier is NOT New	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	Hampshire Healthy Families; Physical or Occupational therapy was requested	1 2023 2023
						04/19/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	2 2023 2023
						4/19/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	3 2023 2023
						04/20/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	2 2023 2023
	. ,	. ,		2.	,,	4/20/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)		carrier is NOT New Hampshire Healthy Families	3 2023 2023
5,55,2525	., _,	-,,	oopp. o .ui			04/21/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	3 2023 2023
				97116 Theraneutic procedure 1 or	Radiology Services		
4/1/2022		Dhysical		97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	Anr-lun
4/1/2023 - 6/30/2023	A/1/2023	Physical 6/30/2023 Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Denied Not		Apr-Jun 1 2023 2023

						4/21/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	1 2023 2023
						4/24/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	6 2023 2023
						4/25/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	5 2023 2023
						04/26/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	5 2023 2023
						4/26/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	4 2023 2023
						4/27/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
						past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a	
						fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the	
						future; Physical or Occupational therapy was selected; Magellan does not manage	
				97116 Therapeutic procedure, 1 or	Radiology Services	chiropractic but does manage speech therapy for the member's plan; Physical Therapy was	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	selected; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary		1 2023 2023
	, ,	, ,		G (G,		4/27/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	4 2023 2023
				<u> </u>		04/28/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	2 2023 2023
						4/28/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	1 2023 2023
						05-31-2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	1 2023 2023
						05/01/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	2 2023 2023
				G /		5/1/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	2 2023 2023
				J	, , , , ,	05/02/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)		carrier is NOT New Hampshire Healthy Families	1 2023 2023
				<u> </u>	, ,		

				0744671	D 11 1 C 1	5/2/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
		_, , ,		97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	. /. /	Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	4 2023 2023
				0744671	B 11 1 6 1	5/3/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
. /. /2022		a		97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	. /. /	Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	1 2023 2023
						5/4/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
						past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a	
						fax; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the	
						future; Physical or Occupational therapy was selected; Magellan does not manage	
		_, , ,		97116 Therapeutic procedure, 1 or	Radiology Services	chiropractic but does manage speech therapy for the member's plan; Physical Therapy was	
4/1/2023 -	. /. /2022	Physical	B: 1	more areas, each 15 minutes; gait	Denied Not	selected; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary		1 2023 2023
						5/4/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
						past; Therapy type is Habilitative; adl's; 80; Standardized tests document a deficit above the	
						10th percentile; Requestor is not a fax; Physical Therapy; The evaluation date is not in the	
						future; Magellan does not manage chiropractic but does manage speech therapy for the	
				97116 Therapeutic procedure, 1 or	Radiology Services	member's plan; Habilitative; Physical therapy was requested; The member is 5 years old or	
4/1/2023 -	. /. /	Physical		more areas, each 15 minutes; gait	Denied Not	older.; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	therapy was requested; The health carrier is NOT HMSA	1 2023 2023
						5/4/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
. /. /2022		a		97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	1 2023 2023
						5/5/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	. /. /	Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	2 2023 2023
						05/06/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
		_, , ,		97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	. /. /	Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	1 2023 2023
				0744671 1		5/8/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
. /. /2022		a		97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	. /. /	Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	2 2023 2023
				0744671 .: 1		05/09/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
		_, , ,		97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	. /. /2022	Physical Physical	B: 1	more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary		1 2023 2023
						05/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
						past; CVA is the selected condition; 03/29/2023; Date of onset is within the last 4 months;	
						The patient does not require human assistance and/or assistive device to walk and/or	
						transfer; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy;	
						Physical Therapy was requested; The evaluation date is not in the future; Magellan does not	
				0744 C Th annual the annual three 5	De diele en Comi	manage chiropractic but does manage speech therapy for the member's plan; Neuro	
4/4/2022		Discortant		97116 Therapeutic procedure, 1 or	Radiology Services	Rehabilitative; Physical therapy was requested; CVA is the selected condition; The health	A 1
4/1/2023 -	4/4/2022	Physical	Diagram /	more areas, each 15 minutes; gait	Denied Not	carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	·	1 2023 2023
				0711C Thomas autic 1	Dedialog: Comis	5/10/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
4/4/2022		Discrete d		97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	A second to
4/1/2023 -	4/4/2000	Physical Physical	Discour	more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	3 2023 2023

			97116 Therapeutic procedure, 1 or	Radiology Services	5/11/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Dhysical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/202	Physical 3 6/30/2023 Medicine	Disapproval	training (includes stair climbing)		carrier is NOT New Hampshire Healthy Families	1 2023 2023
0/30/2023 4/1/202	3 0/30/2023 Wedicine	Disappiovai	training (includes stail climbing)	ivieuically ivecessary	05/12/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	1 2023 2023
			97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/202	·	Disapproval	training (includes stair climbing)		carrier is NOT New Hampshire Healthy Families	1 2023 2023
0/30/2023 4/1/202	5 0/30/2023 Wedicine	ызарргочаг	training (includes stail climbing)	Wicultary Wecessary	05/15/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	1 2023 2023
			97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/202	·	Disapproval	training (includes stair climbing)		carrier is NOT New Hampshire Healthy Families	2 2023 2023
0/30/2023 4/1/202	0/30/2023 Wedicine	ызарргочаг	training (includes stail climbing)	Wicultary Wecessary	5/15/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	2 2023 2023
			97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/202	·	Disapproval	training (includes stair climbing)		carrier is NOT New Hampshire Healthy Families	2 2023 2023
0/30/2023 4/1/202	5 0/30/2023 Wedicine	ызарргочаг	training (includes stair climbing)	Wicultary Wecessary	05/16/2022; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	2 2023 2023
			97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/202	•	Disapproval	training (includes stair climbing)		carrier is NOT New Hampshire Healthy Families	1 2023 2023
0/30/2023 4/1/202	5 6/30/2023 Wedicine	Disapprovai	training (includes stair climbing)	ivieuically ivecessary	5/16/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	1 2023 2023
					past; Therapy type is Habilitative; adl's; 80; Standardized tests document a deficit above the	
					10th percentile; Requestor is not a fax; Physical Therapy; The evaluation date is not in the	
					future; Magellan does not manage chiropractic but does manage speech therapy for the	
			97116 Therapeutic procedure, 1 or	Radiology Services	member's plan; Habilitative; Physical therapy was requested; The member is 5 years old or	
4/1/2023 -	Physical			Denied Not		Apr-Jun
6/30/2023 4/1/202	Physical 6/30/2023 Medicine	Diagramatical	more areas, each 15 minutes; gait		older.; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational	1 2023 2023
0/30/2023 4/1/202	5 6/30/2023 Wedicine	Disapproval	training (includes stair climbing)	ivieuically ivecessary	therapy was requested; The health carrier is NOT HMSA 05/16/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	1 2023 2023
			97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/202	·	Disapproval	training (includes stair climbing)		carrier is NOT New Hampshire Healthy Families	2 2023 2023
0/30/2023 4/1/202	3 0/30/2023 Wedicine	Disappiovai	training (includes stail climbing)	ivieuically ivecessary	5/16/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	2 2023 2023
			97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/202	•	Disapproval	training (includes stair climbing)		carrier is NOT New Hampshire Healthy Families	4 2023 2023
0/30/2023 4/1/202	0/30/2023 Wedicine	Disapprovai	training (includes stail climbing)	Wicultary Wecessary	05/17/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	4 2023 2023
			97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/202		Disapproval	training (includes stair climbing)		carrier is NOT New Hampshire Healthy Families	1 2023 2023
0/30/2023 4/1/202	0/30/2023 Wedienie	ызарргочаг	training (merades stair elimbing)	Wicarcany Weeessary	5/17/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	1 2023 2023
			97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/202	·	Disapproval	training (includes stair climbing)		carrier is NOT New Hampshire Healthy Families	2 2023 2023
0,00,2025 4,1,202	3/30/2023 Micalcine	Sisappioval	caming (merades stair emilbing)	carcany recessary	05/18/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	2 2023 2023
			97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/202	•	Disapproval	training (includes stair climbing)		carrier is NOT New Hampshire Healthy Families	1 2023 2023
5,50,2025 4,1,202	5 0/30/2023 WEGICITE	Disapproval	adaming (merades stair climbing)	.vicultury (vecessary	5/19/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	1 2023 2023
			97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/202	·	Disapproval	training (includes stair climbing)		carrier is NOT New Hampshire Healthy Families	2 2023 2023
0,30,2023 4,1,202	o o o o o o o o o o o o o o o o o o o	Disapproval	adming (merades stair climbing)	.vicultury (vecessary	05/22/23; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	2 2023 2023
			97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/202	•	Disapproval	training (includes stair climbing)		carrier is NOT New Hampshire Healthy Families	1 2023 2023
0,30,2023 4,1,202	5 0,50,2025 Wiedicille	Disapproval	asaming (mereacy stail climbing)	.viculcully ivecessally	carrier is the rate of the manipulate meaning runnings	1 2023 2023

						05/22/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	1 2023 2023
						5/22/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	2 2023 2023
						5/23/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	2 2023 2023
				<u> </u>	,	05/24/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)		carrier is NOT New Hampshire Healthy Families	3 2023 2023
2,20,202	., _,	0,00,000			, , , , , , , , , , , , , , , , , , , ,	5/24/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	7 2720 2720
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2022	6/30/2023 Medicine	Disapproval	training (includes stair climbing)		carrier is NOT New Hampshire Healthy Families	7 2023 2023
0/30/2023	4/1/2023	0/30/2023 Wedicine	Disapprovai	training (includes stail climbing)	ivieuically necessary	, ,	7 2023 2023
				07116 Thereachia areas dure 1 as	Dadialası Camiasa	5/26/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
4 /4 /2022		51		97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	. /. /	Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	1 2023 2023
						5/30/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	2 2023 2023
						05/31/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	2 2023 2023
						5/31/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)		carrier is NOT New Hampshire Healthy Families	6 2023 2023
0,00,2020	., 2, 2020	o, so, Eses medicine	э зарргота:	training (merades stair emileng)	incurcany recessary	carrier is not recurring since recurry runnings	0 2020 2020
						06/01/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
						past; Therapy type is Habilitative; LEFS and Dynamic Gait Index; 38.0/12.0; Standardized	
						tests document a deficit above the 10th percentile; Requestor is not a fax; Physical Therapy;	
						The evaluation date is not in the future; Magellan does not manage chiropractic but does	
				07116 Thoropoutic according 4	Padiology Camiles		
4/4/2022		Diameter 1		97116 Therapeutic procedure, 1 or	Radiology Services	manage speech therapy for the member's plan; Habilitative; Physical therapy was requested;	A 1:
4/1/2023 -	4/4/2022	Physical	Diam'r	more areas, each 15 minutes; gait	Denied Not	The member is 5 years old or older.; The health carrier is NOT New Hampshire Healthy	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	Families; Physical or Occupational therapy was requested; The health carrier is NOT HMSA	1 2023 2023
						06/01/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	1 2023 2023
						6/1/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)		carrier is NOT New Hampshire Healthy Families	1 2023 2023
					· .	6/2/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)		carrier is NOT New Hampshire Healthy Families	1 2023 2023
0/30/2023	./ 1/2023	5, 30, 2023 Wicalcine	Disappioval	a anning (merades stail climbing)	.vicultury recessary	carrier to the manipular reductly running	1 2023 2023

						06/05/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
						past; CVA is the selected condition; 05/23/2023; Date of onset is within the last 4 months;	
						The patient does not require human assistance and/or assistive device to walk and/or	
						transfer; Therapy type is Neuro Rehabilitative; Requestor is not a fax; Physical Therapy;	
						Physical Therapy was requested; The evaluation date is not in the future; Magellan does not	
						manage chiropractic but does manage speech therapy for the member's plan; Neuro	
				97116 Therapeutic procedure, 1 or	Radiology Services	Rehabilitative; Physical therapy was requested; CVA is the selected condition; The health	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	requested	1 2023 2023
						06/05/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	1 2023 2023
						6/5/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)		carrier is NOT New Hampshire Healthy Families	4 2023 2023
.,,	. ,	, ,		J (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6/6/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)		carrier is NOT New Hampshire Healthy Families	4 2023 2023
0,30,2023	., 1, 2023	5,55,2525 McGicile	2.3upprovai	a a	curcumy recessary	06/07/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	7 2023 2023
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2022	6/30/2023 Medicine	Disapproval	training (includes stair climbing)		carrier is NOT New Hampshire Healthy Families	2 2023 2023
0/30/2023	4/1/2023	0/30/2023 Wedicine	Disapprovai	training (includes stail climbing)	ivieuically ivecessary	6/7/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	2 2023 2023
				07116 Thoronoutic procedure 1 or	Radiology Services		
4/4/2022		Dhoodeal		97116 Therapeutic procedure, 1 or		evaluation date is not in the future; Magellan does not manage chiropractic but does	A 1
4/1/2023 -	4/4/2022	Physical	Diameter I	more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	4 2023 2023
				07446 The second is a second second second	Dadisland Carden	06/08/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -	. /. /	Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	1 2023 2023
						6/8/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	2 2023 2023
						6/9/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	2 2023 2023
						06/12/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	1 2023 2023
						6/12/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	1 2023 2023
						06/13/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)		carrier is NOT New Hampshire Healthy Families	1 2023 2023
.,,	, ,	, ,	1.1.1.2.2.2.	J (,	06/14/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2022	6/30/2023 Medicine	Disapproval	training (includes stair climbing)		carrier is NOT New Hampshire Healthy Families	1 2023 2023
0/30/2023	-1 1/2023	0/30/2023 MEGICITE	pisappioval	training (includes stail climbing)	ivicultally inecessally	carrier is 1401 146W Hampsillie Healthy Families	1 2023 2023

						6/14/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/	/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	1 2023 2023
						06/15/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/	/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	2 2023 2023
						6/15/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/	/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	2 2023 2023
		. ,		<u> </u>		6/16/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/	/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)		carrier is NOT New Hampshire Healthy Families	2 2023 2023
0,00,2020 1,2)	, 2020	0,00,2020 1110010110	элэаррготаг	training (merades stan emileng)	Wedledily Wedessally	06/19/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	2 2025 2025
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/	/2022	6/30/2023 Medicine	Disapproval	training (includes stair climbing)		carrier is NOT New Hampshire Healthy Families	1 2023 2023
0/30/2023 4/1/	/2023	0/30/2023 Medicine	Disappiovai	training (includes stair climbing)	ivieuically necessary	· · · · · · · · · · · · · · · · · · ·	1 2023 2023
				07116 Therenes tie presedure 1 or	Dadialas, Candasa	6/19/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
4/4/2022		B1		97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/	/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	4 2023 2023
						6/20/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/	/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	1 2023 2023
						06/21/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/	/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	1 2023 2023
						6/21/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/	/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	1 2023 2023
	-		• • •	<u> </u>		6/22/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/	/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)		carrier is NOT New Hampshire Healthy Families	2 2023 2023
0,00,2020 1,2)	, 2020	0,00,2020 1110010110	элэарргота.	training (merades stan emileng)	Wedledily Wedessally	6/23/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	2 2025 2025
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/	/2022	6/30/2023 Medicine	Disapproval	training (includes stair climbing)		carrier is NOT New Hampshire Healthy Families	1 2023 2023
0/30/2023 4/1/	/2023	0/30/2023 Wieukine	pisappioval	training (includes stail climbling)	ivieuically ivecessary		1 2023 2023
				07116 Thoronoutic procedure 1	Padiology Consises	6/26/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
4/1/2022		Dhimiaal		97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	A man live
4/1/2023 -	/2022	Physical	Diame	more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/	/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	iviedically Necessary	carrier is NOT New Hampshire Healthy Families	3 2023 2023
				0744671	5 11 1 6 1	06/27/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
. /. /				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/	/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	1 2023 2023
						6/27/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/	/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	1 2023 2023

47/2023 - 4/7/203 Medicine Supposed Syllation Supposed Syllation Syl								
## April 1970 Physical Spanogram Physical Physical Spanogram Physical Spanogram Physical Physical Physical Spanogram Physical Physical Spanogram Physical Physical Spanogram Physical Physical Physical Physical Spanogram Physical Physical Spanogram Physical Physical Physical Spanogram Physical Physical P					0744671 .:	5 11 1 6 1	08/09/2022; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
### April 10 Physical Fig. Physical Ph					• • •			
9/11/6023 - Physical France of the Control of the C			•		,			· ·
4/1/203 4/1/20	6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	·	1 2023 2023
4/1/2023 6/39/2023 Medicine Disapproval								
5930/2023 41/2023 6/30/2023 Medicine Disapproval Training fincludes start climbing Security procedure, 1 or more areas, each 15 minutes; pit African Security procedure, 1 or more areas, each 15 minutes; pit African Security procedure, 1 or more areas, each 15 minutes; pit African Security procedure, 1 or more areas, each 15 minutes; pit African Security procedure, 2 or more areas, each 15 minutes; pit African Security procedure, 3 or more areas, each 15 minutes; pit African Security procedure, 3 or more areas, each 15 minutes; pit African Security procedure, 3 or more areas, each 15 minutes; pit African Security procedure, 3 or more areas, each 15 minutes; pit African Security procedure, 3 or more areas, each 15 minutes; pit African Security procedure, 3 or more areas, each 15 minutes; pit African Security procedure, 3 or more areas, each 15 minutes; pit African Security procedure, 3 or more areas, each 15 minutes; pit African Security procedure, 3 or more areas, each 15 minutes; pit African Security procedure, 3 or more areas, each 15 minutes; pit African Security procedure, 3 or more areas, each 15 minutes; pit African Security procedure, 3 or more areas, each 15 minutes; pit African Security procedure, 3 or more areas, each 15 minutes; pit African Security procedure, 3 or more areas, each 15 minutes; pit African Security procedure, 3 or more areas, each 15 minutes; pit African Security procedure, 3 or more areas, each 15 minutes; pit African Security procedure, 3 or more areas, each 15 minutes; pit African Security procedure, 3 or more areas, each 15 minutes; pit African Security procedure, 3 or more areas, each 15 minutes; pit African Security procedure, 3 or more areas, each 15 minutes; pit African Security procedure, 3 or more areas, each 15 minutes; pit African Security procedure, 3 or more areas, each 15 minutes; pit African Security procedure, 4 or more areas, each 15 minutes; pit								
97116 Therapeutic procedure, 1 or more areas, each 15 minutes; part more a					· · · · · · · · · · · · · · · · · · ·			· ·
4/1/2023 6/30/2023 Medicine Disapproval training (includes star climbing) 2/30/2023 Al 1/2023 6/30/2023 Medicine Disapproval training (includes star climbing) 2/30/2023 Al 1/2023 6/30/2023 Medicine Disapproval training (includes star climbing) 2/30/2023 Al 1/2023 6/30/2023 Medicine Disapproval Disapproval Disapproval Physical Control of the Control	6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	· · ·	2 2023 2023
49/1/2023 - 6/30/2023 Medicine Disapprous more areas, each 15 minutes; gat Medically Necessary Agriculture Medically Necessary								
4/1/2023 6/30/2023 Medicine Disapproval training (includes stair climbing) Medically Necessary (arrier is NOT New Hampshire Realthy Families path Requestor is not a faze Physical at root of the past 9 days; between them 90 days in the past 8 days; postalization dates more than 90 days in the past 8 days; postalization dates more than 90 days in the past 8 days; postalization dates more than 90 days in the past 8 days; postalization dates more than 90 days in the past 9 days; postalization dates in not in the future; Magalian does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Aprilla 1/0/23 2023 2023 2023 2023 2023 2023 2023								
9716 Therapeutic procedure, 1 or more areas, each 15 minutes, gait procedure, 2 or more areas, each 15 minutes, gait procedure, 1 or more areas, each 15 minutes, gait procedure, 3 or more areas, each 15 minutes, gait procedure, 1 or more areas, e	4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
9716 Therapeutic procedure, 1 or more areas, each 15 minutes; gat of 30/2023 4/1/2023 6/30/2023 Medicine Disapproval characteristic more areas, each 15 minutes; gat of 30/2023 4/1/2023 6/30/2023 Medicine Disapproval characteristic more areas, each 15 minutes; gat of 30/2023 4/1/2023 6/30/2023 Medicine Disapproval characteristic more areas, each 15 minutes; gat of 30/2023 4/1/2023 6/30/2023 Medicine Disapproval characteristic more areas, each 15 minutes; gat of 30/2023 4/1/2023 6/30/2023 Medicine Disapproval characteristic more areas, each 15 minutes; gat of 30/2023 4/1/2023 6/30/2023 Medicine Disapproval characteristic more areas, each 15 minutes; gat of 30/2023 4/1/2023 6/30/2023 Medicine Disapproval characteristic more areas, each 15 minutes; gat of 30/2023 4/1/2023 6/30/2023 Medicine Disapproval characteristic more areas, each 15 minutes; gat of 30/2023 4/1/2023 6/30/2023 Medicine Disapproval characteristic more areas, each 15 minutes; gat of 30/2023 4/1/2023 6/30/2023 Medicine Disapproval characteristic more areas, each 15 minutes; gat of 30/2023 4/1/2023 6/30/2023 Medicine Disapproval characteristic more areas, each 15 minutes; gat of 30/2023 4/1/2023 6/30/2023 Medicine Disapproval characteristic more areas, each 15 minutes; gat of 30/2023 4/1/2023 6/30/2023 Medicine Disapproval characteristic more areas, each 15 minutes; gat of 30/2023 Medicine Disapproval characteristic more areas, each 15 minutes; gat of 30/2023 Medicine Disapproval characteristic more areas, each 15 minutes; gat of 30/2023 Medicine Disapproval characteristic more areas, each 15 minutes; gat of 30/2023 Medicine Disapproval characteristic more areas, each 15 minutes; gat of 30/2023 Medicine Disapproval characteristic more areas, each 15 minutes; gat of 30/2023 Medicine Disapproval characteristic more areas, each 15 minutes; gat of 30/2023 Medicine Disapproval characteristic more areas, each 15 minutes; gat of 30/2023 Medicine Disapproval characteristic more areas, each 15 minutes; gat of 30/2023 Medicine Disapproval characteristic more a	6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	1 2023 2023
4/1/2023 - 4/1/2023 -							9/28/2022; No patient history in the past 90 days; Evaluation dates more than 90 days in the	
Application Physical Foundation Physical Fou							past; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future;	
6/30/2023 4/1/2023 6/30/2023 Medicine Disapproval training (includes stair climbing) Medically Necessary Families 1/2023					97116 Therapeutic procedure, 1 or	Radiology Services	Magellan does not manage chiropractic but does manage speech therapy for the member's	
4/1/2023 - Physical of 30/2023 Medicine Disapproval bisapproval bi	4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy	Apr-Jun
4/1/2023 - Physical of 30/2023 Medicine Disapproval Flat Therapeutic procedure, 1 or more areas, each 15 minutes, gait training (includes stair climbing) Physical of 30/2023 Medicine Disapproval Physical of 30/2023 Medicine Disapprova	6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	Families	1 2023 2023
4/1/2023 4/1/2023 Medicine Disaproval training (includes stair climbing) more areas, each 15 minutes, gait training (includes stair climbing) special for some areas, each 15 minutes, gait training (includes stair climbing) special for some areas, each 15 minutes, gait training (includes stair climbing) special for some areas, each 15 minutes, gait training (includes stair climbing) special for some areas, each 15 minutes, gait training (includes stair climbing) special for some areas, each 15 minutes, gait training (includes stair climbing) special for some areas, each 15 minutes, gait training (includes stair climbing) special for some areas, each 15 minutes, gait training (includes stair climbing) special for some areas, each 15 minutes, gait training (includes stair climbing) special for some areas, each 15 minutes, gait training (includes stair climbing) special for some areas, each 15 minutes, gait training (includes stair climbing) special for some areas, each 15 minutes, gait training (includes stair climbing) special for some areas, each 15 minutes, gait training (includes stair climbing) special for some areas, each 15 minutes, gait training (includes stair climbing) special for some areas, each 15 minutes, gait training (includes stair climbing) special for some areas, each 15 minutes, gait training (includes stair climbing) special for some areas, each 15 minutes, gait training (includes stair climbing) special for some areas, each 15 minutes, gait training (includes stair climbing) special for some areas, each 15 minutes, gait training (includes stair climbing) special for some areas, each 15 minutes, gait training (includes stair climbing) special for some areas, each 15 minutes, gait training (includes stair climbing) special for some areas, each 15 minutes, gait training (includes stair climbing) special for some areas, each 15 minutes, gait training (includes stair climbing) special for some areas, each 15 minutes, gait training (includes stair climbing) special for some areas, each 15 minutes,							10/03/2022; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
6/30/2023 4/1/2023 6/30/2023 Medicine Disapproval training (includes stair climbing) 4/1/2023 - Physical Prospective procedure, 1 or more areas, each 15 minutes; galt training (includes stair climbing) 4/1/2023 - Physical Prospective procedure, 1 or more areas, each 15 minutes; galt training (includes stair climbing) 5/30/2023 4/1/2023 6/30/2023 Medicine Disapproval Training (includes stair climbing) 5/30/2023 4/1/2023 6/30/2023 Medicine Disapproval Training (includes stair climbing) 5/30/2023 4/1/2023 6/30/2023 Medicine Disapproval Training (includes stair climbing) 5/30/2023 4/1/2023 6/30/2023 Medicine Disapproval Training (includes stair climbing) 5/30/2023 4/1/2023 6/30/2023 Medicine Disapproval Training (includes stair climbing) 5/30/2023 4/1/2023 6/30/2023 Medicine Disapproval Training (includes stair climbing) 5/30/2023 4/1/2023 6/30/2023 Medicine Disapproval Training (includes stair climbing) 5/30/2023 4/1/2023 6/30/2023 Medicine Disapproval Training (includes stair climbing) 5/30/2023 4/1/2023 6/30/2023 Medicine Disapproval Training (includes stair climbing) 5/30/2023 4/1/2023 6/30/2023 Medicine Disapproval Training (includes stair climbing) 5/30/2023 4/1/2023 6/30/2023 Medicine Disapproval Training (includes stair climbing) 5/30/2023 4/1/2023 6/30/2023 Medicine Disapproval Training (includes stair climbing) 5/30/2023 4/1/2023 6/30/2023 Medicine Disapproval Training (includes stair climbing) 5/30/2023 4/1/2023 6/30/2023 Medicine Disapproval Training (includes stair climbing) 5/30/2023 4/1/2023 6/30/2023 Medicine Disapproval Training (includes stair climbing) 5/30/2023 4/1/2023 6/30/2023 Medicine Disapproval Training (includes stair climbing) 5/30/2023 4/1/2023 6/30/2023 Medicine Disapproval Training (includes stair climbing) 5/30/2023 4/1/2023 6/30/2023 Medicine Disapproval Training (includes stair climbing) 5/30/2023 4/1/2023 6/30/2023 Medicine Disapproval Training (includes stair climbing) 5/30/2023 4/1/2023 6/30/2023 Medicine Disapproval Training (includes stair climbing) 5/30/2023 4/1/2023 6/30/202					97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
9716 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) 4/1/2023	4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
4/1/2023 - 6/30/2023 Medicine 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing) 97116 Therapeutic p	6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	1 2023 2023
A/1/2023							10/18/2022; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
6/30/2023 4/1/2023 6/30/2023 Medicine Physical Figure Physical					97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
1/1/2023 - Physical 6/30/2023 Medicine	4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
4/1/2023 - Physical foreage. P	6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	2 2023 2023
4/1/2023							11/17/2022; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
6/30/2023 4/1/2023 6/30/2023 Medicine Disapproval training (includes stair climbing) Medically Necessary carrier is NOT New Hampshire Healthy Families 1 2023 2023 1/2/12/2022; No patient history in the past Spot of your post of the past Spot of your past Physical Therapy Phy					97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
6/30/2023 4/1/2023 6/30/2023 Medicine Disapproval training (includes stair climbing) Medically Necessary carrier is NOT New Hampshire Healthy Families 1 2023 2023 1/2/12/2022; No patient history in the past Spot of your post of the past Spot of your past Physical Therapy Phy	4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan: Physical therapy was requested: The health	Apr-Jun
12/12/2022; No patient history in the past 90 days; Evaluation dates less than 90 days in the past, Therapy type is Habilitative; PDMS2; Jess than 1; Standardized tests document a deficit at or below the 10th percentile; Requestor is not a fax; Physical Therapy was requested; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Habilitative; PDMS2; Jess than 1; Standardized tests document a deficit at or below the 10th percentile; Requestor is not a fax; Physical Therapy was requested; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Habilitative; Physical therapy was requested; The member is 1-4 years old; Moderate to severe functional deficits supported by standardized assessments best describes the patient's presentation or goal of treatment; The health carrier is NOT New Hampshire Healthy Families; Physical or Apr-Jun Medically Necessary Denied Not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy families; Physical Therapy. The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy families; Physical Therapy. The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy. The evaluation date is not in the future; Magellan does not manage chiropractic but does was requested; The health carrier is NOT New Hampshire Healthy families. 12/21/20022; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does was requested; The health of the past 90 days; Requestor is not a fax; Physical Therapy. The ev	6/30/2023	4/1/2023	•	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	· ·
past; Therapy type is Habilitative; PDMS2; less than 1; Standardized tests document a deficit at or below the 10th percentile; Requestor is not a fax; Physical Therapy; Physical Therapy was requested; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Habilitative; Physical therapy was requested; The member is 1-4 years old; Moderate to severe functional deficits supported by standardized assessments best describes the patient's presentation or goal of was requested; The member is 1-4 years old; Moderate to severe functional deficits supported by standardized assessments best describes the patient's presentation or goal of treatment; The health carrier is NOT New Hampshire Healthy Families; Physical or Medically Necessary (Decipied Not treatment; The health carrier is NOT New Hampshire Healthy Families) and the past; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Habilitative; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Apr-Jun (21/4/2022; No patienth istory in the past 90 days; Evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does was requested; The health carrier is NOT New Hampshire Healthy Families 2023 2023 12/20/2022; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does was requested; The health carrier is NOT New Hampshire Healthy families 2023 2023 12/20/2022; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does on the future; Magell			, ,		G	, ,	·	
at or below the 10th percentile; Requestor is not a fax; Physical Therapy; Physical Therapy was requested; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Habilitative; Physical therapy was requested; The evaluation date is not in the future; Magellan does not manage speech therapy for the member's 1-4 years old.; Moderate to severe functional deficits supported by standardized assessments best describes the patient's presentation or goal of treatment; The health carrier is NOT New Hampshire Healthy Families; Physical or Apr-Jun Medically Necessary (Occupational therapy was requested; The evaluation date is not in the future; Magellan does not manage speech therapy for the member's 1-4 years old.; Moderate to severe functional deficits supported by standardized assessments best describes the patient's presentation or goal of treatment; The health carrier is NOT New Hampshire Healthy Families; Physical Therapy; The valuation date is not in the future; Magellan does not manage speech therapy for the member's plan; Physical therapy was requested; The valuation date is not in the future; Magellan does not manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Apr-Jun Medically Necessary Pamilies 1 2023 2023 4/1/2023								
was requested; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Habilitative; Physical therapy was requested; The member is 1-4 years old.; Moderate to severe functional deficits supported by standardized assessments best describes the patient's presentation or goal of treatment; The health carrier is NOT New Hampshire Healthy Families; Physical or Apr-Jun (Apr-Jun 6/30/2023 Medicine Disapproval training (includes stair climbing) Medically Necessary Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Apr-Jun (Apr-Jun 6/30/2023 Medicine Disapproval training (includes stair climbing) Medically Necessary Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy families; Physical or Apr-Jun (Apr-Jun 6/30/2023 Medicine Disapproval training (includes stair climbing) Medically Necessary Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy (Apr-Jun 6/30/2023 Medicine Disapproval training (includes stair climbing) Medically Necessary Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy (Apr-Jun 6/30/2023 Medicine Disapproval training (includes stair climbing) Medically Necessary Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy (Apr-Jun 6/30/2023 Medicine Disapproval training (includes stair climbing) Medically Necessary Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy (Apr-Jun 6/30/2023 Medicine Disapproval training (includes stair climbing) Medically Necessary Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy (Apr-Jun 6/30/2023 Medicine Disapproval training (includes stair climbing) Medically Necessary Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families (Apr-Jun 6/30/2023 Medicine Disapproval training (includes stair climbing) Medically Necessary (Apr-J								
chiropractic but does manage speech therapy for the member's plan; Habilitative; Physical therapy was requested; The member is 1-4 years old.; Moderate to severe functional deficits supported by standardized assessments best describes the patient's presentation or goal of reatment; The health carrier is NOT New Hampshire Healthy Families 12023 2023 4/1/2023 6/30/2023 Medicine Disapproval training (includes stair climbing) Apr-Jun Medically Necessary 4/1/2023 - Physical Phy								
therapy was requested; The member is 1-4 years old.; Moderate to severe functional deficits ### Supported by standardized assessments best describes the patient's presentation or goal of ### Apr-Jun ### Supported by standardized assessments best describes the patient's presentation or goal of ### Apr-Jun ### Ap								
4/1/2023 - Physical Disapproval Formulates; gait with past; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does from the future; Magellan does not manage chiropractic but does from the future; Magellan does not manage chiropractic but does from the future; Magellan does not manage chiropractic but does from the future; Magellan does not manage chiropractic but does from the future; Magellan does not manage chiropractic but does manage speech therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Apr-Jun the past; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Apr-Jun Apr-Jun (Includes stair climbing) and the past; Requestor is not a fax; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Apr-Jun Apr-Jun (Includes stair climbing) and the past; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does and the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does and the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does and the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does and the past 90 days; Requestor is not a fax								
4/1/2023 - Physical P					97116 Therapeutic procedure 1 or	Radiology Services	• • • • • • • • • • • • • • • • • • • •	
6/30/2023 Medicine Disapproval training (includes stair climbing) Medically Necessary Occupational therapy was requested; The health carrier is NOT HMSA 1 2023 2023 12/14/2022; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; 4/1/2023 Physical Physical Office of Mot Disapproval Disapproval Training (includes stair climbing) Medically Necessary Denied Not De	4/1/2022		Dhysical		• •			Apr lup
12/14/2022; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; 4/1/2023 - Physical Physical Disapproval Physical Training (includes stair climbing) 4/1/2023 - Physical Physical Therapy (includes stair climbing) 4/1/2023 - Physical Physical Therapy (includes stair climbing) 4/1/2023 - Physical Physica		4/1/2022	•	Disapproval			• • • • • • • • • • • • • • • • • • • •	· ·
the past; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; 4/1/2023 - Physical 6/30/2023 4/1/2023 6/30/2023 Medicine Disapproval Training (includes stair climbing) 4/1/2023 - Physical Therapeutic procedure, 1 or more areas, each 15 minutes; gait Training (includes stair climbing) 4/1/2023 - Physical Therapeutic procedure, 1 or more areas, each 15 minutes; gait Training (includes stair climbing) 4/1/2023 - Physical Therapeutic procedure, 1 or more areas, each 15 minutes; gait Training (includes stair climbing) 4/1/2023 - Physical Therapeutic procedure, 1 or more areas, each 15 minutes; gait Training (includes stair climbing) 4/1/2023 - Physical Therapeutic procedure, 1 or more areas, each 15 minutes; gait Training (includes stair climbing) 4/1/2023 - Physical Therapeutic procedure, 1 or more areas, each 15 minutes; gait Training (includes stair climbing) 4/1/2023 - Physical Therapeutic procedure, 1 or more areas, each 15 minutes; gait Training (includes stair climbing) 4/1/2023 - Physical Therapeutic procedure, 1 or more areas, each 15 minutes; gait Training (includes stair climbing) 4/1/2023 - Physical Therapy for the member's plan; Physical Therapy was requested; The health The past 90 days; Requestor is not a fax; Physical Therapy; The Evaluation date is not in the future; Magellan does not manage chiropractic but does 4/1/2023 - Physical Therapy; The Evaluation date is not in the future; Magellan does not manage chiropractic but does 4/1/2023 - Physical Therapy; The Evaluation date is not in the future; Magellan does not manage chiropractic but does 4/1/2023 - Physical Therapy; The Evaluation date is not in the future; Magellan does not manage chiropractic but does 4/1/2023 - Physical	0/30/2023	4/1/2023	0/30/2023 Wedicine	Disappiovai	training (includes stail climbing)	ivieuically ivecessary		1 2023 2023
4/1/2023 - Physical Physical Physical Fraining (includes stair climbing) 4/1/2023 - 4/1								
4/1/2023 - Physical Physical Physical Physical Physical Physical Physical Physical Physical Herapy was requested; The health carrier is NOT New Hampshire Healthy Apr-Jun Medically Necessary Families 12023 2023 12/20/2022; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does 12/28/2022; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does 12/28/2022; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does 12/28/2022; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does 12/28/2022; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does					07116 Thorangutic assessment 1	Padiology Camiles		
6/30/2023 Medicine Disapproval training (includes stair climbing) Medically Necessary Families 12/20/2022; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does 4/1/2023 - Physical Physical Physical Training (includes stair climbing) Medically Necessary Families 12/20/2022; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does 4/1/2023 - Physical Physical Therapy Medically Necessary Carrier is NOT New Hampshire Healthy Families 22/2023 2023 6/30/2023 Medicine Disapproval training (includes stair climbing) Medically Necessary Families 12/20/2022; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does	4/1/2022		Dh I		· · · · · · · · · · · · · · · · · · ·			Amer Item
12/20/2022; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The 97116 Therapeutic procedure, 1 or 4/1/2023 - Physical more areas, each 15 minutes; gait 6/30/2023 4/1/2023 6/30/2023 Medicine Disapproval training (includes stair climbing) Wedically Necessary 12/20/2022; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does Medically Necessary 12/28/2022; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The 12/28/2022; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The 97116 Therapeutic procedure, 1 or Radiology Services 12/28/2022; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does		4/4/2022	•	Discourse				· ·
97116 Therapeutic procedure, 1 or Madiology Services evaluation date is not in the future; Magellan does not manage chiropractic but does 4/1/2023 - Physical more areas, each 15 minutes; gait plant of the more areas, each 15 minutes; gait training (includes stair climbing) Medically Necessary carrier is NOT New Hampshire Healthy Families 2023 2023 4/1/2023 - Physical therapy was requested; The health Apr-Jun Medically Necessary carrier is NOT New Hampshire Healthy Families 2023 2023 4/1/2023 - Physical therapy was requested; The health Apr-Jun Medically Necessary carrier is NOT New Hampshire Healthy Families 12/28/2022; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does	6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	iviedically Necessary		1 2023 2023
4/1/2023 - Physical more areas, each 15 minutes; gait Denied Not manage speech therapy for the member's plan; Physical therapy was requested; The health Apr-Jun 6/30/2023 Medicine Disapproval training (includes stair climbing) Medically Necessary carrier is NOT New Hampshire Healthy Families 2 2023 2023 2023 2023 2023 2023 2023 2					0744C Thereseath	Dadislas C. 1		
6/30/2023 Medicine Disapproval training (includes stair climbing) Medically Necessary carrier is NOT New Hampshire Healthy Families 2 2023 2023 2023 2023 2023 2023 2023 2						0,	, ,	_
12/28/2022; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The 97116 Therapeutic procedure, 1 or Radiology Services evaluation date is not in the future; Magellan does not manage chiropractic but does								· ·
97116 Therapeutic procedure, 1 or Radiology Services evaluation date is not in the future; Magellan does not manage chiropractic but does	6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	·	2 2023 2023
4/1/2023 - Physical more areas, each 15 minutes; gait Denied Not manage speech therany for the member's plan. Physical therany was requested. The health								
	4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Disapproval training (includes stair climbing) Medically Necessary carrier is NOT New Hampshire Healthy Families 1 2023 2023	6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	1 2023 2023

						Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Pain Syndrome; Mild to moderate impairment in the ability to perform functional tasks due to short, tight or tender pelvic floor muscles, or trigger points that cause referred pain best describes the patient's presentation; Mild or moderate functional deficits due to lumbonelyic impairments with distal symptoms best	
						moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first	
						body type/region; Spine/Chest selected as the second body type/region; Three or more visits	
						anticipated; The previous auth did not address any body parts; Three or more visits	
						anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The	
				97116 Therapeutic procedure, 1 or	Radiology Services	member's plan does not require the collection of start and end dates; Previous auth data	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	therapy was requested	1 2023 2023
				97116 Therapeutic procedure, 1 or	Radiology Services	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Lumbar Spine; Hip/Pelvis selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Questions about your Lumbar Spine request:; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the scond body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data	
4/1/2023 -	4/4/2022	Physical Physical	Di	more areas, each 15 minutes; gait	Denied Not	retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	therapy was requested	1 2023 2023

						Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Knee; 2/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request:; Questions about your Knee request:; Questions about your Knee request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.	
4/1/2023 -		Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Radiology Services Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	therapy was requested Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	1 2023 2023
				97116 Therapeutic procedure, 1 or	Radiology Services	Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data	
4/1/2023 -		Physical Physical	Diagrama	more areas, each 15 minutes; gait	Denied Not	retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	therapy was requested	1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Physical therapy was requested.	Apr-Jun 1 2023 2023
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	Physical therapy was requested; Physical therapy was requested	1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		Physical 6/30/2023 Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Questions about your Lumbar Spine request:; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; The hip is beingn treated.; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation:; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request:; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested;	Apr-Jun 1 2023 2023

				97116 Therapeutic procedure, 1 or	Radiology Services	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Questions about your Lumbar Spine request:; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; The hip is beingn treated; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes the patient's presentation; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request:; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	therapy was requested	1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request:; Questions about your Lumbar Spine request:; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Lower Leg; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical therapy was requested	Apr-Jun 1 2023 2023
				97116 Therapeutic procedure, 1 or	Radiology Services	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Lower Leg; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of	
4/1/2023 - 6/30/2023	1/1/2022	Physical 6/30/2023 Medicine	Disapproval	more areas, each 15 minutes; gait training (includes stair climbing)	Denied Not Medically Necessary	habilitation = Rehabilitative; Physical therapy was requested; Physical therapy was	Apr-Jun 1 2023 2023
0/30/2023	7/1/2023	0/30/2023 Medicile	pisappioval	daming (includes stall cliffbillg)	wieulcally wecessary	requesteu	1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request:; Questions about your Lumbar Spine request:; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Lower Leg; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; Body Part for second pass is not in options listed; Lumbar Spine selected as the specific body part; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Lower Leg; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical therapy was requested	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Questions about your Head/Neck request:; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical therapy was requested	Apr-Jun 1 2023 2023

				97116 Therapeutic procedure, 1 or	Radiology Services	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Questions about your Head/Neck request;; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Spine/Chest selected as the second body type/region; Body Part for first pass is Head/Neck; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the	
4/4/2022		Discorter 1		• • • • • • • • • • • • • • • • • • • •	0,		A
4/1/2023 -	1/4/2022	Physical	Discourse	more areas, each 15 minutes; gait	Denied Not	collection of start and end dates; Previous auth data retrieved, type of habilitation =	Apr-Jun
6/30/2023 4/	1/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	Rehabilitative; Physical therapy was requested; Physical therapy was requested	6 2023 2023
						Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
						Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
						second pass is not in options listed; 03/15/2023; No patient history in the past 90 days;	
						Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three	
						or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second	
						Pass Starting; Requestor is not a fax; The requesting provider is other than Physical Therapy	
						or Occupational Therapy; The requesting provider is other than Physical Therapy or	
						Occupational Therapy; The patient was previously independent with mobility and now	
						requires human assistance and/or an assistive device to walk and/or transfer; The patient	
						was previously independent with mobility and now requires human assistance and/or an	
						assistive device to walk and/or transfer; The anticipated number of visits is other than 2.;	
						The anticipated number of visits is other than 2.; Gait, Balance and Falls was selected as the	
						first body type/region; Gait, Balance and Falls was selected as the second body type/region;	
						Body Part for first pass is Gait/Balance; Body Part for second pass is Gait/Balance; Physical	
						Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical	
						Therapy was requested; Physical Therapy was requested; The rehabilitation is NOT related to	
						a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
						Physical or Occupational therapy was selected; Physical or Occupational therapy was	
						selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
				97116 Therapeutic procedure, 1 or	Radiology Services	was selected; Magellan does not manage chiropractic but does manage speech therapy for	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	the member's plan; Physical therapy was requested; The health carrier is NOT New	Apr-Jun
6/30/2023 4/	1/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	Hampshire Healthy Families	1 2023 2023

						Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
						Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass	
						is Thoracic Spine/Chest; 2/13/2023; No patient history in the past 90 days; Evaluation dates	
						less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part;	
						Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions	
						about your Thoracic Spine/Chest request.; Questions about your Shoulder request: ; Three	
						or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is	
						Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; Two Body	
						Parts selected; Second Pass Starting; Requestor is not a fax; Severe objective and functional	
						deficits without instability: constant symptoms and/or symptoms that are intensified with	
						activity with moderate loss of range of motion, strength, or ability to perform daily tasks	
						best describes the patient's clinical pre; Mild or moderate functional deficits due to	
						thoracic/lumbar impairments with distal symptoms best describes the patient's clinical	
						presentation; Upper Extremity was selected as the first body type/region; Spine/Chest	
						selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	
						diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
						Physical or Occupational therapy was selected; Physical or Occupational therapy was	
						selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
						was selected; Magellan does not manage chiropractic but does manage speech therapy for	
				97116 Therapeutic procedure, 1 or	Radiology Services	the member's plan; Physical therapy was requested; The health carrier is NOT New	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	Hampshire Healthy Families; Physical therapy was requested; Physical therapy was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary		1 2023 2023
		, ,		5,		<u>'</u>	
						Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
						Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass	
						is Thoracic Spine/Chest; 5/8/2023; No patient history in the past 90 days; Evaluation dates	
						less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part;	
						Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions	
						about your Thoracic Spine/Chest request.; Questions about your Shoulder request: ; Three	
						or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is	
						Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; Two Body	
						Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate objective and	
						functional deficits with instability: sporadic symptoms with minimal to moderate loss of	
						range of motion, strength, or ability to perform daily tasks best describes the patient's	
						clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar	
						impairments without distal symptoms best describes the patient's clinical presentation;	
						Upper Extremity was selected as the first body type/region; Spine/Chest selected as the	
						second body type/region; Physical Therapy; Speech Therapy was not selected; The	
						evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
						cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
						Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
						or Occupational therapy was selected; Physical or Occupational therapy was selected;	
				97116 Therapeutic procedure, 1 or	Radiology Services	Magellan does not manage chiropractic but does manage speech therapy for the member's	
4/1/2023 - 6/30/2023	. /. /2022	Physical 6/30/2023 Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Denied Not	Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical therapy was requested	Apr-Jun 2 2023 2023

Medically Necessary 4/1/2023 6/30/2023 Medicine Disapproval training (includes stair climbing) Medically Necessary Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Hand; Wrist selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Wrist request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2. Wrist pass pass pass pass pass pass pass pa								
requested; Physical therapy was requested 2 2023 2028 4 1/2023 6/30/2023 Medicine 5 30/2023 Medicine 5 30/2023 Medicine 5 4 1/2023 6/30/2023 Medicine 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	4/1/2023 -		Physical			0,	Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is Lumbar Spine; Thoracic Spine/Chest selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Questions about your Thoracic Spine/Chest request.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to lumbopelvic impairments without distal symptom best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments without distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Spine/Chest selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request:; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates;	Apr-Jun
Body Part passes complete; Perform Body Part selection; First Pass Complete; Spend Pass Cheek point. Body Part for inst pass is Thoracids Spine/Cheek goods (spine/Cheek goods) Part for second pass is not in options listed. Thoracid Spine/Cheek request, Questions about your Head/Meck request; Two Body Parts selected, Second Pass Starting; Mild or moderate functional deficits of the transport of visits is other than 2. The anticipated number of visits is other than 2. The anticipated number of visits is other than 2. The anticipated number of visits is other than 2. The anticipated number of visits is other than 2. The anticipated number of visits is other than 2. The anticipated number of visits is other than 2. The anticipated number of visits is other than 2. The anticipated number of visits is other than 2. The anticipated number of visits is other than 2. The anticipated number of visits is other than 2. The anticipated number of visits is other than 2. The anticipated number of visits is other than 2. The anticipated number of visits is other than 2. The anticipated number of visits is other than 2. The anticipated number of visits is other than 2. The anticipated number of visits is other than 2. The anticipated of visits of the describes the patient's clinical presentation, Mild or moderate functional deficits due to cervical impairment with distal symptoms best describes the patient's clinical presentation, Mild or moderate functional deficits due to cervical impairment with distal symptoms best describes the patient's clinical presentation, Mild or moderate functional deficits due to cervical impairment with distal symptoms best describes the patient's clinical presentation, Mild or moderate function of the describes the patient's clinical presentation, Mild or moderate function of the describes the patient's clinical presentation, Mild or moderate function of the describes the patient's clinical presentation, Mild or deficits due to cervical impairment with distal symptoms with minimal clinical present		4/1/2023	•	Disannroval	, , , , , , , , , , , , , , , , , , , ,			
Body Part passes complete; Perform Body Part selection; First Pass; Second Pass check point; Body Part for second pass is Hand; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data 4/1/2023 - Physical more areas, each 15 minutes; gait Denied Not retrieved, type of habilitative; Physical therapy was requested; Physical Apr-Jun	4/1/2023 - 6/30/2023	4/1/2023	•	Disapproval	more areas, each 15 minutes; gait	Denied Not	Pass; Second Pass check point; Body Part for first pass is Thoracic Spine/Chest; Body Part for second pass is not in options listed; Thoracic Spine/Chest selected as the specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest request.; Questions about your Head/Neck request.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical	
· · · · · · · · · · · · · · · · · · ·	4/1/2023 -	,			97116 Therapeutic procedure, 1 or	Radiology Services	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Hand; Wrist selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Wrist request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data	
	6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	therapy was requested	1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 6/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of the rehabilitation is NOT related to a diagnosis of the pay was selected;	Apr-Jun 2 2023 2023
0/30/2023	4/1/2023	0/30/2023 Wedicine	ызарріоча	training (includes scan cliniumg)	wedically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 4/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; None of the above best describes the patient's presentation; Lower Extremity/Hip selected as the body	1 2023 2023
6/30/2023 4/1/2023 - 6/30/2023		Physical 6/30/2023 Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not	Healthy Families; Physical therapy was requested Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 4/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non- Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023 Apr-Jun 1 2023 2023
4/1/2023 -	44 (202	Physical (10) (200		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Radiology Services Denied Not	Perform Body Part selection; First Pass; Body Part for first pass is Hip/Pelvis; 03/29/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request:; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun

					Perform Body Part selection; First Pass; Body Part for first pass is Knee; 4/20/2023; No	
					patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-	
					Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about	
					your Knee request: ; Three or more visits anticipated; Non-Surgical; Therapy type is	
					Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best	
					describes the patient's clinical presentation; Lower Extremity/Hip selected as the body	
					type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
					in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
					NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
			97116 Therapeutic procedure, 1 or	Radiology Services	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	Denied Not	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	Healthy Families; Physical therapy was requested	1 2023 2023
					Perform Body Part selection; First Pass; Body Part for first pass is Knee; 4/27/2023; No	
					patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-	
					Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about	
					your Knee request: ; Three or more visits anticipated; Non-Surgical; Therapy type is	
					Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best	
					describes the patient's clinical presentation; Lower Extremity/Hip selected as the body	
					type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
					in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
					NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
					Physical or Occupational therapy was selected; Physical or Occupational therapy was	
			97116 Therapeutic procedure, 1 or	Radiology Services	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	Denied Not	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)		Healthy Families; Physical therapy was requested	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Wedicine	Disappiovai	training (includes stail climbing)	ivieuically ivecessary	Perform Body Part selection; First Pass; Body Part for first pass is Knee; 5/1/2023; No patient	1 2023 2023
					history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee	
					selected as the specific body part; Body Part pass complete; Questions about your Knee	
					request: ; Three or more visits anticipated; Non-Surgical; Therapy type is Rehabilitative; One	
					Body Part selected; Requestor is not a fax; None of the above best describes the patient's	
					clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical	
					Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
					rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
					diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
			97116 Therapeutic procedure, 1 or	Radiology Services	does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	Denied Not	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	Physical therapy was requested	1 2023 2023
					Perform Body Part selection; First Pass; Body Part for first pass is Knee; 5/3/2023; No patient	
					history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee	
					selected as the specific body part; Body Part pass complete; Questions about your Knee	
					request: ; Three or more visits anticipated; Non-Surgical; Therapy type is Rehabilitative; One	
					Body Part selected; Requestor is not a fax; None of the above best describes the patient's	
					clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical	
					Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
					rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
					diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
					Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
			97116 Therapeutic procedure, 1 or	Radiology Services	does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 -	Physical		more areas, each 15 minutes; gait	Denied Not	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	Physical therapy was requested	1 2023 2023

						Perform Body Part selection; First Pass; Body Part for first pass is Knee; 5/5/2023; No patient	
						history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee	
						selected as the specific body part; Body Part pass complete; Questions about your Knee	
						request: ; Three or more visits anticipated; Non-Surgical; Therapy type is Rehabilitative; One	
						Body Part selected; Requestor is not a fax; None of the above best describes the patient's	
						clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical	
						Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
						rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
						- · · · · · · · · · · · · · · · · · · ·	
						diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
						Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
				97116 Therapeutic procedure, 1 or	Radiology Services	does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	Physical therapy was requested	1 2023 2023
						Perform Body Part selection; First Pass; Body Part for first pass is Knee; 5/9/2023; No patient	
						history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee	
						selected as the specific body part; Body Part pass complete; Questions about your Knee	
						request: ; Three or more visits anticipated; Non-Surgical; Therapy type is Rehabilitative; One	
						Body Part selected; Requestor is not a fax; None of the above best describes the patient's	
						clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical	
						Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
						rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
						diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
						Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
				97116 Therapeutic procedure, 1 or	Radiology Services	does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	Physical therapy was requested	1 2023 2023
			• • •			Perform Body Part selection; First Pass; Body Part for first pass is Knee; 5/17/2023; No	
						patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-	
						Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about	
						your Knee request: ; Three or more visits anticipated; Non-Surgical; Therapy type is	
						Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best	
						describes the patient's clinical presentation; Lower Extremity/Hip selected as the body	
						type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
						in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
						NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
						Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				97116 Therapeutic procedure, 1 or	Radiology Services	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)		Healthy Families; Physical therapy was requested	1 2023 2023
2, 22, 222	., _,	.,,			, , , , , , , , , , , , , , , , , , , ,	Perform Body Part selection; First Pass; Body Part for first pass is Knee; 5/23/2023; No	
						patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-	
						Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about	
						your Knee request: ; Three or more visits anticipated; Non-Surgical; Therapy type is	
						Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best	
						describes the patient's clinical presentation; Lower Extremity/Hip selected as the body	
						type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
						in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
						NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
						Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				97116 Therapeutic procedure, 1 or	Radiology Services	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/4/2022		Physical		more areas, each 15 minutes; gait	Denied Not	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr lup
4/1/2023 -							
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)		Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023

						Perform Body Part selection; First Pass; Body Part for first pass is Knee; 6/8/2023; No patient	
						history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee	
						selected as the specific body part; Body Part pass complete; Questions about your Knee	
						request: ; Three or more visits anticipated; Non-Surgical; Therapy type is Rehabilitative; One	
						Body Part selected; Requestor is not a fax; None of the above best describes the patient's	
						clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical	
						Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
						rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
						diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
						Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
				0744671			
				97116 Therapeutic procedure, 1 or	Radiology Services	does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	Physical therapy was requested	1 2023 2023
						Perform Body Part selection; First Pass; Body Part for first pass is Knee; 6/14/2023; No	
						patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-	
						Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about	
						your Knee request: ; Three or more visits anticipated; Non-Surgical; Therapy type is	
						Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best	
						describes the patient's clinical presentation; Lower Extremity/Hip selected as the body	
						type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
						in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
						·	
						NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
						Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				97116 Therapeutic procedure, 1 or	Radiology Services	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	Healthy Families; Physical therapy was requested	1 2023 2023
						Perform Body Part selection; First Pass; Body Part for first pass is Knee; 6/15/2023; No	
						patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-	
						Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about	
						your Knee request: ; Three or more visits anticipated; Non-Surgical; Therapy type is	
						Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best	
						describes the patient's clinical presentation; Lower Extremity/Hip selected as the body	
						type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
						in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
						· · · · · · · · · · · · · · · · · · ·	
						NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
						Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				97116 Therapeutic procedure, 1 or	Radiology Services	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	Healthy Families; Physical therapy was requested	1 2023 2023
						Perform Body Part selection; First Pass; Body Part for first pass is Knee; 6/20/2023; No	
						patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-	
						Surgical; Knee selected as the specific body part; Body Part pass complete; Questions about	
						your Knee request: ; Three or more visits anticipated; Non-Surgical; Therapy type is	
						Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best	
						describes the patient's clinical presentation; Lower Extremity/Hip selected as the body	
						type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
						in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
						NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
				0744671	5 11 5 .	Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				97116 Therapeutic procedure, 1 or	Radiology Services	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	Healthy Families; Physical therapy was requested	1 2023 2023

						Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the	
						specific body part; Body Part pass complete; Questions about your Knee request: ; Neither	
						Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Lower Extremity/Hip selected as	
						the body type/region; Three or more visits anticipated; The previous auth did not address	
						any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions	
				97116 Therapeutic procedure, 1 or	Radiology Services	about the subsequent request: ; Physical or Occupational therapy was selected; The	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	member's plan does not require the collection of start and end dates; Previous auth data	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	42 2023 2023
						Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the	
						specific body part; Body Part pass complete; Questions about your Knee request: ; Neither	
						Pre-Op, Post-Op or Non-Surgical; Two Body Parts selected; Lower Extremity/Hip was	
						selected as the first body type/region; Gait, Balance and Falls was selected as the second	
						body type/region; Three or more visits anticipated; The previous auth did not address any	
						body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about	
						the subsequent request: ; Physical or Occupational therapy was selected; Physical or	
				97116 Therapeutic procedure, 1 or	Radiology Services	Occupational therapy was selected; The member's plan does not require the collection of	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	Physical therapy was requested	1 2023 2023
						Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the	
						specific body part; Knee selected as the specific body part; Body Part pass complete;	
						Questions about your Knee request: ; Neither Pre-Op, Post-Op or Non-Surgical; Two Body	
						Parts selected; Lower Extremity/Hip was selected as the first body type/region; Lower	
						Extremity/Hip selected as the second body type/region; Three or more visits anticipated; The	
						previous auth did not address any body parts; Three or more visits anticipated; This is not a	
						gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy	
				97116 Therapeutic procedure, 1 or	Radiology Services	was selected; Physical or Occupational therapy was selected; The member's plan does not	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	require the collection of start and end dates; Previous auth data retrieved, type of	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	habilitation = Rehabilitative; Physical therapy was requested	3 2023 2023
						Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the	
						specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete;	
						Questions about your Knee request: ; Neither Pre-Op, Post-Op or Non-Surgical; Two Body	
						Parts selected; Lower Extremity/Hip was selected as the first body type/region; Spine/Chest	
						selected as the second body type/region; Three or more visits anticipated; The previous auth	
						did not address any body parts; Three or more visits anticipated; This is not a gold-card auth;	
						Questions about the subsequent request: ; Physical or Occupational therapy was selected;	
4/1/2023 -				97116 Therapeutic procedure, 1 or	Radiology Services	Physical or Occupational therapy was selected; The member's plan does not require the	
		Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Radiology Services Denied Not	Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates: Previous auth data retrieved, type of habilitation =	Apr-Jun
	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	more areas, each 15 minutes; gait	Denied Not	collection of start and end dates; Previous auth data retrieved, type of habilitation =	Apr-Jun 2 2023 2023
6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	• • •	Denied Not		Apr-Jun 2 2023 2023
	4/1/2023		Disapproval	more areas, each 15 minutes; gait	Denied Not	collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	
	4/1/2023		Disapproval	more areas, each 15 minutes; gait	Denied Not	collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 3/9/2023;	
	4/1/2023		Disapproval	more areas, each 15 minutes; gait	Denied Not	collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 3/9/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-	
	4/1/2023		Disapproval	more areas, each 15 minutes; gait	Denied Not	collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 3/9/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific	
	4/1/2023		Disapproval	more areas, each 15 minutes; gait	Denied Not	collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 3/9/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non- Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or	
	4/1/2023		Disapproval	more areas, each 15 minutes; gait	Denied Not	collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 3/9/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non- Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body	
	4/1/2023		Disapproval	more areas, each 15 minutes; gait	Denied Not	collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 3/9/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non- Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Requestor is not a fax; None of the	
	4/1/2023		Disapproval	more areas, each 15 minutes; gait	Denied Not	collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 3/9/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non- Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest was selected as the first	
	4/1/2023		Disapproval	more areas, each 15 minutes; gait	Denied Not	collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 3/9/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non- Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical	
	4/1/2023		Disapproval	more areas, each 15 minutes; gait	Denied Not	collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 3/9/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non- Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The	
	4/1/2023		Disapproval	more areas, each 15 minutes; gait	Denied Not	collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 3/9/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	
	4/1/2023		Disapproval	more areas, each 15 minutes; gait	Denied Not	collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 3/9/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
	4/1/2023		Disapproval	more areas, each 15 minutes; gait training (includes stair climbing)	Denied Not Medically Necessary	collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 3/9/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	more areas, each 15 minutes; gait training (includes stair climbing)	Denied Not Medically Necessary	collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 3/9/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Dustine Spine Provided Physical or Occupational therapy was selected; Physi	2 2023 2023
			Disapproval	more areas, each 15 minutes; gait training (includes stair climbing)	Denied Not Medically Necessary Radiology Services Denied Not	collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 3/9/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	

4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of tymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 05/03/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 5/4/2023;	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 4/26/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Upper Extremity selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cocupational therapy was selected; Physical or Occupational therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 4/12/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023

						Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 5/11/2023;	
						No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-	
						Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete;	
						Questions about your Lumbar Spine request: ; Three or more visits anticipated; Therapy type	
						is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best	
						describes the patient's clinical presentation; Spine/Chest selected as the body type/region;	
						Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
						The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
						to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
						Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
				97116 Therapeutic procedure, 1 or	Radiology Services	does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary		1 2023 2023
0,00,2020	., 2, 2020	o, so, zozs mediane	2.5approva.	training (merades stan emissing)	medically recessary	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 6/9/2023;	1 2020 2020
						No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-	
						Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete;	
						Questions about your Lumbar Spine request: ; Three or more visits anticipated; Therapy type	
						is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best	
						describes the patient's clinical presentation; Spine/Chest selected as the body type/region;	
						Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
						The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
						to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
						Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
				97116 Therapeutic procedure, 1 or	Radiology Services	does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 -	. /. /	Physical		more areas, each 15 minutes; gait	Denied Not	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	Physical therapy was requested	2 2023 2023
						Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 6/13/2023;	
						No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-	
						Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete;	
						Questions about your Lumbar Spine request: ; Three or more visits anticipated; Therapy type	
						is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best	
						describes the patient's clinical presentation; Spine/Chest selected as the body type/region;	
						Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
						The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
						to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
						Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
				97116 Therapeutic procedure, 1 or	Radiology Services	does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	Physical therapy was requested	1 2023 2023
						Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; 6/26/2023;	
						No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-	
						Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete;	
						Questions about your Lumbar Spine request: ; Three or more visits anticipated; Therapy type	
						is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best	
						describes the patient's clinical presentation; Spine/Chest selected as the body type/region;	
						Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future;	
						The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related	
						to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
						Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan	
				97116 Therapeutic procedure, 1 or	Radiology Services	does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
1	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)		Physical therapy was requested	1 2023 2023
.,, -323	, -,	.,,				7 · · · · · · · · · · · · · · · · · · ·	

4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Lumbar Spine; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; One Body Part selected; None of the above best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 03/29/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 03/30/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; None of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy; are equested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 4/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Denied Not	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 5/1/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of curve coupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 5/8/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 5/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 5/16/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 5/30/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Lower Leg request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		Physical 6/30/2023 Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 5/31/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; None of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); Gait, Balance and Falls selected as the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 6/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 6/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above; Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Coccupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023

Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; Body Part pass complete; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; None of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); Gait, Balance and Falls was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for first pass is Gait/Balance; Physical Therapy was requested; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or	
Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; None of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); Gait, Balance and Falls was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for first pass is Gait/Balance; Physical Therapy was requested; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the	
human assistance and/or an assistive device to walk and/or transfer; None of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); Gait, Balance and Falls was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for first pass is Gait/Balance; Physical Therapy was requested; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the	
apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); Gait, Balance and Falls was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for first pass is Gait/Balance; Physical Therapy was requested; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the	
movements and/or Decline in independence with mobility (walking or wheelchair mobility); Gait, Balance and Falls was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for first pass is Gait/Balance; Physical Therapy was requested; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the	
Gait, Balance and Falls was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for first pass is Gait/Balance; Physical Therapy was requested; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the	
second body type/region; Body Part for first pass is Gait/Balance; Physical Therapy was requested; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the	
requested; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the	
parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the	
4/1/2023 - Physical more areas, each 15 minutes; gait Denied Not Occupational therapy was selected; The member's plan does not require the collection of	Apr-Jun
	3 2023
0/30/2023 4/1/2023 0/30/2023 Medicine Disapproval training (includes stall clinibing) Medically Necessary stalt and end dates, Frevious auth data retrieved, type of habilitation – Reliabilitative 1.202	, 2023
Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; Body	
Part pass complete; One Body Part selected; The requesting provider is other than Physical	
Therapy or Occupational Therapy; The patient was NOT previously independent with	
mobility and now requires human assistance and/or an assistive device to walk and/or	
transfer; None of the following apply; Increase in frequency of falls, Decline in transfers, bed	
mobility or transitional movements and/or Decline in independence with mobility (walking	
or wheelchair mobility); Gait, Balance and Falls selected as the body type/region; Body Part	
for first pass is Gait/Balance; Physical Therapy was requested; Three or more visits	
anticipated; The previous auth did not address any body parts; Three or more visits	
97116 Therapeutic procedure, 1 or Radiology Services anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical	
4/1/2023 - Physical more areas, each 15 minutes; gait Denied Not or Occupational therapy was selected; The member's plan does not require the collection of	Apr-Jun
	3 2023
Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; Lower	
Leg selected as the specific body part; Body Part pass complete; Questions about your Lower	
Leg request: ; One Body Part selected; None of the above best describes the patient	
presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass	
is Lower Leg; Three or more visits anticipated; The previous auth did not address any body	
parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the	
97116 Therapeutic procedure, 1 or Radiology Services subsequent request: ; Physical or Occupational therapy was selected; The member's plan 4/1/2023 - Physical Phys	Apr-lup
4/1/2023 - Physical more areas, each 15 minutes; gait Denied Not does not require the collection of start and end dates; Previous auth data retrieved, type of	Apr-Jun
4/1/2023 - Physical more areas, each 15 minutes; gait Denied Not does not require the collection of start and end dates; Previous auth data retrieved, type of design of start and end dates; Previous auth data retrieved, type of design of start and end dates; Previous auth data retrieved, type of design of start and end dates; Previous auth data retrieved, type of design of start and end dates; Previous auth data retrieved, type of design of start and end dates; Previous auth data retrieved, type of design of start and end dates; Previous auth data retrieved, type of design of start and end dates; Previous auth data retrieved, type of design of start and end dates; Previous auth data retrieved, type of design of start and end dates; Previous auth data retrieved, type of design of start and end dates; Previous auth data retrieved, type of design of start and end dates; Previous auth data retrieved, type of design of start and end dates; Previous auth data retrieved, type of design of start and end dates; Previous auth data retrieved, type of design of start and end dates; Previous auth data retrieved, type of design of start and end dates; Previous auth data retrieved, type of design of start and end dates; Previous auth data retrieved, type of design of start and end dates; Previous auth data retrieved, type of design of start and end dates; Previous auth data retrieved, type of design of start and end dates; Previous auth data retrieved, type of design of start and end dates; Previous auth data retrieved, type of design of start and end dates; Previous auth data retrieved, type of design of start and end dates; Previous auth data retrieved, type of design of start and end dates; Previous auth data retrieved, type of design of start and end dates; Previous auth data retrieved, type of design of start and end dates; Previous auth data retrieved, type of data retrieved, ty	Apr-Jun 3 2023
4/1/2023 - Physical more areas, each 15 minutes; gait Denied Not does not require the collection of start and end dates; Previous auth data retrieved, type of	
4/1/2023 - Physical more areas, each 15 minutes; gait Denied Not does not require the collection of start and end dates; Previous auth data retrieved, type of 6/30/2023 4/1/2023 6/30/2023 Medicine Disapproval training (includes stair climbing) Medically Necessary habilitation = Rehabilitative; Physical therapy was requested 1 202 Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 5/10/2023; No	
4/1/2023 - Physical more areas, each 15 minutes; gait Denied Not does not require the collection of start and end dates; Previous auth data retrieved, type of 6/30/2023 4/1/2023 6/30/2023 Medicine Disapproval training (includes stair climbing) Medically Necessary habilitation = Rehabilitative; Physical therapy was requested 1 202 Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 5/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-	
4/1/2023 - Physical more areas, each 15 minutes; gait Denied Not does not require the collection of start and end dates; Previous auth data retrieved, type of 6/30/2023 4/1/2023 6/30/2023 Medicine Disapproval training (includes stair climbing) Medically Necessary habilitation = Rehabilitative; Physical therapy was requested 1 20/2 Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 5/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions	
4/1/2023 - Physical more areas, each 15 minutes; gait Denied Not does not require the collection of start and end dates; Previous auth data retrieved, type of 6/30/2023 4/1/2023 6/30/2023 Medicine Disapproval training (includes stair climbing) Medically Necessary habilitation = Rehabilitative; Physical therapy was requested 1 2 202 Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 5/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is	
4/1/2023 - Physical more areas, each 15 minutes; gait Denied Not does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested 1 202 Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 5/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; One Body Part selected; Requestor is not a fax; None of the	
4/1/2023 - Physical more areas, each 15 minutes; gait Denied Not does not require the collection of start and end dates; Previous auth data retrieved, type of habilitative; Physical therapy was requested 1 202 Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 5/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; One Body Part selected; Requestor is not a fax. None of the above best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The	
4/1/2023 - Physical more areas, each 15 minutes; gait Denied Not does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested 1 202 Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 5/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy, Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Cancer.; The	
4/1/2023 - Physical more areas, each 15 minutes; gait Denied Not does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested 1 202 Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 5/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Phree or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of Caunear.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
4/1/2023 - Physical more areas, each 15 minutes; gait Denied Not does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested 1 202 Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 5/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Therapy type is Rehabilitative; Non-Surgical; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does	3 2023
4/1/2023 - Physical more areas, each 15 minutes; gait Denied Not does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested 1 202 Perform Body Part selection; First Pass; Body Part selection; First Pass; Body Part selected; Body Part selected; Physical therapy was requested 1 202 Perform Body Part selected; Physical Therapy type is Rehabilitative; Non-Surgical; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer. The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Denied Not more areas, each 15 minutes; gait Denied Not manage speech therapy for the member's plan; Physical therapy was requested.	

						Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 5/18/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-	
						Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions	
						about your Shoulder request: ; Three or more visits anticipated; Therapy type is	
						Rehabilitative; Non-Surgical; One Body Part selected; Requestor is not a fax; None of the	
						above best describes the patient's clinical presentation; Upper Extremity selected as the	
						body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is	
						not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The	
						rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
						therapy was selected; Physical or Occupational therapy was selected; Physical or	
				97116 Therapeutic procedure, 1 or	Radiology Services	Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023	-	Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	3 4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
						Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; 6/7/2023; No	
						patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-	
						Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions	
						about your Shoulder request: ; Three or more visits anticipated; Therapy type is	
						Rehabilitative; Non-Surgical; One Body Part selected; Requestor is not a fax; None of the	
						above best describes the patient's clinical presentation; Upper Extremity selected as the	
						body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is	
						not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The	
						rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
				07116 Thorangutic procedure 1 or	Padiology Convices	therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023		Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Radiology Services Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
	3 4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)		carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
0/30/2023	7,1,2023	0/30/2023 Wicalcine	ызарргочаг	training (includes stail climbing)	Wicarcary Wecessary	carrier is not new numpsinic reality runnies, rhysical dicrapy was requested	1 2023 2023
						Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder	
						selected as the specific body part; Body Part pass complete; Questions about your Shoulder	
						request: ; Neither Pre-Op, Post-Op or Non-Surgical; More than 2 Body Parts; 3+ Body	
						Regions was selected - provide details on the top 2; Upper Extremity was selected as the first	
						body type/region; Head/Neck selected as the second body type/region; Three or more visits	
						anticipated; The previous auth did not address any body parts; Three or more visits	
						anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical	
				97116 Therapeutic procedure, 1 or	Radiology Services	or Occupational therapy was selected; Physical or Occupational therapy was selected; The	
4/1/2023		Physical		more areas, each 15 minutes; gait	Denied Not	member's plan does not require the collection of start and end dates; Previous auth data	Apr-Jun
6/30/2023	3 4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	1 2023 2023
						Doubours Dody Douboologica, First Door Dody Doub for first page to Charledon Charledon	
						Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder	
						selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity	
						selected as the body type/region; Three or more visits anticipated; The previous auth did not	
						address any body parts; Three or more visits anticipated; This is not a gold-card auth;	
				97116 Therapeutic procedure, 1 or	Radiology Services	Questions about the subsequent request: ; Physical or Occupational therapy was selected;	
4/1/2023	_	Physical		more areas, each 15 minutes; gait	Denied Not	The member's plan does not require the collection of start and end dates; Previous auth data	Apr-Jun
	3 4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)		retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	34 2023 2023
						Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder	
						selected as the specific body part; Elbow selected as the specific body part; Body Part pass	
						complete; Questions about your Shoulder request: ; Neither Pre-Op, Post-Op or Non-	
						Surgical; Two Body Parts selected; Upper Extremity was selected as the first body	
						type/region; Upper Extremity selected as the second body type/region; Three or more visits	
						anticipated; The previous auth did not address any body parts; Three or more visits	
				07467		anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical	
4/4/2022		No t !		97116 Therapeutic procedure, 1 or	Radiology Services	or Occupational therapy was selected; Physical or Occupational therapy was selected; The	A see to see
4/1/2023		Physical	Discourse I	more areas, each 15 minutes; gait	Denied Not	member's plan does not require the collection of start and end dates; Previous auth data	Apr-Jun
6/30/2023	3 4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	iviedically Necessary	retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	2 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Neither Pre-Op, Post-Op or Non-Surgical; Two Body Parts selected; Upper Extremity was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request:; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	Apr-Jun 1 2023 2023
., ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,		3,	,,	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder	
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	selected as the specific body part; Knee selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Neither Pre-Op, Post-Op or Non-Surgical; Two Body Parts selected; Upper Extremity was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	Apr-Jun 1 2023 2023
						Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part	
				97116 Therapeutic procedure, 1 or	Radiology Services	pass complete; Questions about your Shoulder request:; Neither Pre-Op, Post-Op or Non-Surgical; Two Body Parts selected; Upper Extremity was selected as the first body type/region; Spine/Chest selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request:; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The	
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	more areas, each 15 minutes; gait training (includes stair climbing)	Denied Not Medically Necessary	member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	Apr-Jun 1 2023 2023
	·			97116 Therapeutic procedure, 1 or	Radiology Services	Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Neither Pre-Op, Post-Op or Non-Surgical; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected;	
4/1/2023 -	. /. /	Physical		more areas, each 15 minutes; gait	Denied Not	collection of start and end dates; Previous auth data retrieved, type of habilitation =	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing) 97116 Therapeutic procedure, 1 or	Medically Necessary Radiology Services	Rehabilitative; Physical therapy was requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request:; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request:; Physical or Occupational therapy was selected; The member's plan does not require the collection of	2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	more areas, each 15 minutes; gait training (includes stair climbing)	Denied Not Medically Necessary	start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	Apr-Jun 1 2023 2023

							Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
							point; Body Part for first pass is Hip/Pelvis; 4/24/2023; No patient history in the past 90	
							days; Evaluation dates less than 90 days in the past; Non-Surgical; Hip/Pelvis selected as the	
							specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ;	
							Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy	
							type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; The	
							Pelvis/Pelvic Floor is being treated.; The patient has Pelvic Floor Dysfunction, including	
							bowel or bladder; Severe impairment in the ability to perform functional tasks due to	
							constipation, incontinence or pelvic organ prolapse best describes the patient's	
							presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy;	
							Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation	
							is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
							Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
							therapy was selected; Physical or Occupational therapy was selected; Magellan does not	
					97116 Therapeutic procedure, 1 or	Radiology Services	manage chiropractic but does manage speech therapy for the member's plan; Physical	
1/1/	2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical	Apr-Jun
		4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)		therapy was requested	1 2023 2023
0/30	72023	4/1/2023	0/30/2023 Wedicine	Disappiovai	training (includes stail climbing)	ivieuically ivecessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	1 2023 2023
							point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Knee; Hip/Pelvis	
							selected as the specific body part; Knee selected as the specific body part; Body Part pass	
							complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ;	
							The anticipated number of visits is other than 2.; Neither Pre-Op, Post-Op or Non-Surgical;	
							Two Body Parts selected; Second Pass Starting; The hip is beingn treated.; Moderate	
							, , , , , , , , , , , , , , , , , , , ,	
							objective and functional deficits: constant symptoms and/or symptoms that are intensified	
							with activity with moderate loss of range of motion, strength, or ability to perform daily	
							tasks best describes the patient's presentation best describes th; Lower Extremity/Hip was	
							selected as the first body type/region; Lower Extremity/Hip selected as the second body	
							type/region; Three or more visits anticipated; The previous auth did not address any body	
							parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the	
							subsequent request: ; Physical or Occupational therapy was selected; Physical or	
					97116 Therapeutic procedure, 1 or	Radiology Services	Occupational therapy was selected; The member's plan does not require the collection of	
	2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative;	Apr-Jun
6/30)/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	Physical therapy was requested; Physical therapy was requested	1 2023 2023
							Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
							point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is Shoulder; Hip/Pelvis	
							selected as the specific body part; Shoulder selected as the specific body part; Body Part pass	
							complete; Questions about your Pelvis/Hip request: ; Questions about your Shoulder	
							request: ; The anticipated number of visits is other than 2.; Neither Pre-Op, Post-Op or Non-	
							Surgical; Two Body Parts selected; Second Pass Starting; The hip is beingn treated.;	
							Moderate objective and functional deficits: constant symptoms and/or symptoms that are	
							intensified with activity with moderate loss of range of motion, strength, or ability to	
							perform daily tasks best describes the patient's presentation best describes th; Lower	
							Extremity/Hip was selected as the first body type/region; Upper Extremity selected as the	
							second body type/region; Three or more visits anticipated; The previous auth did not	
							address any body parts; Three or more visits anticipated; This is not a gold-card auth;	
							Questions about the subsequent request: ; Physical or Occupational therapy was selected;	
					97116 Therapeutic procedure, 1 or	Radiology Services	Physical or Occupational therapy was selected; The member's plan does not require the	
4/1/	2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	collection of start and end dates; Previous auth data retrieved, type of habilitation =	Apr-Jun
6/30)/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	Rehabilitative; Physical therapy was requested; Physical therapy was requested	2 2023 2023
	,	., _,	-, - 5, - 5 - 1110	oopp.o.ui		zaroany recoessary		0-0 -0-0

						Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
						point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part;	
						Body Part pass complete; Questions about your Pelvis/Hip request: ; The anticipated number	
						of visits is other than 2.; One Body Part selected; No Second Pass; The hip is beingn treated.;	
						Moderate objective and functional deficits: constant symptoms and/or symptoms that are	
						intensified with activity with moderate loss of range of motion, strength, or ability to	
						perform daily tasks best describes the patient's presentation best describes th; Lower	
						Extremity/Hip selected as the body type/region; Three or more visits anticipated; The	
						previous auth did not address any body parts; Three or more visits anticipated; This is not a	
				07446 There we the man and the state of the	Dadialan Candara	gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy	
. /. /2022		a		97116 Therapeutic procedure, 1 or	Radiology Services	was selected; The member's plan does not require the collection of start and end dates;	
4/1/2023 -	. /. /2022	Physical	5: 1	more areas, each 15 minutes; gait	Denied Not	Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	requested	2 2023 2023
						Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
						point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part;	
						Body Part pass complete; Questions about your Pelvis/Hip request: ; The anticipated number	
						of visits is other than 2.; One Body Part selected; No Second Pass; The hip is beingn treated.;	
						Severe objective and functional deficits: constant intense symptoms with severe loss of	
						range of motion, strength, or ability to perform daily tasks best describes the patient's	
						presentation best describes the patient's presentation:; Lower Extremity/Hip selected as the	
						body type/region; Three or more visits anticipated; The previous auth did not address any	
						body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about	
				97116 Therapeutic procedure, 1 or	Radiology Services	the subsequent request: ; Physical or Occupational therapy was selected; The member's plan	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	does not require the collection of start and end dates; Previous auth data retrieved, type of	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	habilitation = Rehabilitative; Physical therapy was requested	2 2023 2023
						Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
						point; Body Part for first pass is Hip/Pelvis; Hip/Pelvis selected as the specific body part;	
						Body Part pass complete; Questions about your Pelvis/Hip request: ; The anticipated number	
						of visits is other than 2.; One Body Part selected; No Second Pass; The Pelvis/Pelvic Floor is	
						being treated.; The patient has Pelvic Floor Dysfunction, including bowel or bladder; Mild to	
						moderate impairment in the ability to perform functional tasks due to constipation,	
						incontinence or pelvic organ prolapse best describes the patient's presentation; Lower	
						Extremity/Hip selected as the body type/region; Three or more visits anticipated; The	
						previous auth did not address any body parts; Three or more visits anticipated; This is not a	
						gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy	
				97116 Therapeutic procedure, 1 or	Radiology Services	was selected; The member's plan does not require the collection of start and end dates;	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	requested	2 2023 2023
						Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
						point; Body Part for first pass is Knee; 06/01/2023; No patient history in the past 90 days;	
						Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific	
						body part; Body Part pass complete; Questions about your Knee request: ; Three or more	
						visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy	
						type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax;	
						Moderate objective and functional deficits: constant symptoms and/or symptoms that are	
						intensified with activity with moderate loss of range of motion, strength, or ability to	
						perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip	
						selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The	
						evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of	
						cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or	
						Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
				97116 Therapeutic procedure, 1 or	Radiology Services	or Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)		carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
0/30/2023	7/1/2023	0/30/2023 WIEGICITIE	Disapproval	training (includes stail climbing)	Wicalcally Neccessary	carrier is 1401 146W Harripshire Healthy Failines, Fiftysical therapy was requested	1 2023 2023

4/1/2023 -		Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Radiology Services Denied Not	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; Body Part for second pass is Hip/Pelvic; 5/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Knee selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Questions about your Pelvis/Hip request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Non-Surgical; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was sel	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	Families; Physical therapy was requested; Physical therapy was requested	1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 1/4/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 3/28/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe functional deficits due to lumbopelvic impairments with or without distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023

4/1/2023 -	A/4/2022	Physical	Dicaparoual	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Radiology Services Denied Not	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 4/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request:; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Lumbar Spine; 5/23/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 9/1/2022; Post-Op; Lumbar Spine selected as the specific body part; Body Part pass complete; Questions about your Lumbar Spine request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Coccupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested, The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	point; Body Part for first pass is Lumbar Spine; Body Part for second pass is Hip/Pelvic; Lumbar Spine selected as the specific body part; Hip/Pelvis selected as the specific body part; Body Part pass complete; Questions about your Pelvis/Hip request: ; Questions about your Lumbar Spine request: ; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; The Pelvis/Pelvic Floor is being treated.; The patient has None of the above; Mild or moderate functional deficits due to lumbopelvic impairments with distal symptoms best describes the patient's clinical presentation; Spine/Chest was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical therapy was requested	Apr-Jun 1 2023 2023

Doubeway Dayle, Double polarities, Double and Double polarities, Significant	and Dage shoot
Perform Body Part selection; Perform Body Part selection; First Pass; S	
point; Body Part for first pass is Lumbar Spine; Body Part for second p	•
Lumbar Spine selected as the specific body part; Shoulder selected as	
Body Part pass complete; Questions about your Lumbar Spine request	
your Shoulder request: ; The anticipated number of visits is other than	2.; Neither Pre-Op,
Post-Op or Non-Surgical; More than 2 Body Parts; 3+ Body Regions wa	s selected - provide
details on the top 2; Second Pass Starting; Mild or moderate functional	I deficits due to
lumbopelvic impairments without distal symptom best describes the	atient's clinical
presentation; Spine/Chest was selected as the first body type/region;	Jpper Extremity
selected as the second body type/region; Three or more visits anticipe	
did not address any body parts; Three or more visits anticipated; This	
Questions about the subsequent request: , Physical or Occupational th	,
97116 Therapeutic procedure, 1 or Radiology Services Physical or Occupational therapy was selected; The member's plan do	
	·
, , , , , , , , , , , , , , , , , , , ,	·
6/30/2023 4/1/2023 6/30/2023 Medicine Disapproval training (includes stair climbing) Medically Necessary Rehabilitative; Physical therapy was requested; Physi	·
point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected	
part; Body Part pass complete; Questions about your Lumbar Spine re	
anticipated number of visits is other than 2.; One Body Part selected; i	·
or moderate functional deficits due to lumbopelvic impairments with	
describes the patient's clinical presentation; Spine/Chest selected as t	7 77
Three or more visits anticipated; The previous auth did not address ar	y body parts; Three or
more visits anticipated; This is not a gold-card auth; Questions about t	he subsequent
97116 Therapeutic procedure, 1 or Radiology Services request: ; Physical or Occupational therapy was selected; The member	's plan does not
4/1/2023 - Physical more areas, each 15 minutes; gait Denied Not require the collection of start and end dates; Previous auth data retrie	ved, type of Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Disapproval training (includes stair climbing) Medically Necessary habilitation = Rehabilitative; Physical therapy was requested	15 2023 2023
Perform Body Part selection; Perform Body Part selection; First Pass; S	econd Pass check
point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected	as the specific body
part; Body Part pass complete; Questions about your Lumbar Spine re	quest: ; The
anticipated number of visits is other than 2.; One Body Part selected;	lo Second Pass; Mild
or moderate functional deficits due to lumbopelvic impairments with	ut distal symptom
best describes the patient's clinical presentation; Spine/Chest selected	as the body
type/region; Three or more visits anticipated; The previous auth did n	ot address any body
parts; Three or more visits anticipated; This is not a gold-card auth; Qu	
97116 Therapeutic procedure, 1 or Radiology Services subsequent request: ; Physical or Occupational therapy was selected;	
4/1/2023 - Physical more areas, each 15 minutes; gait Denied Not does not require the collection of start and end dates; Previous auth of	·
6/30/2023 4/1/2023 6/30/2023 Medicine Disapproval training (includes stair climbing) Medically Necessary habilitation = Rehabilitative; Physical therapy was requested	3 2023 2023
Perform Body Part selection; Perform Body Part selection; First Pass; S	
point; Body Part for first pass is Lumbar Spine; Lumbar Spine selected	
part; Body Part pass so complete; Questions about your Lumbar Spine re	
anticipated number of visits is other than 2.; One Body Part selected;	
functional deficits due to lumbopelvic impairments with or without di	•
	i i i .
describes the patient's clinical presentation; Spine/Chest selected as t	
Three or more visits anticipated; The previous auth did not address an	
more visits anticipated; This is not a gold-card auth; Questions about i	·
97116 Therapeutic procedure, 1 or Radiology Services request: ; Physical or Occupational therapy was selected; The member	·
4/1/2023 - Physical more areas, each 15 minutes; gait Denied Not require the collection of start and end dates; Previous auth data retrie 6/30/2023 4/1/2023 6/30/2023 Medicine Disapproval training (includes stair climbing) Medically Necessary habilitation = Rehabilitative; Physical therapy was requested	
6/30/2023 4/1/2023 6/30/2023 Medicine Disapproval training (includes stair climbing) Medically Necessary habilitation = Rehabilitative; Physical therapy was requested	3 2023 2023

						Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
						point; Body Part for first pass is not in options listed; 03/28/2023; No patient history in the	
						past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
						complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part	
						selected; No Second Pass; Requestor is not a fax; The requesting provider is other than	
						Physical Therapy or Occupational Therapy; The patient was previously independent with	
						mobility and now requires human assistance and/or an assistive device to walk and/or	
						transfer; The anticipated number of visits is other than 2.; Gait, Balance and Falls selected as	
						the body type/region; Body Part for first pass is Gait/Balance; Physical Therapy; Speech	
						Therapy was not selected; The evaluation date is not in the future; Physical Therapy was	
						requested; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is	
						NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected;	
						Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				97116 Therapeutic procedure, 1 or	Radiology Services	selected; Magellan does not manage chiropractic but does manage speech therapy for the	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	Healthy Families	1 2023 2023
			.,		. ,	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
						point; Body Part for first pass is not in options listed; 5/1/2023; No patient history in the past	
						90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass	
						complete; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part	
						selected; No Second Pass; Requestor is not a fax; The requesting provider is other than	
						Physical Therapy or Occupational Therapy; The patient was NOT previously independent	
						with mobility and now requires human assistance and/or an assistive device to walk and/or	
						transfer; At least one of the following apply; Increase in frequency of falls, Decline in	
						transfers, bed mobility or transitional movements and/or Decline in independence with	
						mobility (walking or wheelchair mobility); The anticipated number of visits is other than 2.;	
						Gait, Balance and Falls selected as the body type/region; Body Part for first pass is	
						Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not	
						in the future; Physical Therapy was requested; The rehabilitation is NOT related to a	
						diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
						Physical or Occupational therapy was selected; Physical or Occupational therapy was	
				97116 Therapeutic procedure, 1 or	Radiology Services	selected; Physical or Occupational therapy was selected; Magellan does not manage	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	chiropractic but does manage speech therapy for the member's plan; Physical therapy was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	requested; The health carrier is NOT New Hampshire Healthy Families	1 2023 2023
				0,	, ,	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
						point; Body Part for first pass is not in options listed; Body Part for second pass is not in	
						options listed; 04/05/2023; No patient history in the past 90 days; Evaluation dates less than	
						90 days in the past; Non-Surgical; Body Part pass complete; Questions about your	
						Head/Neck request:; Questions about your Head/Neck request:; Three or more visits	
						anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.;	
						Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or moderate	
						functional deficits due to cervical impariments with distal symptoms best describes the	
						patient's clinical presentation; None of the above; Head/Neck was selected as the first body	
						type/region; Head/Neck selected as the second body type/region; Body Part for first pass is	
						Head/Neck; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was	
						not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a	
						diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.;	
						Physical or Occupational therapy was selected; Physical or Occupational therapy was	
						selected; Physical or Occupational therapy was selected; Physical or Occupational therapy	
						was selected; Magellan does not manage chiropractic but does manage speech therapy for	
				97116 Therapeutic procedure, 1 or	Radiology Services	the member's plan; Physical therapy was requested; The health carrier is NOT New	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	Hampshire Healthy Families; Physical therapy was requested; Physical therapy was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary		1 2023 2023
., , = - = -	, ,	, ,		0 (,,		

4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 4/10/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; None of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); Head/Neck was selected as the first body type/region; Gait, Balance and Falls was selected as the second body type/region; Body Part for first pass is Head/Neck; Body Part for second pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a diagnosis of concer.; The rehabilitation is NOT related to a di	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to cervical impairments without distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical therapy was	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Questions about your Head/Neck request:; Neither Pre-Op, Post-Op or Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild or moderate functional deficits due to cervical impariments with distal symptoms best describes the patient's clinical presentation; Head/Neck was selected as the first body type/region; Upper Extremity selected as the second body type/region; Body Part for first pass is Head/Neck; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request:; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was requested; Physical therapy was requested	Apr-Jun 2 2023 2023

						Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
						point; Body Part for first pass is not in options listed; Body Part for second pass is Shoulder;	
						Shoulder selected as the specific body part; Body Part pass complete; Questions about your	
						Shoulder request: ; Questions about your Head/Neck request:; Neither Pre-Op, Post-Op or	
						Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected;	
						Second Pass Starting; Severe functional deficits due to cervical impairments with or without	
						distal symptoms best describes the patient's clinical presentation; Head/Neck was selected	
						as the first body type/region; Upper Extremity selected as the second body type/region;	
						Body Part for first pass is Head/Neck; Three or more visits anticipated; The previous auth did	
						not address any body parts; Three or more visits anticipated; This is not a gold-card auth;	
						Questions about the subsequent request: ; Physical or Occupational therapy was selected;	
				97116 Therapeutic procedure, 1 or	Radiology Services	Physical or Occupational therapy was selected; The member's plan does not require the	
4/1/2023 -		Dhusiaal			0,	, , , , , , , , , , , , , , , , , , , ,	A mar I i i m
1 ' '	. /. /2022	Physical Physical	B: 1	more areas, each 15 minutes; gait	Denied Not	collection of start and end dates; Previous auth data retrieved, type of habilitation =	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	Rehabilitative; Physical therapy was requested; Physical therapy was requested Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	1 2023 2023
						point; Body Part for first pass is not in options listed; Body Part pass complete; One Body	
						Part selected; No Second Pass; The requesting provider is other than Physical Therapy or	
						Occupational Therapy; The patient was previously independent with mobility and now	
						requires human assistance and/or an assistive device to walk and/or transfer; The	
						anticipated number of visits is other than 2.; Gait, Balance and Falls selected as the body	
						type/region; Body Part for first pass is Gait/Balance; Physical Therapy was requested; Three	
						or more visits anticipated; The previous auth did not address any body parts; Three or more	
						visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ;	
				97116 Therapeutic procedure, 1 or	Radiology Services	Physical or Occupational therapy was selected; The member's plan does not require the	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	collection of start and end dates; Previous auth data retrieved, type of habilitation =	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary		5 2023 2023
						Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
						point; Body Part for first pass is not in options listed; Body Part pass complete; Questions	
						about your Head/Neck request:; The anticipated number of visits is other than 2.; One Body	
						Part selected; No Second Pass; Mild or moderate functional deficits due to cervical	
						impairments without distal symptoms best describes the patient's clinical presentation;	
						Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Three or	
						more visits anticipated; The previous auth did not address any body parts; Three or more	
						visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ;	
				97116 Therapeutic procedure, 1 or	Radiology Services	Physical or Occupational therapy was selected; The member's plan does not require the	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	collection of start and end dates; Previous auth data retrieved, type of habilitation =	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	Rehabilitative; Physical therapy was requested	3 2023 2023
						Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
						point; Body Part for first pass is not in options listed; Body Part pass complete; Questions	
						about your Head/Neck request:; The anticipated number of visits is other than 2.; One Body	
						Part selected; No Second Pass; Mild or moderate functional deficits due to cervical	
						impariments with distal symptoms best describes the patient's clinical presentation;	
						Head/Neck selected as the body type/region; Body Part for first pass is Head/Neck; Three or	
						more visits anticipated; The previous auth did not address any body parts; Three or more	
						visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ;	
				97116 Therapeutic procedure, 1 or	Radiology Services	Physical or Occupational therapy was selected; The member's plan does not require the	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	collection of start and end dates; Previous auth data retrieved, type of habilitation =	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)		Rehabilitative; Physical therapy was requested	4 2023 2023
				5,	,,		

						Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
						point; Body Part for first pass is not in options listed; Body Part pass complete; Questions	
						about your Head/Neck request:; The anticipated number of visits is other than 2.; One Body	
						Part selected; No Second Pass; Severe functional deficits due to cervical impairments with or	
						without distal symptoms best describes the patient's clinical presentation; Head/Neck	
						selected as the body type/region; Body Part for first pass is Head/Neck; Three or more visits	
						anticipated; The previous auth did not address any body parts; Three or more visits	
						anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical	
				97116 Therapeutic procedure, 1 or	Radiology Services	or Occupational therapy was selected; The member's plan does not require the collection of	
4/1/2022		Dhusiaal					A mar Lum
4/1/2023		Physical	Diamana	more areas, each 15 minutes; gait	Denied Not	start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	Physical therapy was requested	3 2023 2023
						Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
						point; Body Part for first pass is not in options listed; Body Part pass complete; You will now	
						be asked some questions about your Vestibular Rehab request.; The anticipated number of	
						visits is other than 2.; One Body Part selected; No Second Pass; Vestibular Rehab selected as	
						the body type/region; Body Part for first pass is Vestibular Rehab; Three or more visits	
						anticipated; The previous auth did not address any body parts; Moderate objective and	
						functional deficits best describes the patient presentation; Three or more visits anticipated;	
						This is not a gold-card auth; Questions about the subsequent request: ; Physical or	
				97116 Therapeutic procedure, 1 or	Radiology Services	Occupational therapy was selected; The member's plan does not require the collection of	
4/1/2023	-	Physical		more areas, each 15 minutes; gait	Denied Not	start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative;	Apr-Jun
	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)		Physical Therapy was requested	1 2023 2023
0,00,2020	., 2, 2020	of sof Edes Wednesde	2.5approva.	training (morades stair similarily)	medically recessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	1 2020 2020
						point; Body Part for first pass is not in options listed; Lower Leg selected as the specific body	
						part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated	
						number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate	
						objective and functional deficits: constant symptoms and/or symptoms that are intensified	
						with activity with moderate loss of range of motion, strength, or ability to perform daily	
						tasks best describes the patient presentation; Lower Extremity/Hip selected as the body	
						type/region; Body Part for first pass is Lower Leg; Three or more visits anticipated; The	
						previous auth did not address any body parts; Three or more visits anticipated; This is not a	
						gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy	
				97116 Therapeutic procedure, 1 or	Radiology Services	was selected; The member's plan does not require the collection of start and end dates;	
4/1/2023	-	Physical		more areas, each 15 minutes; gait	Denied Not	Previous auth data retrieved, type of habilitation = Rehabilitative; Physical therapy was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	requested	1 2023 2023
						Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
						point; Body Part for first pass is not in options listed; Lower Leg selected as the specific body	
						part; Body Part pass complete; Questions about your Lower Leg request: ; The anticipated	
						number of visits is other than 2.; One Body Part selected; No Second Pass; Severe objective	
						and functional deficits: constant intense symptoms with severe loss of range of motion,	
						strength, or ability to perform daily tasks best describes the patient presentation; Lower	
						Extremity/Hip selected as the body type/region; Body Part for first pass is Lower Leg; Three	
						or more visits anticipated; The previous auth did not address any body parts; Three or more	
						visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ;	
				97116 Thorapoutic procedure 1 or	Radiology Services	Physical or Occupational therapy was selected; The member's plan does not require the	
4/1/2023		Dhiminal		97116 Therapeutic procedure, 1 or			A man I
		Physical	Disamment	more areas, each 15 minutes; gait	Denied Not	collection of start and end dates; Previous auth data retrieved, type of habilitation =	Apr-Jun
0/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	iviedically necessary	Rehabilitative; Physical therapy was requested	1 2023 2023

4/1/2023 -		Physical		97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Radiology Services Denied Not	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 2/15/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cocupational therapy was selected; Physical or Occupational therapy was selected; Physical Descriptions and Physical Physical Physical Physical Physical Phy	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	Healthy Families; Physical therapy was requested	2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 03/29/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits with instability: constant or intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; 04/06/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Requestor is not a fax; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity selected as the body type/region; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedma.; Physical or Occupational therapy was selected; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 2 2023 2023

Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is not in options listed; 4/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; None of the above; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT	
4/11/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; None of the above; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT	
past; Non-Surgical; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; None of the above; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT	
or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; None of the above; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT	
number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; None of the above; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT	
not a fax; None of the above; Mild or moderate objective and functional deficits without instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT	
instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT	
or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT	
Extremity was selected as the first body type/region; Head/Neck selected as the second body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT	
body type/region; Body Part for second pass is Head/Neck; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT	
Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT	
related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
therapy was selected; Physical or Occupational therapy was selected; Physical or	
Occupational therapy was selected; Magellan does not manage chiropractic but does	
97116 Therapeutic procedure, 1 or Radiology Services manage speech therapy for the member's plan; Physical therapy was requested; The health	
4/1/2023 - Physical more areas, each 15 minutes; gait Denied Not carrier is NOT New Hampshire Healthy Families; Physical therapy was requested; Physical	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Disapproval training (includes stair climbing) Medically Necessary therapy was requested	1 2023 2023
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
point; Body Part for first pass is Thoracic Spine/Chest; 4/12/2023; No patient history in the	
past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Thoracic	
Spine/Chest selected as the specific body part; Body Part pass complete; Questions about	
your Thoracic Spine/Chest request.; Three or more visits anticipated; The anticipated	
number of visits is other than 2.; Therapy type is Rehabilitative; One Body Part selected; No	
Second Pass; Requestor is not a fax; Mild or moderate functional deficits due to thoracic/lumbar impairments with distal symptoms best describes the patient's clinical	
presentation; Spine/Chest selected as the body type/region; Physical Therapy; Speech	
Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT	
related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of	
Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational	
therapy was selected; Physical or Occupational therapy was selected; Magellan does not	
97116 Therapeutic procedure, 1 or Radiology Services manage chiropractic but does manage speech therapy was sected, may be a manage speech therapy for the member's plan; Physical	
4/1/2023 - Physical more areas, each 15 minutes; gait Denied Not therapy was requested; The healthy families; Physical	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Medicine Disapproval training (includes stair climbing) Medically Necessary therapy was requested	1 2023 2023
, , , , , , , , , , , , , , , , , , ,	
Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
point; Body Part for first pass is Thoracic Spine/Chest; Thoracic Spine/Chest selected as the	
specific body part; Body Part pass complete; Questions about your Thoracic Spine/Chest	
request.; The anticipated number of visits is other than 2.; One Body Part selected; No	
Second Pass; Severe functional deficits due to thoracic/lumbar impairments with or without	
distal symptoms best describes the patient's clinical presentation; Spine/Chest selected as	
the body type/region; Three or more visits anticipated; The previous auth did not address	
any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions	
97116 Therapeutic procedure, 1 or Radiology Services about the subsequent request: ; Physical or Occupational therapy was selected; The	
	Apr-Jun
4/1/2023 - Physical more areas, each 15 minutes; gait Denied Not member's plan does not require the collection of start and end dates; Previous auth data 6/30/2023 4/1/2023 6/30/2023 Medicine Disapproval training (includes stair climbing) Medically Necessary retrieved, type of habilitation = Rehabilitative; Physical therapy was requested	5 2023 2023

						Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	
						point; Body Part for first pass is Wrist; Wrist selected as the specific body part; Body Part	
						pass complete; Questions about your Wrist request: ; The anticipated number of visits is	
						other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional	
						deficits: constant symptoms and/or symptoms that are intensified with activity with	
						moderate loss of range of motion, strength, or ability to perform daily tasks best describes	
						the patient presentation; Upper Extremity selected as the body type/region; Three or more	
						visits anticipated; The previous auth did not address any body parts; Three or more visits	
						anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical	
				97116 Therapeutic procedure, 1 or	Radiology Services	or Occupational therapy was selected; The member's plan does not require the collection of	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	Physical therapy was requested	1 2023 2023
						Physical Therapy was requested; One visit anticipated; One visit anticipated; This is not a	
				97116 Therapeutic procedure, 1 or	Radiology Services	gold-card auth; Questions about the subsequent request: ; The member's plan does not	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	require the collection of start and end dates; Previous auth data retrieved, type of	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	habilitation = Rehabilitative	2 2023 2023
						Physical Therapy was requested; Two visits anticipated; Two visits anticipated; This is not a	
				97116 Therapeutic procedure, 1 or	Radiology Services	gold-card auth; Questions about the subsequent request: ; The member's plan does not	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	require the collection of start and end dates; Previous auth data retrieved, type of	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	habilitation = Rehabilitative	9 2023 2023
				97116 Therapeutic procedure, 1 or	Radiology Services	This is for Arthroscopy; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Knee; 4/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 4/11/2023; Post-Op; Knee selected as the specific body part; Body Part pass complete; Questions about your Knee request: ; Three or more visits anticipated; The anticipated number of visits is other than 2.; Post-Op; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Physical Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of coccupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan;	
4/1/2023 -		Physical		more areas, each 15 minutes; gait	Denied Not	Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	Physical therapy was requested	3 2023 2023

							This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request:; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; At least one of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); The anticipated number of visits is other than 2.; Lower Extremity/Hip was selected as the first body type/region; Gait, Balance and Falls was selected as the second body type/region; Body Part for first pass is Foot/Ankle; Body Part for second pass is Gait/Balance; Physical Therapy was requested; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy	
1.	1/2023 - 30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hip/Pelvis; Body Part for second pass is not in options listed; Hip/Pelvis selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Pelvis/Hip request: ; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; The hip is beingn treated.; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation best describes th; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for second pass is Foot/Ankle; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was requested; Physical therapy was requested	Apr-Jun 1 2023 2023

This request id for the Foot.; Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; Lower Leg selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request; ; Questions about your Lower Leg request; ; The anticipated number of visits is other than 2.; The anticipated number of visits is sother than 2.; Two Body Parts selected; Second Pass Starting; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Lower Leg; Body Part for second pass is Foot/Ankle; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or	
Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; Lower Leg selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip was selected as the second body type/region; Body Part for first pass is Lower Leg; Body Part for second pass is Foot/Ankle; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the	
not in options listed; Body Part for second pass is not in options listed; Lower Leg selected as the specific body part; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip was selected as the first body type/region; Lower Leg; Body Part for second pass is Foot/Ankle; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the	
complete; Questions about your Foot/Ankle request: ; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip was selected as the second body type/region; Body Part for first pass is Lower Leg; Body Part for second pass is Foot/Ankle; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the	
complete; Questions about your Foot/Ankle request: ; Questions about your Lower Leg request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip was selected as the second body type/region; Body Part for first pass is Lower Leg; Body Part for second pass is Foot/Ankle; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the	
request:; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip was selected as the second body type/region; Body Part for first pass is Lower Leg; Body Part for second pass is Foot/Ankle; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the	
is other than 2.; Two Body Parts selected; Second Pass Starting; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip belocted as the second body type/region; Body Part for intense symptoms with did not address any body parts; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the	
functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Lower Leg; Body Part for second pass is Foot/Ankle; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the	
or ability to perform daily tasks best describes the patient's presentation; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Lower Leg; Body Part for second pass is Foot/Ankle; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the	
and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Lower Leg; Body Part for second pass is Foot/Ankle; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the	
strength, or ability to perform daily tasks best describes the patient presentation; Lower Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Lower Leg; Body Part for second pass is Foot/Ankle; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the	
Extremity/Hip was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Lower Leg; Body Part for second pass is Foot/Ankle; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the	
the second body type/region; Body Part for first pass is Lower Leg; Body Part for second pass is Foot/Ankle; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the	
is Foot/Ankle; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the	
parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the	
97116 Therapeutic procedure, 1 or Radiology Services Occupational therapy was selected; The member's plan does not require the collection of	
4/1/2023 - Physical more areas, each 15 minutes; gait Denied Not start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative;	Apr-Jun
	23 2023
5) 50,50,2005 7,21,2005 7,50,2005 7,500 7,	.5 2025
This request id for the Foot.; Perform Body Part selection; First Pass; Body Part for first pass	
is not in options listed; 05/19/2023; No patient history in the past 90 days; Evaluation dates	
less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part;	
Body Part pass complete; Questions about your Foot/Ankle request: ; Three or more visits	
anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax;	
None of the above; Lower Extremity/Hip selected as the body type/region; Body Part for first	
pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date	
is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The	
rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational	
therapy was selected; Physical or Occupational therapy was selected; Physical or	
97116 Therapeutic procedure, 1 or Radiology Services Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2023 - Physical more areas, each 15 minutes; gait Denied Not manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
	23 2023
This request id for the Foot.; Perform Body Part selection; First	.5 2025
Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle	
selected as the specific body part; Body Part pass complete; Questions about your	
Foot/Ankle request: ; The anticipated number of visits is other than 2.; One Body Part	
selected; No Second Pass; Mild objective and functional deficits: sporadic symptoms with	
minimal loss of range of motion, strength, or ability to perform daily tasks best describes the	
patient's presentation; Lower Extremity/Hip selected as the body type/region; Body Part for	
first pass is Foot/Ankle; Three or more visits anticipated; The previous auth did not address	
any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions	
97116 Therapeutic procedure, 1 or Radiology Services about the subsequent request: ; Physical or Occupational therapy was selected; The	
4/1/2023 - Physical more areas, each 15 minutes; gait Denied Not member's plan does not require the collection of start and end dates; Previous auth data	Apr-Jun
	23 2023
120 of 30/2023 of 30/2023 recurrence of 30/2	.5 2025

This request id for the Foot.; Perfc Pass; Second Pass check point; Bo	form Body Part selection; Perform Body Part selection; First
selected as the specific body part; Foot/Ankle request: ; The anticipal selected; No Second Pass; Moders and/or symptoms that are intensi strength, or ability to perform dai Extremity/Hip selected as the bod or more visits anticipated; The previous anticipated; The previous anticipated; The previous anticipated; This is not a gol 97116 Therapeutic procedure, 1 or Radiology Services Physical or Occupational therapy.	t; Body Part pass complete; Questions about your lated number of visits is other than 2.; One Body Part rate objective and functional deficits: constant symptoms sified with activity with moderate loss of range of motion, liity tasks best describes the patient's presentation; Lower dy type/region; Body Part for first pass is Foot/Ankle; Three revious auth did not address any body parts; Three or more old-card auth; Questions about the subsequent request:; was selected; The member's plan does not require the
6/30/2023 4/1/2023 6/30/2023 Medicine Disapproval training (includes stair climbing) Medically Necessary Rehabilitative; Physical therapy w	,
This request is for the Ankle.; Bod Perform Body Part selection; First not in options listed; Body Part for the specific body part; Foot/Ankle complete; Questions about your request:; The anticipated number is other than 2.; Two Body Parts of functional deficits: constant symp with moderate loss of range of modescribes the patient's clinical preconstant symptoms and/or sympt range of motion, strength, or abili presentation; Lower Extremity/His Extremity/Hip selected as the second pass is Footy did not address any body parts; Till Questions about the subsequent of	dy Part passes complete; Perform Body Part selection; It Pass; Second Pass check point; Body Part for first pass is or second pass is not in options listed; Lower Leg selected as e selected as the specific body part; Body Part pass Foot/Ankle request: ; Questions about your Lower Leg er of visits is other than 2.; The anticipated number of visits selected; Second Pass Starting; Moderate objective and ptoms and/or symptoms that are intensified with activity notion, strength, or ability to perform daily tasks best resentation; Moderate objective and functional deficits: stoms that are intensified with activity with moderate loss of lity to perform daily tasks best describes the patient lip was selected as the first body type/region; Lower cond body type/region; Body Part for first pass is Lower Leg; t/Ankle; Three or more visits anticipated; This is not a gold-card auth; request: ; Physical or Occupational therapy was selected; was selected; The member's plan does not require the
, , , , , , , , , , , , , , , , , , , ,	Previous auth data retrieved, type of habilitation = Apr-Jun
is not in options listed; 6/7/2023; less than 90 days in the past; Non Body Part pass complete; Questio anticipated; Therapy type is Rehal Lower Extremity/Hip selected as t Physical Therapy; Speech Therapy The rehabilitation is NOT related t to a diagnosis of Lymphedema; P Occupational therapy was selecte 97116 Therapeutic procedure, 1 or Radiology Services does not manage chiropractic but	was requested; Physical therapy was requested 1 2023 2023 fform Body Part selection; First Pass; Body Part for first pass; ; No patient history in the past 90 days; Evaluation dates n-Surgical; Foot/Ankle selected as the specific body part; ons about your Foot/Ankle request: ; Three or more visits abilitative; One Body Part selected; Requestor is not a fax; the body type/region; Body Part for first pass is Foot/Ankle; y was not selected; The evaluation date is not in the future; to a diagnosis of cancer.; The rehabilitation is NOT related Physical or Occupational therapy was selected; Physical or ed; Physical or Occupational therapy was selected; Magellan it does manage speech therapy for the member's plan; The health carrier is NOT New Hampshire Healthy Families; Apr-Jun 1 2023 2023

1	/2023 - 0/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)	Radiology Services Denied Not Medically Necessary	This request is for the Ankle.; Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 6/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request:; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical therapy was requested	Apr-Jun 1 2023 2023
							This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for second pass is not in options listed; 3/21/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request: ; The anticipated number of visits is other than 2.; Three or more visits anticipated; Therapy type is Rehabilitative; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; The requesting provider is other than Physical Therapy or Occupational Therapy; The patient was NOT previously independent with mobility and now requires human assistance and/or an assistive device to walk and/or transfer; None of the following apply; Increase in frequency of falls, Decline in transfers, bed mobility or transitional movements and/or Decline in independence with mobility (walking or wheelchair mobility); Lower Extremity/Hip was selected as the first body type/region; Gait, Balance and Falls was selected as the second body type/region; Body Part for first pass is Foot/Ankle; Body Part for second pass is Gait/Balance; Physical Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical Therapy was requested; The rehabilitation is NOT related to a diagnosis of Cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy	
	/2023 -	4/4/2022	Physical	Discourse	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Radiology Services Denied Not	was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New	Apr-Jun
	/2023 - /2023 -	4/1/2023	6/30/2023 Medicine Physical	Disapproval	training (includes stair climbing) 97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait	Medically Necessary Radiology Services Denied Not	Hampshire Healthy Families; Physical therapy was requested This request is for the Ankle.; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is not in options listed; Foot/Ankle selected as the specific body part; Body Part pass complete; Questions about your Foot/Ankle request:; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Lower Extremity/Hip selected as the body type/region; Body Part for first pass is Foot/Ankle; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request:; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of	1 2023 2023
		4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)		habilitation = Rehabilitative; Physical therapy was requested	2 2023 2023

This regrest is for the Askle, Perform Rody (2) and selection, Perform Rody (2) and selection, Perform Rody (2) and selection, Perform Rody (2) and selection (2) and selectio									
selected: to the specific Body party. Body Path pass complete: Questions about your Food-Will Page 15. The Specific Page 15. The Page 1									
Foots/Anti-request; The anticipated number of values is other than 2; One Body Part services of the company of									
selected. No Second Pasis, Service objective and functional deficits constant linense symptoms with server large of motions, territory, ability to perform deally tasks best described the patient's clinical presentation, Lower Externity fifty selected as the body Type of the patient's clinical presentation, Lower Externity fifty selected as the body Type of the patient's clinical presentation, Lower Externity fifty selected as the body Type of the patient's clinical presentation, Lower Externity fifty selected as the body Type of the patient's clinical presentation, Lower Externity fifty selected as the body Type of the patient's clinical presentation, Lower Externity fifty selected as the body Type of the patient's clinical presentation, Lower Externity fifty selected as the body Type of the patient's clinical presentation, Lower Externity fifty selected as the body Type of the patient's clinical presentation, Lower Externity fifty selected as the body Type of the patient's clinical presentation, Lower Externity fifty selected as the body Type of the patient's clinical presentation, Lower Externity fifty selected as the body Type of the patient's clinical presentation, Lower Externity fifty selected as the body Type of the patient's clinical presentation, Lower Externity fifty selected as the body Type of the patient's clinical presentation, Lower Externity fifty selected as the body Type of the patient's clinical presentation for the patient's clinical presenta									
symptoms what severe loss of range of motion, strength, or ability to perform daily tasks best describes the services the adersives the specified clinical permanentary conferent daily tasks best describes the perfect of clinical permanentary conferent daily to perform daily tasks best describes the perfect of clinical permanentary conferent daily to perform daily tasks best describes the perfect clinical permanentary conferent daily to perform daily tasks best describes the permanents of propose adoption of the permanents of the									
best decribes the patient's clinical precentation. Lower Extrems//miss paster booking three or more visits anticipated; the spread of the previous such dark roll address any body parts; Three or more visits anticipated; the spread of the previous such dark roll address any body parts; Three or more visits anticipated; This in roll a gold-card auth, goath call the spread of the previous such dark not address any body parts; Three or more visits anticipated; This in roll a gold-card auth, goath call the spread of the previous such dark not address any body parts; Three or more visits anticipated; This in roll a gold-card auth, goath call the spread of the previous such dark not address any body parts; Three or more visits anticipated; The previous such dark not address any body parts; Three or more visits anticipated; The previous such dark not address any body parts; Three or more visits anticipated; The previous and dark not address any body parts; Three or more visits anticipated; The previous and dark not address any body parts; Three or more visits anticipated; Three or more								· · · · · · · · · · · · · · · · · · ·	
type/eigins Body Part for first pass is Foot/Anake, Three or more wists anticipated, This is not a gold-card auth; Questions about the subsequent request; Physical of Occupational therapy was selected. ### April Physical ###									
previous auth did not address any pody yants. Three or more visits amtopated. This is not a gold-card author, about the subsequent request. Physical or Occupational or Occupational Interage with more areas, each 15 minutes; gait raining flexibles start infiming. 4/1/2023 - 4/1/2023 - 6/30/2023 Medicine Disapproval 7733 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to enhance sensory processing and promote									
## Spring									
4/1/2023 4/1/2023 6/30/2023 Medicine Disapproval Fine aperulic procedure, 1 or nor areas, each 15 minutes 2 processing and promote adaptive responses to employed processing and promote adaptive responses to emp									
### April 19 Medically Necessary Medical									
Medically Necessary Requested 1 2023 2023 1 2023 2023				_, , ,					
97333 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to enhance sensory processing and promote adaptive respon			. /. /2022	•	B: 1				·
to shihance sensory processing and promote adaptive responses to a facilogy Services sensory processing and promote adaptive responses to a facilogy Services sensory processing and promote adaptive responses to a facilogy Services sensory processing and facility for the part 90 days; Requestor is not a fac; Occupational Therapy was apruling the expension of the part 90 days; Requestor is not a fac; Occupational Therapy was processing and promote adaptive responses to environmental demands, direct (one on partient contact, each 15 minutes). 4/1/2023	6/30/2	.023	4/1/2023	6/30/2023 Medicine	Disapproval	training (includes stair climbing)	Medically Necessary	requested	1 2023 2023
to sehance sensory processing and promote adaptive responses to a fallology Services and adaptive responses to a fallology Services and adaptive responses to environmental demands, direct (one on Denied Not one) patient contact, each 15 minutes where the past 90 days; Requestor is not a fax; Occupational Therapy was Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Disapproval one) patient contact, each 15 minutes where the past 90 days; Requestor is not a fax; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families (12/20/20/20/20/20/20/20/20/20/20/20/20/20						97533 Sensory integrative techniques			
4/1/2023 - Physical (Alt/2023 Ph						. •		01/30/2023: Patient history in the past 90 days: Requestor is not a fay: Occupational	
4/1/2023 4/1/2023 6/30/2023 Medicine Disapproval cone) patient contact, each 15 minutes one) patient contact							Radiology Services		
one) patient contact, each 15 minutes 4/1/2023	4/1/20	123 -		Physical			0,		Anr-lun
97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to enhance sensory processing and promote adaptive respon			4/1/2023	·	Disannroval				
to enhance sensory processing and promote adaptive responses to enhance sensory processing and	0/30/2	.023	4/1/2023	0/30/2023 Wiculcine	ызарргочаг	one, patient contact, each 15 minutes	Wiedically Weeessary	requested, the health carrier is NOT New Hampshire Healthy Fullimes	1 2023 2023
to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on- Denied Not one) patient contact, each 15 minutes Medically Necessary Head to after 1 for the future, Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine Disapproval one) patient contact, each 15 minutes Medically Necessary Possible (one-on- Denied Not one) patient contact, each 15 minutes Medically Necessary Possible (one-on- Denied Not one) patient contact, each 15 minutes Medically Necessary Possible (one-on- Denied Not one) patient contact, each 15 minutes Medically Necessary Possible (one-on- Denied Not one) patient contact, each 15 minutes Medically Necessary Possible (one-on- Denied Not one) patient contact, each 15 minutes Medically Necessary Possible (one-on- Denied Not one) patient contact, each 15 minutes Medically Necessary Possible (one-on- Denied Not one) patient contact, each 15 minutes Medically Necessary Possible (one-on- Denied Not one) patient contact, each 15 minutes Medically Necessary Possible (one-on- Denied Not one) patient contact, each 15 minutes Medically Necessary Possible (one-on- Denied Not one) patient contact, each 15 minutes Medically Necessary Possible (one-on- Denied Not one) patient contact, each 15 minutes Medically Necessary Possible (one-on- Denied Not one) patient contact, each 15 minutes Medically Necessary Possible (one-on- Denied Not one) patient contact, each 15 minutes Medically Necessary Possible (one-on- Denied Not one) patient contact, each 15 minutes Medically Necessary Possible (one-on- Denied Not one) patient contact, each 15 minutes Medically Necessary Possible (one-on- Denied Not one) patient contact, each 15 minutes Medically Necessary Possible (one-on- Denied Not one) patient (one-on- Denied Not one) patient contact, each 15 minutes Medically Necessary Possible (one-on- Denied Not one) patient (one-on- Denied Not one) patient (one-on						97533 Sensory integrative techniques			
4/1/2023 Physical Disapproval one) patient contact, each 15 minutes on								2/6/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy;	
4/1/2023 Physical Disapproval one) patient contact, each 15 minutes on						promote adaptive responses to	Radiology Services	The evaluation date is not in the future; Magellan does not manage chiropractic but does	
97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on- Denied Not enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on- Denied Not enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on- Denied Not enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on- Denied Not enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on- Denied Not enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on- Denied Not enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on- Denied Not enhance sensory processing and promote adaptive responses to enhance sensory processing and promote adaptive responses to enhance sensory processing and environmental demands, direct (one-on- Denied Not enhance sensory processing and promote adaptive responses to enhance se	4/1/20	23 -		Physical					Apr-Jun
to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-Denied Not member's plan; Occupational Therapy; The evaluation date is not in the member's plan; Occupational Therapy was requested; The health carrier is NOT New Apr-Jun (2) (2) (2) (2) (2) (2) (2) (2) (2) (2)	6/30/2	023	4/1/2023	6/30/2023 Medicine	Disapproval	one) patient contact, each 15 minutes	Medically Necessary	health carrier is NOT New Hampshire Healthy Families	2 2023 2023
to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-benied Not environmental demands environmental demands, direct (one-on									
promote adaptive responses to environmental demands, direct (one-on-Denied Not member's plan; Occupational Therapy was requested; The health carrier is NOT New member's plan; Occupational Therapy was requested; The health carrier is NOT New member's plan; Occupational Therapy was requested; The health carrier is NOT New member's plan; Occupational Therapy was requested; The health carrier is NOT New member's plan; Occupational Therapy was requested; The health carrier is NOT New member's plan; Occupational Therapy was requested; The health carrier is NOT New member's plan; Occupational Therapy was requested; The health carrier is NOT New member's plan; Occupational Therapy was requested; The health carrier is NOT New member's plan; Occupational Therapy was requested; The health carrier is NOT New member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families on the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families on the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families on the future; Magellan does not manage speech therapy for the member's plan; Cocupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Playsical or Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational He						97533 Sensory integrative techniques		02/09/2022; No patient history in the past 90 days; Evaluation dates more than 90 days in	
4/1/2023 - Physical environmental demands, direct (one-on- Denied Not one) patient contact, each 15 minutes Medically Necessary Hampshire Healthy Families 1 2023 2023 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on- Denied Not one) patient contact, each 15 minutes Medically Necessary (and the promote adaptive responses to environmental demands, direct (one-on- Denied Not one) patient contact, each 15 minutes Medically Necessary (and the promote adaptive responses to environmental demands, direct (one-on- Denied Not one) patient contact, each 15 minutes Medically Necessary (and the promote adaptive responses to environmental demands, direct (one-on- Denied Not one) patient contact, each 15 minutes Medically Necessary (and the promote adaptive responses to environmental demands, direct (one-on- Denied Not one) patient contact, each 15 minutes Medically Necessary (and the past 90 days; Requestor is not a fax; Occupational Therapy was (and promote adaptive responses to environmental demands, direct (one-on- Denied Not one) patient contact, each 15 minutes Medically Necessary (and promote adaptive responses to environmental demands, direct (one-on- Denied Not one) patient contact, each 15 minutes Medically Necessary (and promote adaptive responses to environmental demands, direct (one-on- Denied Not one) patient contact, each 15 minutes Medically Necessary (and promote adaptive responses to environmental demands, direct (one-on- Denied Not one) patient contact, each 15 minutes Medically Necessary (and promote adaptive responses to environmental demands, direct (one-on- Denied Not one) patient contact, each 15 minutes (and promote adaptive responses to environmental demands, direct (one-on- Denied Not one) patient contact, each 15 minutes (and pro						to enhance sensory processing and		the past; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the	
6/30/2023 Medicine Disapproval one) patient contact, each 15 minutes Medically Necessary Hampshire Healthy Families 1 2023 2023 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on- Denied Not past) 1 2023 2023 A/1/2023 4/1/2023 6/30/2023 Medicine Disapproval Disapproval One) patient contact, each 15 minutes Medically Necessary requested; The health carrier is NOT New Hampshire Healthy Families 1 2023 2023 03/07/2023; No patient history in the past 90 days; Requestor is not a fax; Occupational Therapy was Papr-Jun deficit above the 10th percentile; Requestor is not a fax; Occupational Therapy type is Habilitative; Degangi Berk test of sensory and integration; 26; Standardized tests document a deficit above the 10th percentile; Requestor is not a fax; Occupational Therapy. The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member is 1-4 years old.; The health carrier is NOT New Hampshire Healthy Families 1 2023 2023 03/07/2023; No patient history in the past 90 days; Requestor is not a fax; Occupational Therapy type is Habilitative; Degangi Berk test of sensory and integration; 26; Standardized tests document a deficit above the 10th percentile; Requestor is not a fax; Occupational Therapy. The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member is 1-4 years old.; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The member is 1-4 years old.; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational Therapy was requested; The member is 1-4 years old.; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational Therapy was requested; The member is 1-4 years old.; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational Therapy was requested; The member is 1-4 year						promote adaptive responses to	Radiology Services	future; Magellan does not manage chiropractic but does manage speech therapy for the	
97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on- Denied Not sensory integrative techniques one) patient contact, each 15 minutes 4/1/2023 - 6/30/2023 Medicine 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on- Denied Not sensory processing and promote adaptive responses to environmental demands, direct (one-on- Denied Not sensory processing and promote adaptive responses to environmental demands, direct (one-on- Denied Not sensory processing and promote adaptive responses to environmental demands, direct (one-on- Denied Not sensory processing and promote adaptive responses to environmental demands, direct (one-on- Denied Not sensory processing and promote adaptive responses to environmental demands, direct (one-on- Denied Not sensory processing and promote adaptive responses to environmental demands, direct (one-on- Denied Not sensory processing and promote adaptive responses to environmental demands, direct (one-on- Denied Not sensory processing and promote adaptive responses to environmental demands, direct (one-on- Denied Not sensory processing and promote adaptive responses to environmental demands, direct (one-on- Denied Not sensory processing and promote adaptive responses to environmental demands, direct (one-on- Denied Not sensory processing and promote adaptive responses to environmental demands, direct (one-on- Denied Not sensory processing and promote adaptive responses to environmental demands, direct (one-on- Denied Not sensory processing and promote adaptive responses to environmental demands, direct (one-on- Denied Not sensory processing and promote adaptive responses to environmental demands, direct (one-on- Denied Not sensory processing and promote adaptive responses to environmental demands, direct (one-on- Denied Not sensory processing and promote adaptive responses to environmental demands, direct (one-on- Denied	4/1/20	23 -		Physical		environmental demands, direct (one-on	- Denied Not	member's plan; Occupational Therapy was requested; The health carrier is NOT New	Apr-Jun
to enhance sensory processing and promote adaptive responses to a Radiology Services (A/1/2023 - Physical 6/30/2023 Medicine Disapproval Disapproval One) patient contact, each 15 minutes one) patient contact, each 15 minutes one one dagative responses to a Radiology Services (Page International Agricum (one-on-Denied Not Not New Hampshire Healthy Families) (Physical one) Physical Physical (Physical 6/30/2023 Medicine Disapproval One) patient contact, each 15 minutes one) patient contact, each 15 minutes one) patient contact, each 15 minutes one) Physical	6/30/2	023	4/1/2023	6/30/2023 Medicine	Disapproval	one) patient contact, each 15 minutes	Medically Necessary	Hampshire Healthy Families	1 2023 2023
to enhance sensory processing and promote adaptive responses to Radiology Services 4/1/2023 - Physical Physica									
A/1/2023 - Physical P									
4/1/2023 - Physical environmental demands, direct (one-on- Denied Not but does manage speech therapy for the member's plan; Occupational Therapy was Apr-Jun 6/30/2023 Medicine Disapproval one) patient contact, each 15 minutes Medically Necessary requested; The health carrier is NOT New Hampshire Healthy Families 1 2023 2023 03/07/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; Degangi Berk test of sensory and integration; 26; Standardized tests document a deficit above the 10th percentile; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Habilitative; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Habilitative; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Habilitative; Occupational Therapy was requested; The member is 1-4 years old.; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The member is 1-4 years old.; The health carrier is NOT HMSA 1 2023 2023 2023 2023 2023 2023 2023 20						, , ,			
6/30/2023 Medicine Disapproval one) patient contact, each 15 minutes Medically Necessary requested; The health carrier is NOT New Hampshire Healthy Families 1 2023 2023 03/07/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; The rapy type is Habilitative; Degangi Berk test of sensory and integration; 26; Standardized tests document a deficit above the 10th percentile; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Habilitative; Degangi Berk test of sensory and integration; 26; Standardized tests document a deficit above the 10th percentile; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Habilitative; Degangi Berk test of sensory and integration; 26; Standardized tests document a deficit above the 10th percentile; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Habilitative; Degangi Berk test of sensory and integration; 26; Standardized tests document a deficit above the 10th percentile; Requestor is not a fax; Occupational Therapy was requested; The member is 1-4 years old.; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational Therapy was requested; The member is 1-4 years old.; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational Therapy was requested; The environmental demanadiate is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was Apr-Jun does manage speech therapy for the member's plan; Occupational Therapy was Apr-Jun does manage speech therapy for the member's plan; Occupational Therapy was Apr-Jun does manage speech thera									
03/07/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; Degangi Berk test of sensory and integration; 26; Standardized tests document a deficit above the 10th percentile; Requestor is not a fax; 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-Denied Not NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The enhance sensory processing and one) patient contact, each 15 minutes of enhance sensory processing and promote adaptive responses to enhance sensory processing and one) patient contact, each 15 minutes of enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-Denied Not but does manage speech therapy for the member's plan; Occupational Therapy was Apr-Jun but does manage speech therapy for the member's plan; Occupational Therapy was Apr-Jun but does manage speech therapy for the member's plan; Occupational Therapy was			. /. /2022	•	B: 1				·
past; Therapy type is Habilitative; Degangi Berk test of sensory and integration; 26; Standardized tests document a deficit above the 10th percentile; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-Denied Not parameter to enhance sensory processing and one) patient contact, each 15 minutes to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-Denied Not but does manage speech therapy for the member's plan; Apr-Jun date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was Apr-Jun but does manage speech therapy for the member's plan; Occupational Therapy was Apr-Jun but does manage speech therapy for the member's plan; Occupational Therapy was Apr-Jun but does manage speech therapy for the member's plan; Occupational Therapy was Apr-Jun but does manage speech therapy for the member's plan; Occupational Therapy was Apr-Jun but does manage speech therapy for the member's plan; Occupational Therapy was Apr-Jun but does manage speech therapy for the member's plan; Occupational Therapy was Apr-Jun but does manage speech therapy for the member's plan; Occupational Therapy was Apr-Jun but does manage speech therapy for the member's plan; Occupational Therapy was Apr-Jun but does manage speech therapy for the member's plan; Occupational Therapy was Apr-Jun but does manage speech therapy for the member's plan; Occupational Therapy was Apr-Jun but does manage speech therapy for the member's plan; Occupational Therapy was Apr-Ju	6/30/2	.023	4/1/2023	b/3U/2U23 Medicine	Disapprovai	one, patient contact, each 15 minutes	iviedically Necessary		1 2023 2023
Standardized tests document a deficit above the 10th percentile; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Habilitative; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Habilitative; Occupational Therapy was requested; The member is 1-4 years old.; The health carrier is Occupational Therapy was requested; The member is 1-4 years old.; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT HMSA 1 202 3 2023 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to Radiology Services to enhance sensory processing and promote adaptive responses to Radiology Services to enhance sensory processing and promote adaptive responses to Radiology Services Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was Apr-Jun									
97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on- Denied Not one) patient contact, each 15 minutes to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on- Denied Not one) patient contact, each 15 minutes to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on- Denied Not one) patient contact, each 15 minutes to enhance sensory processing and promote adaptive responses to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on- Denied Not one) patient contact, each 15 minutes to enhance sensory processing and promote adaptive responses to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on- Denied Not one) Denied Not one of the past 90 days; Requestor is not a fax; Occupational Therapy was Apr-Jun does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was Apr-Jun does not manage speech therapy for the member's plan; Occupational Therapy was Apr-Jun does not manage speech therapy for the member's plan; Occupational Therapy was Apr-Jun does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was Apr-Jun does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was Apr-Jun does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was Apr-Jun does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was Apr-Jun does not manage speech therapy for the member's plan; Occupational Therapy was Apr-Jun does not manage therapy for the member's plan; Occupational Therapy was Apr-Jun does not manage therapy for the member's plan; Occupational Therapy was Apr-Jun does not manage therapy for the member's plan; Occupational Therap									
to enhance sensory processing and promote adaptive responses to Radiology Services environmental demands, direct (one-on- Denied Not one) patient contact, each 15 minutes to enhance sensory processing and promote adaptive responses to Radiology Services environmental demands, direct (one-on- Denied Not one) patient contact, each 15 minutes Medically Necessary health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The Apr-Jun one) patient contact, each 15 minutes Medically Necessary health carrier is NOT HMSA 1 2023 2023 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to Radiology Services 4/1/2023 - Physical Physical environmental demands, direct (one-on- Denied Not but does manage speech therapy for the member's plan; Habilitative; Occupational Therapy was requested; The member is 1-4 years old.; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The Melically Necessary health carrier is NOT HMSA 1 2023 2023 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to Radiology Services and promote adaptive responses to Radiology Services but does manage speech therapy for the member's plan; Occupational Therapy was Apr-Jun						97533 Sensory integrative techniques		·	
promote adaptive responses to Radiology Services environmental demands, direct (one-on-Denied Not Not New Hampshire Healthy Families; Physical or Occupational therapy was requested; The member is 1-4 years old.; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The Medically Necessary one) patient contact, each 15 minutes one) patient contact, each 15 mi									
4/1/2023 - Physical of Apr-Jun 6/30/2023 Medicine Disapproval Physical one) patient contact, each 15 minutes Medically Necessary health carrier is NOT HMSA 1 2023 2023 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to Radiology Services 4/1/2023 - Physical Physical Physical environmental demands, direct (one-on- Denied Not but does manage speech therapy for the member's plan; Occupational Therapy was requested; The Apr-Jun NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The Apr-Jun NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The Apr-Jun NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The Apr-Jun NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The Apr-Jun NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The Apr-Jun NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The Apr-Jun NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The Apr-Jun NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The Apr-Jun NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The Apr-Jun NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The Apr-Jun NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The Apr-Jun NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The Apr-Jun NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The Apr-Jun NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The Apr-Jun NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The Apr-Jun NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The Apr-Jun NOT New Hampshire Healthy Famil							Radiology Services		
6/30/2023 4/1/2023 6/30/2023 Medicine Disapproval one) patient contact, each 15 minutes Medically Necessary health carrier is NOT HMSA 1 2023 2023 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to Radiology Services 4/1/2023 - Physical Physical Physical Physical Singular Contact, each 15 minutes Medically Necessary health carrier is NOT HMSA 1 2023 2023 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to Radiology Services Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was Apr-Jun	4/1/20	123 -		Physical					∆nr-lun
97533 Sensory integrative techniques to enhance sensory processing and 03/08/2022; Patient history in the past 90 days; Requestor is not a fax; Occupational promote adaptive responses to Radiology Services Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic 4/1/2023 - Physical environmental demands, direct (one-on- Denied Not but does manage speech therapy for the member's plan; Occupational Therapy was Apr-Jun			4/1/2023	,	Disapproval	, ,			
to enhance sensory processing and 03/08/2022; Patient history in the past 90 days; Requestor is not a fax; Occupational promote adaptive responses to Radiology Services Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic 4/1/2023 - Physical environmental demands, direct (one-on- Denied Not but does manage speech therapy for the member's plan; Occupational Therapy was Apr-Jun	0,00,2		., _, _,	-,,ca.ciiic	50pp. 0141	The particular contact, cash as minutes			1 2020 2020
to enhance sensory processing and 03/08/2022; Patient history in the past 90 days; Requestor is not a fax; Occupational promote adaptive responses to Radiology Services Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic 4/1/2023 - Physical environmental demands, direct (one-on- Denied Not but does manage speech therapy for the member's plan; Occupational Therapy was Apr-Jun						97533 Sensory integrative techniques			
promote adaptive responses to Radiology Services Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic 4/1/2023 - Physical environmental demands, direct (one-on- Denied Not but does manage speech therapy for the member's plan; Occupational Therapy was Apr-Jun								03/08/2022; Patient history in the past 90 days; Requestor is not a fax; Occupational	
4/1/2023 - Physical environmental demands, direct (one-on- Denied Not but does manage speech therapy for the member's plan; Occupational Therapy was Apr-Jun						, , , ,	Radiology Services		
6/30/2023 4/1/2023 6/30/2023 Medicine Disapproval one) patient contact, each 15 minutes Medically Necessary requested: The health carrier is NOT New Hampshire Healthy Families 1 2023 2023	4/1/20	23 -		Physical					Apr-Jun
	6/30/2	023	4/1/2023	6/30/2023 Medicine	Disapproval	one) patient contact, each 15 minutes	Medically Necessary	requested; The health carrier is NOT New Hampshire Healthy Families	1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on one) patient contact, each 15 minutes		3/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Surgical; 3/13/2023; Post-Op; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; Post-Op or Non-Surgical; The evaluation date is not in the future; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on one) patient contact, each 15 minutes		3/16/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on one) patient contact, each 15 minutes		3/20/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on one) patient contact, each 15 minutes		3/29/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on one) patient contact, each 15 minutes		03/30/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on one) patient contact, each 15 minutes	Radiology Services - Denied Not Medically Necessary	03/31/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on one) patient contact, each 15 minutes	Radiology Services - Denied Not Medically Necessary	04/07/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on one) patient contact, each 15 minutes	Radiology Services - Denied Not Medically Necessary	04/12/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on one) patient contact, each 15 minutes		4/12/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023

4/1/2023 -		Physical		97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on	- Denied Not	4/17/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	one) patient contact, each 15 minutes 97533 Sensory integrative techniques	Medically Necessary	health carrier is NOT New Hampshire Healthy Families 04/20/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Therapy type is Habilitative; unknown; below 75%; Standardized tests document a deficit above the 10th percentile; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does	2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on one) patient contact, each 15 minutes	Radiology Services - Denied Not Medically Necessary	manage speech therapy for the member's plan; Habilitative; Occupational Therapy was requested; The member is 5 years old or older.; The health carrier is NOT New Hampshire Healthy Families; Physical or Occupational therapy was requested; The health carrier is NOT HMSA	Apr-Jun 1 2023 2023
4/4/2022		Physical		97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to		04/20/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic	Acciden
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	environmental demands, direct (one-on one) patient contact, each 15 minutes		but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on one) patient contact, each 15 minutes		4/20/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on one) patient contact, each 15 minutes	- Denied Not	04/25/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on one) patient contact, each 15 minutes		04/26/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on one) patient contact, each 15 minutes	- Denied Not	4/26/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on one) patient contact, each 15 minutes		5/2/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on one) patient contact, each 15 minutes	- Denied Not	5/3/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on one) patient contact, each 15 minutes		5/8/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on one) patient contact, each 15 minutes		5/9/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on one) patient contact, each 15 minutes		05/11/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on one) patient contact, each 15 minutes		5/11/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on one) patient contact, each 15 minutes		5/17/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; One visit anticipated; Therapy type is Rehabilitative; Requestor is not a fax; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was selected; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	·	Physical 6/30/2023 Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on one) patient contact, each 15 minutes	Radiology Services - Denied Not	5/18/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on one) patient contact, each 15 minutes		05/23/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on one) patient contact, each 15 minutes		5/23/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on one) patient contact, each 15 minutes		5/24/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on one) patient contact, each 15 minutes		6/12/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on one) patient contact, each 15 minutes		6/14/2023; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on one) patient contact, each 15 minutes		06/22/2022; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on one) patient contact, each 15 minutes		07/06/2022; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on one) patient contact, each 15 minutes		07/13/2022; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on one) patient contact, each 15 minutes		7/27/2022; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on one) patient contact, each 15 minutes		08/16/2022; Patient history in the past 90 days; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on one) patient contact, each 15 minutes		09/15/2022; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on one) patient contact, each 15 minutes	- Denied Not	09/22/2022; No patient history in the past 90 days; Evaluation dates more than 90 days in the past; Requestor is not a fax; Occupational Therapy; The evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023

			97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to	Radiology Services	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Elbow; Body Part for second pass is Hand; Elbow selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Elbow request: ; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Occupational Therapy was	
4/1/2023 -	Physical Physical		environmental demands, direct (one-or		requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The	Apr-Jun
6/30/2023 4/1/2023	3 6/30/2023 Medicine	Disapproval	one) patient contact, each 15 minutes	Medically Necessary	health carrier is NOT HMSA	1 2023 2023
			97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to	Radiology Services	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Body Part for second pass is Elbow; Hand selected as the specific body part; Elbow selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Elbow request: ; The anticipated number of visits is other than 2.; Two Body Parts selected; Second Pass Starting; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation =	
4/1/2023 - 6/30/2023 4/1/2023	Physical 3 6/30/2023 Medicine	Disapproval	environmental demands, direct (one-or		Rehabilitative; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is NOT HMSA	Apr-Jun 1 2023 2023
0,30,2023 4,1/202.	5 0/30/2023 Wicalcille	Pisappiovai	one, patient contact, each 13 minutes	wicalcally wecessary	The hearth carrier is not third, the hearth carrier is not third.	1 2023 2023

						Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
						Pass; Second Pass check point; Body Part for first pass is not in options listed; Body Part for	
						second pass is not in options listed; Lower Leg selected as the specific body part; Lower Leg	
						selected as the specific body part; Body Part pass complete; Questions about your Lower Leg	
						request: ; Questions about your Lower Leg request: ; The anticipated number of visits is	
						other than 2.; The anticipated number of visits is other than 2.; Two Body Parts selected;	
						Second Pass Starting; Moderate objective and functional deficits: constant symptoms and/or	
						symptoms that are intensified with activity with moderate loss of range of motion, strength,	
						or ability to perform daily tasks best describes the patient presentation; Moderate objective	
						and functional deficits: constant symptoms and/or symptoms that are intensified with	
						activity with moderate loss of range of motion, strength, or ability to perform daily tasks	
						best describes the patient presentation; Lower Extremity/Hip was selected as the first body	
						type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for	
						first pass is Lower Leg; Body Part for second pass is Lower Leg; Three or more visits	
						anticipated; The previous auth did not address any body parts; Three or more visits	
						anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical	
				97533 Sensory integrative techniques		or Occupational therapy was selected; Physical or Occupational therapy was selected; The	
				to enhance sensory processing and		member's plan does not require the collection of start and end dates; Previous auth data	
				promote adaptive responses to	Radiology Services	retrieved, type of habilitation = Rehabilitative; Occupational Therapy was requested;	
4/1/2023 -		Physical		environmental demands, direct (one-or		Occupational Therapy was requested; The health carrier is NOT HMSA; The health carrier is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	one) patient contact, each 15 minutes	Medically Necessary		1 2023 2023
				· · · · · · · · · · · · · · · · · · ·			
						Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First	
						Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass	
						is not in options listed; 1/16/2023; No patient history in the past 90 days; Evaluation dates	
						less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Body	
						Part pass complete; Questions about your Shoulder request: ; Three or more visits	
						anticipated; Therapy type is Rehabilitative; Non-Surgical; The anticipated number of visits is	
						other than 2.; Two Body Parts selected; Second Pass Starting; Requestor is not a fax; Mild or	
						moderate objective and functional deficits with instability: sporadic symptoms with minimal	
						to moderate loss of range of motion, strength, or ability to perform daily tasks best describes	
						the patient's clinical presentation; The requesting provider is other than Physical Therapy or	
						Occupational Therapy; The patient was previously independent with mobility and now	
						requires human assistance and/or an assistive device to walk and/or transfer; The	
						anticipated number of visits is other than 2.; Upper Extremity was selected as the first body	
						type/region; Gait, Balance and Falls was selected as the second body type/region; Body Part	
						for second pass is Gait/Balance; Occupational Therapy; Speech Therapy was not selected;	
						The evaluation date is not in the future; Occupational Therapy was reaquested; The	
						rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a	
				07500		diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or	
				97533 Sensory integrative techniques		Occupational therapy was selected; Physical or Occupational therapy was selected; Physical	
				to enhance sensory processing and	Dadialan Cand	or Occupational therapy was selected; Magellan does not manage chiropractic but does	
4/1/2022		Dh		promote adaptive responses to	Radiology Services	manage speech therapy for the member's plan; Occupational Therapy was requested; The	American
4/1/2023 -	4/1/2022	Physical Physical	Disamment	environmental demands, direct (one-or		health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	one) patient contact, each 15 minutes	iviedically necessary	requested; The health carrier is NOT HMSA; The health carrier is NOT HMSA	1 2023 2023

4/1/2023 -	4/1/2022	Physical	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on one) actions contact each 15 minutes.		Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Body Part for second pass is Hand; Wrist selected as the specific body part; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Questions about your Wrist request: ; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily task best describes the patient's presentation; Moderate objective and functional deficits: constant symptoms and/or symptoms that are intensified with activity with moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; The intensity was selected; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Occupational Therapy was requested; Occupational Therapy was requested; The health carrier is NOT HMSA; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	one) patient contact, each 15 minutes	Medically Necessary	health carrier is NOT HMSA	1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on one) patient contact, each 15 minutes	- Denied Not	Occupational Therapy was requested; Two visits anticipated; Two visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on one) patient contact, each 15 minutes		Perform Body Part selection; First Pass; Body Part for first pass is Hand; 3/2/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request:; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Lymphedema.; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on one) patient contact, each 15 minutes		Perform Body Part selection; First Pass; Body Part for first pass is Hand; 4/24/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; Three or more visits anticipated; Therapy type is Rehabilitative; One Body Part selected; Requestor is not a fax; None of the above best describes the patient's presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cupment therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	Apr-Jun 1 2023 2023

						Perform Body Part selection; First Pass; Body Part for first pass is Hand; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; One Body Part selected; None of the above best describes the patient's presentation; Upper Extremity selected as the body type/region; Three or more visits anticipated; The previous auth did not	
				97533 Sensory integrative techniques		address any body parts; Three or more visits anticipated; This is not a gold-card auth;	
				to enhance sensory processing and		Questions about the subsequent request: ; Physical or Occupational therapy was selected;	
				promote adaptive responses to	Radiology Services	The member's plan does not require the collection of start and end dates; Previous auth data	
4/1/2023 -		Physical		environmental demands, direct (one-on		retrieved, type of habilitation = Rehabilitative; Occupational Therapy was requested; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	one) patient contact, each 15 minutes	Medically Necessary	health carrier is NOT HMSA	2 2023 2023
						Perform Body Part selection; First Pass; Body Part for first pass is Knee; Knee selected as the specific body part; Lumbar Spine selected as the specific body part; Body Part pass complete;	
						Questions about your Knee request: ; Neither Pre-Op, Post-Op or Non-Surgical; More than 2	
						Body Parts; 3+ Body Regions was selected - provide details on the top 2; Lower	
						Extremity/Hip was selected as the first body type/region; Spine/Chest selected as the second	
						body type/region; Three or more visits anticipated; The previous auth did not address any	
				97533 Sensory integrative techniques		body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about	
				to enhance sensory processing and		the subsequent request: ; Physical or Occupational therapy was selected; Physical or	
				promote adaptive responses to	Radiology Services	Occupational therapy was selected; The member's plan does not require the collection of	
4/1/2023 -		Physical		environmental demands, direct (one-on		start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	one) patient contact, each 15 minutes	Medically Necessary	Occupational Therapy was requested; The health carrier is NOT HMSA	1 2023 2023
						Perform Body Part selection; First Pass; Body Part for first pass is Shoulder; Shoulder	
						selected as the specific body part; Body Part pass complete; Questions about your Shoulder request: ; Neither Pre-Op, Post-Op or Non-Surgical; One Body Part selected; Upper Extremity	
						selected as the body type/region; Three or more visits anticipated; The previous auth did not	
				97533 Sensory integrative techniques		address any body parts; Three or more visits anticipated; This is not a gold-card auth;	
				to enhance sensory processing and		Questions about the subsequent request: ; Physical or Occupational therapy was selected;	
				promote adaptive responses to	Radiology Services	The member's plan does not require the collection of start and end dates; Previous auth data	
4/1/2023 -		Physical		environmental demands, direct (one-on	- Denied Not	retrieved, type of habilitation = Rehabilitative; Occupational Therapy was requested; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	one) patient contact, each 15 minutes	Medically Necessary	health carrier is NOT HMSA	11 2023 2023
							11 2020 2020
						Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	11 1010 1010
						Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Hand selected as the specific body part; Body Part	11 2020 2020
						Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; The anticipated number of visits is	11 1010 1010
						Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe objective and functional	11 2020 2020
						Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability	12 2010 2020
						Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as	12 2010 2020
				97533 Sensory integrative techniques		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability	12 2010 2020
				97533 Sensory integrative techniques to enhance sensory processing and		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Three or more visits anticipated; The previous auth did not address	12 2010 2020
				, -	Radiology Services	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request:; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions	12 2010 2020
4/1/2023 -		Physical		to enhance sensory processing and		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The	Apr-Jun
4/1/2023 - 6/30/2023	4/1/2023	Physical 6/30/2023 Medicine	Disapproval	to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on	- Denied Not	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Occupational Therapy was requested; The health carrier is NOT HMSA	
	4/1/2023		Disapproval	to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on	- Denied Not	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request:; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Occupational Therapy was requested; The health carrier is NOT HMSA Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check	Apr-Jun
	4/1/2023		Disapproval	to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on	- Denied Not	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Occupational Therapy was requested; The health carrier is NOT HMSA Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Wrist selected as the specific body part; Body Part	Apr-Jun
	4/1/2023		Disapproval	to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on	- Denied Not	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Occupational Therapy was requested; The health carrier is NOT HMSA Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; The anticipated number of visits is	Apr-Jun
	4/1/2023		Disapproval	to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on	- Denied Not	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Occupational Therapy was requested; The health carrier is NOT HMSA Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild objective and functional	Apr-Jun
	4/1/2023		Disapproval	to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on	- Denied Not	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Occupational Therapy was requested; The health carrier is NOT HMSA Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; The anticipated number of visits is	Apr-Jun
	4/1/2023		Disapproval	to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on	- Denied Not	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Occupational Therapy was requested; The health carrier is NOT HMSA Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to	Apr-Jun
	4/1/2023		Disapproval	to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on	- Denied Not	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Occupational Therapy was requested; The health carrier is NOT HMSA Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part selection; Perform Body Part selection; Body Part selection; For first pass is Wrist; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the	Apr-Jun
	4/1/2023		Disapproval	to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on one) patient contact, each 15 minutes	- Denied Not	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Occupational Therapy was requested; The health carrier is NOT HMSA Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Three or more visits anticipated; The previous auth did not address any	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on one) patient contact, each 15 minutes 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to	- Denied Not Medically Necessary Radiology Services	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Occupational Therapy was requested; The health carrier is NOT HMSA Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part selection; Perform Body Part selection; First Pass; Occupational Therapy was requested; The pass complete; Questions about your Wrist request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of	Apr-Jun 1 2023 2023
6/30/2023		6/30/2023 Medicine Physical		to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on one) patient contact, each 15 minutes 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on	- Denied Not Medically Necessary Radiology Services - Denied Not	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Occupational Therapy was requested; The health carrier is NOT HMSA Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Occupational Therapy was requested; The health carrier is NOT	Apr-Jun 1 2023 2023 Apr-Jun
6/30/2023		6/30/2023 Medicine	Disapproval	to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on one) patient contact, each 15 minutes 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on one) patient contact, each 15 minutes	- Denied Not Medically Necessary Radiology Services	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Occupational Therapy was requested; The health carrier is NOT HMSA Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Occupational Therapy was requested; The health carrier is NOT HMSA	Apr-Jun 1 2023 2023
6/30/2023 4/1/2023 - 6/30/2023		Physical 6/30/2023 Medicine		to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on one) patient contact, each 15 minutes 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on one) patient contact, each 15 minutes 70486 Computed tomography,	- Denied Not Medically Necessary Radiology Services - Denied Not	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Occupational Therapy was requested; The health carrier is NOT HMSA Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Occupational Therapy was requested; The health carrier is NOT HMSA "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial	Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023
6/30/2023	4/1/2023	6/30/2023 Medicine Physical		to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on one) patient contact, each 15 minutes 97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on one) patient contact, each 15 minutes	- Denied Not Medically Necessary Radiology Services - Denied Not	Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Hand; Hand selected as the specific body part; Body Part pass complete; Questions about your Hand request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Severe objective and functional deficits: constant intense symptoms with severe loss of range of motion, strength, or ability to perform daily tasks best describes the patient's presentation; Upper Extremity selected as the body type/region; Three or more visits anticipated; The previous auth did not address any body parts; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Occupational Therapy was requested; The health carrier is NOT HMSA Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request: ; The anticipated number of visits is other than 2.; One Body Part selected; No Second Pass; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Three or more visits anticipated; This is not a gold-card auth; Questions about the subsequent request: ; Physical or Occupational therapy was selected; The member's plan does not require the collection of start and end dates; Previous auth data retrieved, type of habilitation = Rehabilitative; Occupational Therapy was requested; The health carrier is NOT HMSA	Apr-Jun 1 2023 2023 Apr-Jun

				This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT	
			70486 Computed tomography,	immune-compromised.; The patient's current rhinosinusitis symptoms are described as	
4/1/2023 -	Plastic		maxillofacial area; without contrast	Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a	Apr-Jun
6/30/2023 4/1/2023		Approval	material	Diagnostic CT	1 2023 2023
0,00,2020 1,2,2020	0,00,2020 00.80.4	7 tpp: 0 tu:	THE COLUMN	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a	1 2023 2023
				palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was	
4/1/2023 -	Plastic		70490 Computed tomography, soft	done.; The patient has NOT been diagnosed with cancer.; Yes this is a request for a	Apr-Jun
6/30/2023 4/1/2023		Approval	tissue neck; without contrast material	Diagnostic CT	1 2023 2023
.,,	.,,	1-1			
4/1/2023 -	Plastic		70490 Computed tomography, soft	This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery	Approval	tissue neck; without contrast material	Yes this is a request for a Diagnostic CT	1 2023 2023
	, , , , ,			This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial	
				Staging; This would be the first PET Scan performed on this patient for this cancer.; This	
			78816 Positron emission tomography	study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian	
			(PET) with concurrently acquired	CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma,	
			computed tomography (CT) for	Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer,	
4/1/2023 -	Plastic		attenuation correction and anatomical	Tumor or Mass.; This is a Medicare member.; This is for a Routine/Standard PET Scan using	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery	Approval	localization imaging; whole body	FDG (fluorodeoxyglucose)	1 2023 2023
				The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
			72148 Magnetic resonance (eg, proton)	This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is	
4/1/2023 -			imaging, spinal canal and contents,	NOT General/Family Practice, Internal Medicine, Unknown, Other, Advanced Practice	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Podiatry	Approval	lumbar; without contrast material	Registered Nurse or Preventative Medicine	1 2023 2023
				This is a request for a foot CT.; "There is a history (within the past six weeks) of significant	
				trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is	
4/1/2023 -			73700 Computed tomography, lower	a history of new onset of severe pain in the foot within the last two weeks.; Yes this is a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Podiatry	Approval	extremity; without contrast material	request for a Diagnostic CT	1 2023 2023
				This is a request for a foot CT.; "There is not a history (within the past six weeks) of	
				significant trauma, dislocation, or injury to the foot."; There is a suspected tarsal coalition.;	
				There is a history of new onset of severe pain in the foot within the last two weeks.; The	
4/1/2023 -			73700 Computed tomography, lower	patient has an abnormal plain film study of the foot other than arthritis.; The patient has a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Podiatry	Approval	extremity; without contrast material	documented limitation of their range of motion.; Yes this is a request for a Diagnostic CT	1 2023 2023
				This is a request for a foot CT.; "There is not a history (within the past six weeks) of	
				significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal	
				coalition.; There is a history of new onset of severe pain in the foot within the last two	
4/4/2022			73700 Commutado a complei la com	weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The	A real tree
4/1/2023 -	C/20/2022 De-dieter		73700 Computed tomography, lower	patient does not have a documented limitation of their range of motion.; Yes this is a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Podiatry	Approval	extremity; without contrast material	request for a Diagnostic CT	1 2023 2023
				This is a request for an Ankle CT.; Yes this is a request for a Diagnostic CT; There NOT a history of significant trauma, dislocation, or injury to the ankle within the last 6 weeks; There	
4/1/2023 -			73700 Computed tomography, lower	is a suspected tarsal coalition; There is a history of a new onset of severe pain in the ankle	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Podiatry	Approval	extremity; without contrast material	within the last 2 weeks; The patient has documented limited range of motion	1 2023 2023
0,30,2023 4,1,2023	0/30/2023 FULLALLY	Αμμισναι	extremity, without contrast material	This is a request for an Ankle CT.; Yes this is a request for a Diagnostic CT; There NOT a	1 2023 2023
				history of significant trauma, dislocation, or injury to the ankle within the last 6 weeks; There	
4/1/2023 -			73700 Computed tomography, lower	is not a suspected tarsal coalition; There is a history of a new onset of severe pain in the	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Podiatry	Approval	extremity; without contrast material	ankle within the last 2 weeks; The patient has documented limited range of motion	1 2023 2023
.,,	.,,		.,,	; This study is being ordered for something other than: known trauma or injury, metastatic	
				disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
			73720 Magnetic resonance (eg, proton)	vascular disease.; It is not known if there has been any treatment or conservative therapy.;	
			imaging, lower extremity other than	There are 2 exams are being ordered.; The ordering MDs specialty is NOT	
			joint; without contrast material(s),	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -			followed by contrast material(s) and	Oncology; This case was created via RadMD.; It is unknown when the primary symptoms	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Podiatry	Approval	further sequences	began	1 2023 2023
	·				

			73720 Magnetic resonance (eg, proton)		
			imaging, lower extremity other than		
			joint; without contrast material(s),	"There is a history (within the past six weeks) of significant trauma, dislocation, or injury to	
4/1/2023 -			followed by contrast material(s) and	the foot."; There is a suspected tarsal coalition.; This is a request for bilateral foot MRI.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Podiatry	Approval	further sequences	BILATERAL SURGERY	2 2023 2023
			73720 Magnetic resonance (eg, proton)		
			imaging, lower extremity other than		
			joint; without contrast material(s),		
4/1/2023 -			followed by contrast material(s) and		Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Podiatry	Approval	further sequences	This is a request for a foot MRI.; The study is being oordered for infection.	1 2023 2023
			73720 Magnetic resonance (eg, proton)		
			imaging, lower extremity other than	This is a request for a foot MRI.; The study is being oordered for infection.; There are	
			joint; without contrast material(s),	physical exam findings, laboratory results, other imaging including bone scan or plain film	
4/1/2023 -			followed by contrast material(s) and	confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Podiatry	Approval	further sequences	not planned for in the next 4 weeks.	1 2023 2023
			73720 Magnetic resonance (eg, proton)		
			imaging, lower extremity other than	This is a request for a foot MRI.; The study is being ordered for a known palpated mass.; The	
			joint; without contrast material(s),	patient has had foot pain for over 4 weeks.; The patient has been treated with anti-	
4/1/2023 -			followed by contrast material(s) and	inflammatory medication for at least 6 weeks.; This study is being ordered for evaluation of	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Podiatry	Approval	further sequences	Morton's Neuroma.	1 2023 2023
			73720 Magnetic resonance (eg, proton)		
			imaging, lower extremity other than		
			joint; without contrast material(s),	This is a request for a foot MRI.; The study is being ordered for a known palpated mass.; This	
4/1/2023 -			followed by contrast material(s) and	study is NOT being ordered for evaluation of Morton's Neuroma.; A biopsy has been	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Podiatry	Approval	further sequences	completed.	2 2023 2023
	, ,	• • • • • • • • • • • • • • • • • • • •	73720 Magnetic resonance (eg, proton)		
			imaging, lower extremity other than	This is a request for a foot MRI.; The study is being ordered for a known palpated mass.; This	
			joint; without contrast material(s),	study is NOT being ordered for evaluation of Morton's Neuroma.; It is unknown if surgery,	
4/1/2023 -			followed by contrast material(s) and	fine needle aspirate or a biopsy is planned in the next 30 days.; A biopsy has NOT been	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Podiatry	Approval	further sequences	completed.	1 2023 2023
,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	-,,,		73720 Magnetic resonance (eg, proton)		
			imaging, lower extremity other than		
			joint; without contrast material(s),	This is a request for a foot MRI.; The study is being ordered for a known palpated mass.; This	
4/1/2023 -			followed by contrast material(s) and	study is NOT being ordered for evaluation of Morton's Neuroma.; Surgery is planned in the	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Podiatry	Approval	further sequences	next 30 days.; A biopsy has NOT been completed.	1 2023 2023
0,00,2020 1,2,2020	0,00,2020 1 00.00.4	7.pp.oru.	73720 Magnetic resonance (eg, proton)	next 50 days), it shops y has not been completed.	1 2023 2023
			imaging, lower extremity other than		
			joint; without contrast material(s),		
4/1/2023 -			followed by contrast material(s) and		Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Podiatry	Approval	further sequences	This is a request for a foot MRI.; The study is being ordered for a post op.	2 2023 2023
0/30/2023 4/1/2023	0/30/2023 1 001811 9	Арргочаг	73720 Magnetic resonance (eg, proton)	This is a request for a root with, the study is being ordered for a post op.	2 2023 2023
			imaging, lower extremity other than		
			joint; without contrast material(s),		
4/1/2023 -			followed by contrast material(s) and	This is a request for a foot MRI.; The study is being ordered for a pre op.; Surgery is planned	Apr-Jun
	C/20/2022 Dedictor	A			1 2023 2023
6/30/2023 4/1/2023	6/30/2023 Podiatry	Approval	further sequences 73720 Magnetic resonance (eg, proton)	for within 30 days.	1 2023 2023
			imaging, lower extremity other than		
4/1/2022			joint; without contrast material(s),	This is a request for a foot MDL. The study is being and and for lineaus fractions. The study is	A man last
4/1/2023 -	C/20/2022 B	A	followed by contrast material(s) and	This is a request for a foot MRI.; The study is being ordered for known fracture.; The study is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Podiatry	Approval	further sequences	being ordered to evaluate a possible non union facrture.	2 2023 2023
			73720 Magnetic resonance (eg, proton)		
			imaging, lower extremity other than	This is a second for a fact NADI. The study is being added for some 1.5	
. /. /2022			joint; without contrast material(s),	This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They did	
4/1/2023 -	s /20 /205 = "		followed by contrast material(s) and	not have 2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Podiatry	Approval	further sequences	not had a recent bone scan.	1 2023 2023

			7070011		
			73720 Magnetic resonance (eg, proton)		
			imaging, lower extremity other than		
			joint; without contrast material(s),	This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They had	
4/1/2023 -			followed by contrast material(s) and	2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has been	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Podiatry	Approval	further sequences	treated with a protective boot for at least 4 weeks.	1 2023 2023
			73720 Magnetic resonance (eg, proton)		
			imaging, lower extremity other than		
			joint; without contrast material(s),	This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They had	
4/1/2023 -			followed by contrast material(s) and	2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has been	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Podiatry	Approval	further sequences	treated with immobilization for at least 4 weeks.	1 2023 2023
			73720 Magnetic resonance (eg, proton)		
			imaging, lower extremity other than		
			joint; without contrast material(s),	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being	
4/1/2023 -			followed by contrast material(s) and	ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; No treatments are	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Podiatry	Approval	further sequences	underway or completed.	1 2023 2023
			73720 Magnetic resonance (eg, proton)		
			imaging, lower extremity other than		
			joint; without contrast material(s),	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being	
4/1/2023 -			followed by contrast material(s) and	ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Podiatry	Approval	further sequences	been treated with a protective boot for at least 6 weeks.	2 2023 2023
			73720 Magnetic resonance (eg, proton)		
			imaging, lower extremity other than		
			joint; without contrast material(s),	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being	
4/1/2023 -			followed by contrast material(s) and	ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Podiatry	Approval	further sequences	been treated with anti-inflammatory medication for at least 6 weeks.	1 2023 2023
			73720 Magnetic resonance (eg, proton)		
			imaging, lower extremity other than		
			joint; without contrast material(s),	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being	
4/1/2023 -			followed by contrast material(s) and	ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Podiatry	Approval	further sequences	been treated with immobilization for at least 6 weeks.	2 2023 2023
			73720 Magnetic resonance (eg, proton)		
			imaging, lower extremity other than		
			joint; without contrast material(s),	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is NOT	
4/1/2023 -			followed by contrast material(s) and	being ordered for chronic pain, acute pain, rule our tarsal coalition, known or suspected	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Podiatry	Approval	further sequences	septic arthritis or oseteomylitis, tendonitis, neuroma or plantar fasciitis.	1 2023 2023
			73720 Magnetic resonance (eg, proton)		
			imaging, lower extremity other than		
			joint; without contrast material(s),		
4/1/2023 -			followed by contrast material(s) and	This is a request for an Ankle MRI.; The study is requested for a reason other that ankle	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Podiatry	Approval	further sequences	pain.; The member has a recent injury.	2 2023 2023
			73720 Magnetic resonance (eg, proton)		
			imaging, lower extremity other than		
			joint; without contrast material(s),		
4/1/2023 -			followed by contrast material(s) and	This is a request for an Ankle MRI.; The study is requested for a reason other that ankle	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Podiatry	Approval	further sequences	pain.; The member has surgery planned.	2 2023 2023
			73720 Magnetic resonance (eg, proton)		
			imaging, lower extremity other than	This is a request for an Ankle MRI.; The study is requested for a reason other that ankle	
			joint; without contrast material(s),	pain.; The study is for Aseptic Necrosis; There are physical exam findings, laboratory results,	
4/1/2023 -			followed by contrast material(s) and	other imaging including bone scan or ultrasound confirming infection, inflammation and or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Podiatry	Approval	further sequences	aseptic necrosis.; Surgery or other intervention is not planned for in the next 4 weeks.	1 2023 2023
			73720 Magnetic resonance (eg, proton)		
			imaging, lower extremity other than		
			joint; without contrast material(s),	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a	
4/1/2023 -			followed by contrast material(s) and	suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Podiatry	Approval	further sequences	4 weeks.	8 2023 2023

4/1/2023 - 6/30/2023	4/1/2022	6/30/2023 Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis.	Apr-Jun 2 2023 2023
				72720 Magnetic recenance (act)		Tenosynovitis left foot and ankle. ;;PLAN: Discussed with patient nature of pathology and pathomechanics of deformity and alternative treatment measures both conservative and surgical. Patient was allowed to ask all questions which were fully answere; This study is being acclosed for left measure.	
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary	•	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Podiatry	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not Medically Necessary		Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Podiatry	Disapproval	73700 Computed tomography, lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	FRACTURE CALCANEUS OF LEFT FOOT; This study is being ordered for trauma or injury.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Podiatry	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via BBI.; This procedure is being requested for evaluation of vascular disease in the stomach or legs; The patient had an Ankle Brachial Index (ABI); The study was abnormal	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		6/30/2023 Podiatry	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via BBI.; The ordering provider's specialty is NOT Vascular Surgery or Surgery; This procedure is being requested for pre-procedural evaluation; Thromboembolism is known or suspected; The procedure is planned in more than 6 months	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		6/30/2023 Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Podiatry	Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences		This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO suspicion of a tendon or ligament injury.; There is a suspicion of fracture not adequately determined by x-ray.	Apr-Jun 2 2023 2023

				73720 Magnetic resonance (eg, proton)			
				imaging, lower extremity other than			
				joint; without contrast material(s),	Radiology Services		
4/1/2023 -				followed by contrast material(s) and	Denied Not	This is a request for a foot MRI.; The study is being ordered for known fracture.; The study is	Apr-Jun
6/30/2023 4/1	/2022	6/30/2023 Podiatry	Disapproval	further sequences		being ordered to evaluate a possible non union facture.	1 2023 2023
0/30/2023 4/1/	./2023	0/30/2023 Foundary	Disappiovai	73720 Magnetic resonance (eg, proton)		being of defed to evaluate a possible non union faciture.	1 2023 2023
				imaging, lower extremity other than			
				joint; without contrast material(s),	Radiology Services	This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They had	
4/1/2023 -				followed by contrast material(s) and	Denied Not	2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has not been	Apr-Jun
6/30/2023 4/1	/2023	6/30/2023 Podiatry	Disapproval	further sequences		treated with crutches, protective bootm walking cast or immobilization for at least 4 weeks.	1 2023 2023
0/30/2023 4/1/	./2023	0/30/2023 Foundary	Disappiovai	73720 Magnetic resonance (eg, proton)		treated with truttiles, protective booth waiking cast of infinobilization for at least 4 weeks.	1 2023 2023
				imaging, lower extremity other than			
				joint; without contrast material(s),	Radiology Services	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being	
4/1/2023 -				followed by contrast material(s) and	Denied Not	ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has	Apr-Jun
6/30/2023 4/1	/2022	6/30/2023 Podiatry	Disapproval	further sequences		been treated with anti-inflammatory medication for at least 6 weeks.	1 2023 2023
0/30/2023 4/1/	./2023	0/30/2023 Foundary	Disappiovai	73720 Magnetic resonance (eg, proton)		been treated with anti-nination y medication for at least 0 weeks.	1 2023 2023
				imaging, lower extremity other than		This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being	
				joint; without contrast material(s),	Radiology Services	ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has	
4/1/2023 -				followed by contrast material(s) and	Denied Not	been treated with something other than crutches, a protective boot, walking cast,	Apr-Jun
6/30/2023 4/1	/2023	6/30/2023 Podiatry	Disapproval	further sequences		immobilization, orthopedics, anti-inflammatory medication or a cast for at least 6 weeks.	1 2023 2023
0,30,2023 4/1,	, 2023	0/30/2023 Touldtry	Disapproval	73720 Magnetic resonance (eg, proton)		miniosinzation, orthopenics, anti-fillianimatory medication of a cast for at least 0 weeks.	1 2023 2023
				imaging, lower extremity other than			
				joint; without contrast material(s),	Radiology Services	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being	
4/1/2023 -				followed by contrast material(s) and	Denied Not	ordered for plantar fasciitis.; The patient has had foot pain for over 4 weeks.; The patient has	Apr-Jun
6/30/2023 4/1	/2023	6/30/2023 Podiatry	Disapproval	further sequences		been treated with anti-inflammatory medication for at least 6 weeks.	1 2023 2023
0/30/2023 4/1/	./2023	0/30/2023 1 001011 9	Disapprovai	73720 Magnetic resonance (eg, proton)		been deated with anti-minarimatory medication for at least 0 weeks.	1 2023 2023
				imaging, lower extremity other than			
				joint; without contrast material(s),	Radiology Services	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being	
4/1/2023 -				followed by contrast material(s) and	Denied Not	ordered for plantar fasciitis.; The patient has had foot pain for over 4 weeks.; The patient has	Apr-Jun
6/30/2023 4/1	/2023	6/30/2023 Podiatry	Disapproval	further sequences	Medically Necessary		1 2023 2023
0,00,2020 1,2,	,, 2020	0,00,2020 1 00100.	элэарргота.	73720 Magnetic resonance (eg, proton)		Decirit decice with orthodos for defease of receipt	1 2023 2025
				imaging, lower extremity other than			
				joint; without contrast material(s),	Radiology Services	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being	
4/1/2023 -				followed by contrast material(s) and	Denied Not	ordered for tendonitis.; The patient has had foot pain for over 4 weeks.; The patient has	Apr-Jun
6/30/2023 4/1	/2023	6/30/2023 Podiatry	Disapproval	further sequences		been treated with anti-inflammatory medication for at least 6 weeks.	1 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	.,,		73720 Magnetic resonance (eg, proton)			
				imaging, lower extremity other than			
				joint; without contrast material(s),	Radiology Services	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is NOT	
4/1/2023 -				followed by contrast material(s) and	Denied Not	being ordered for chronic pain, acute pain, rule our tarsal coalition, known or suspected	Apr-Jun
6/30/2023 4/1	/2023	6/30/2023 Podiatry	Disapproval	further sequences	Medically Necessary	septic arthritis or oseteomylitis, tendonitis, neuroma or plantar fasciitis.	1 2023 2023
		•	•••	73720 Magnetic resonance (eg, proton)			
				imaging, lower extremity other than			
				joint; without contrast material(s),	Radiology Services	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a	
4/1/2023 -				followed by contrast material(s) and	Denied Not	suspicion of a tendon or ligament injury.; It is not know if surgery or arthrscopy is scheduled	Apr-Jun
6/30/2023 4/1,	/2023	6/30/2023 Podiatry	Disapproval	further sequences	Medically Necessary	in the next 4 weeks.	2 2023 2023
, ,		· '	• • • • • • • • • • • • • • • • • • • •	73720 Magnetic resonance (eg, proton)			
				imaging, lower extremity other than			
				joint; without contrast material(s),	Radiology Services	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a	
4/1/2023 -				followed by contrast material(s) and	Denied Not	suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next	Apr-Jun
6/30/2023 4/1,	/2023	6/30/2023 Podiatry	Disapproval	further sequences	Medically Necessary		7 2023 2023
		· · · · · · · · · · · · · · · · · · ·		73720 Magnetic resonance (eg, proton)			
				imaging, lower extremity other than			
				joint; without contrast material(s),	Radiology Services	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a	
4/1/2023 -				followed by contrast material(s) and	Denied Not	suspicion of a tendon or ligament injury.; Surgery or arthrscopy is scheduled in the next 4	Apr-Jun
6/30/2023 4/1,	/2023	6/30/2023 Podiatry	Disapproval	further sequences	Medically Necessary		1 2023 2023

				7070011 11 1 1			
				73720 Magnetic resonance (eg, proton)		TI:	
				imaging, lower extremity other than		This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO	
				joint; without contrast material(s),	Radiology Services	suspicion of a tendon or ligament injury.; It is not know if surgery or arthrscopy is scheduled	
4/1/2023 -				followed by contrast material(s) and	Denied Not	in the next 4 weeks.; It is not known if there is a suspicion of fracture not adequately	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Podiatry	Disapproval	further sequences	Medically Necessary	determinjed by x-ray.	1 2023 2023
				73720 Magnetic resonance (eg, proton)			
				imaging, lower extremity other than			
				joint; without contrast material(s),	Radiology Services	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO	
4/1/2023 -				followed by contrast material(s) and	Denied Not	suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Podiatry	Disapproval	further sequences	Medically Necessary	4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	1 2023 2023
				73720 Magnetic resonance (eg, proton)			
				imaging, lower extremity other than			
				joint; without contrast material(s),	Radiology Services	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO	
4/1/2023 -				followed by contrast material(s) and	Denied Not	suspicion of a tendon or ligament injury.; There is a suspicion of fracture not adequately	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Podiatry	Disapproval	further sequences		determined by x-ray.	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Toulatry	Disapprovai	73720 Magnetic resonance (eg, proton)	Wiculcally Necessary	determined by X-ray.	1 2023 2023
						This study is being ordered for trauma or injury. There has been treatment or conservative	
				imaging, lower extremity other than	Padiology Carrier	This study is being ordered for trauma or injury.; There has been treatment or conservative	
4/4/2022				joint; without contrast material(s),	Radiology Services	therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery,	A 1
4/1/2023 -	. /. /05==	s /20 /2002 = " :		followed by contrast material(s) and	Denied Not	Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Podiatry	Disapproval	further sequences	Medically Necessary	primary symptoms began less than 6 months ago; Medications were given for this diagnosis	1 2023 2023
						This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low	
						Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient	
						is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The	
						patient has a 20 pack per year history of smoking.; The patient is NOT presenting with	
				71271 Computed tomography, thorax,		pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive	
4/1/2023 -		Preventitive		low dose for lung cancer screening,		of lung cancer.; The patient has not quit smoking.; The health carrier is NOT Virginia Premier	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	without contrast material(s)		Health Plan	1 2023 2023
						This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low	
						Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient	
						is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The	
						patient has a 20 pack per year history of smoking.; The patient is NOT presenting with	
				71271 Computed tomography, thorax,		pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive	
4/1/2023 -		Preventitive		low dose for lung cancer screening,		of lung cancer.; The patient quit smoking less than 15 years ago.; The health carrier is NOT	Apr-Jun
6/30/2023	4/1/2023		Approval	without contrast material(s)		Virginia Premier Health Plan	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Wedicine	Approvai	without contrast material(s)		They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; Yes this is a request	1 2023 2023
					Radiology Services	for a Diagnostic CT; This study is being ordered for work-up for suspicious mass.; There is	
4/1/2023 -		Preventitive		712E0 Computed tomography theray	Denied Not		Anr lun
	4 /4 /2022		Diameter I			radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	without contrast material	Medically Necessary	noted in the last 90 days	1 2023 2023
						This a various few on ashagondians and . This is a various few a Toronth and to Table 2	
				0000751		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	
				93307 Echocardiography, transthoracic,		This study is being ordered for another reason; This study is being ordered for evaluation of	
				real-time with image documentation		abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG)	
				(2D), includes M-mode recording, when		indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical	
4/1/2023 -		Preventitive		performed, complete, without spectral	Denied Not	exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	or color Doppler echocardiography	Medically Necessary	abnormal symptom, condition or evaluation is not known or unlisted above.	1 2023 2023
						This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	
				93307 Echocardiography, transthoracic,		This study is being ordered for another reason; This study is being ordered for evaluation of	
				real-time with image documentation		abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG)	
				(2D), includes M-mode recording, when	Radiology Services	indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical	
4/1/2023 -		Preventitive		performed, complete, without spectral		exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The	Apr-Jun
6/30/2023	4/1/2023		Disapproval	or color Doppler echocardiography		abnormal symptom, condition or evaluation is not known or unlisted above.	1 2023 2023
3,30,2023	., 1, 2023	5/35/2023 Micalcille	2.5upprovul	o. co.o. Doppier conocaralography	carcuity recessury	associated spring contaction of evaluation is not known or unisted above.	1 2023 2023
				72148 Magnetic resonance (eg, proton)		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -						This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr lun
1 1	4/4/2022	C/20/2022 B	A mmmax := 1	imaging, spinal canal and contents,			Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Psychiatry	Approval	lumbar; without contrast material		The patient has Focal extremity weakness	1 2023 2023

				72721 Magnetic reconnect (e.g. protect)			
4/1/2022				73721 Magnetic resonance (eg, proton)		This is a year, sade fay a his NADL. The year, sad is fay his pair. The his pair is shown is . The	A 1
4/1/2023 -	4 /4 /2022	C/20/2022 Barreliator		imaging, any joint of lower extremity;		This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Psychiatry	Approvai	without contrast material		member has failed a 4 week course of conservative management in the past 3 months.	1 2023 2023
				93307 Echocardiography, transthoracic,		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	
				real-time with image documentation		The member is between 4 and 14 years old.; Congenital heart defect, congenital syndrome	
				(2D), includes M-mode recording, when		or acquired syndrome best describes my reason for ordering this study.; This is an initial	
4/1/2023 -				performed, complete, without spectral	'	evaluation of a patient not seen in this office before.; The ordering provider's specialty is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Psychiatry	Approval	or color Doppler echocardiography		NOT Cardiology or Nephrology	1 2023 2023
0,00,2025	., 2, 2025	0,00,2020 10,011411	7.pp. 0 tu:	or color poppier concearance aprily		The Foundation of the principles	1 2025 2025
				75635 Computed tomographic			
				angiography, abdominal aorta and			
				bilateral iliofemoral lower extremity			
				runoff, with contrast material(s),	Radiology Services		
4/1/2023 -				including noncontrast images, if	Denied Not	This procedure is being requested for evaluation of vascular disease in the stomach or legs;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Psychiatry	Disapproval	performed, and image postprocessing	Medically Necessary	It is unknown if the patient had any other studies	1 2023 2023
				93307 Echocardiography, transthoracic,		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	
				real-time with image documentation		The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery,	
				(2D), includes M-mode recording, when		Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being	
4/1/2023 -				performed, complete, without spectral	Denied Not	ordered for none of the above or don't know.; This study is being ordered for evaluation of	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Psychiatry	Disapproval	or color Doppler echocardiography	Medically Necessary	congenital heart disease.	1 2023 2023
				0000751 11 1 1 1 1			
				93307 Echocardiography, transthoracic,			
				real-time with image documentation	Dadialas Caminas	This a year and for an ash assudiances. This is a year set for a Transh area is Feb assudiances.	
4/1/2022				(2D), includes M-mode recording, when		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	Amm I.im
4/1/2023 - 6/30/2023	4/1/2022	6/30/2023 Psychiatry	Disapproval	performed, complete, without spectral or color Doppler echocardiography	Denied Not Medically Necessary	The member is 15 or older.; This study is being ordered for evaluation of congestive heart	Apr-Jun 1 2023 2023
0/30/2023	4/1/2023	0/30/2023 F3yCiliatiy	Disappiovai	or color poppler echocardiography	ivieuically ivecessary	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment	1 2023 2023
						or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist,	
				70486 Computed tomography,		Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created	
4/1/2023 -		Pulmonary		maxillofacial area; without contrast		via BBI.; The primary symptoms began 6 months to 1 year; Medications were given for this	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	material		diagnosis	1 2023 2023
.,,		.,,				Neck pain, dysphagia, shortness of breath, hemoptysis, chronic smoker, unexplained loss of	
						weight and appetite; This study is being ordered for Inflammatory/ Infectious Disease.;	
						There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	
						Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -		Pulmonary		70490 Computed tomography, soft		Oncology; This case was created via RadMD.; The primary symptoms began less than 6	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	tissue neck; without contrast material		months ago; Medications were given for this diagnosis	1 2023 2023
						This is a request for neck soft tissue CT.; The study is being ordered for something other than	
4/1/2023 -		Pulmonary		70490 Computed tomography, soft		Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	tissue neck; without contrast material		infection/abcess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	1 2023 2023
4/4/2022				70551 Magnetic resonance (eg, proton)		This request is for a Brain MRI; The study is being requested for evaluation of a headache.;	
4/1/2023 -	4 /4 /2022	Pulmonary		imaging, brain (including brain stem);		The patient had a thunderclap headache or worst headache of the patient's life (within the	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	without contrast material		last 3 months).	1 2023 2023
				70EE1 Magnetic recognise (or protect)			
4/1/2023 -		Pulmonary		70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);		This request is for a Brain MRI; The study is being requested for evaluation of a headache.;	Apr-Jun
6/30/2023	4/1/2022	6/30/2023 Medicine	Approval	without contrast material		The patient has a sudden and severe headache.	1 2023 2023
0/30/2023	7/1/2023	0/30/2023 WEURINE	~hhi ovai	without Contrast material		the patient has a sudden and severe neadache.	1 2023 2023

			This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
		70551 Magnetic resonance (eg, proton)	headache.; It is unknown why this study is being ordered.; The patient does not have	
4/1/2023 -	Pulmonary	imaging, brain (including brain stem);	dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine Approval	without contrast material	abnormality, loss of smell, hearing loss or vertigo.	1 2023 2023
. /. /		70551 Magnetic resonance (eg, proton)		
4/1/2023 -	Pulmonary	imaging, brain (including brain stem);	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine Approval	without contrast material	headache.; This study is being ordered for and infection or inflammation.	1 2023 2023
			'None of the above' describes the reason for this request.; Abnormal finding on physical	
			examination was relevant in the diagnosis or suspicion of inflammatory lung disease; This	
			study is being requested for known or suspected inflammatory disease such as sarcoidosis,	
4/1/2023 -	Pulmonary	71250 Computed tomography, thorax;	pneumoconiosis, asbestosis, silicosis; This is a request for a Chest CT.; This study is being	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine Approval	without contrast material	requested for none of the above.; Yes this is a request for a Diagnostic CT	1 2023 2023
			'None of the above' describes the reason for this request.; The patient had an abnormal	
			imaging (xray) finding related to the suspicion of cancer in th is patient.; This is a request for	
4/1/2023 -	Pulmonary	71250 Computed tomography, thorax;	a Chest CT.; This study is beign requested for suspected cancer or tumor.; Yes this is a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine Approval	without contrast material	request for a Diagnostic CT	1 2023 2023
			'None of the above' describes the reason for this request.; This is a request for a Chest CT.;	
			This study is being requested for Screening of Lung Cancer.; This patient is a smoker or has a	
			history of smoking.; The patient has a 20 pack per year history of smoking.; The patient did	
			NOT quit smoking in the past 15 years.; The patient does NOT have signs or symptoms	
			suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained	
			weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer	
4/1/2023 -	Pulmonary	71250 Computed tomography, thorax;	Screening or a Chest CT in the past 11 months.; The patient is between 50 and 80 years old.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine Approval	without contrast material	Yes this is a request for a Diagnostic CT	1 2023 2023
			'None of the above' describes the reason for this request.; This is a request for a Chest CT.;	
			This study is being requested for Screening of Lung Cancer.; This patient is a smoker or has a	
			history of smoking.; The patient has a 20 pack per year history of smoking.; The patient quit	
			smoking in the past 15 years.; The patient does NOT have signs or symptoms suggestive of	
			lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or	
			other condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a	
4/1/2023 -	Pulmonary	71250 Computed tomography, thorax;	Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; Yes this is a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine Approval	without contrast material	request for a Diagnostic CT	1 2023 2023
			'None of the above' describes the reason for this request.; This is a request for a Chest CT.;	
			This study is being requested for Screening of Lung Cancer.; This patient is a smoker or has a	
			history of smoking.; The patient has a 20 pack per year history of smoking.; The patient quit	
			smoking in the past 15 years.; The patient has signs or symptoms suggestive of lung cancer	
			such as an unexplained cough, coughing up blood, unexplained weight loss or other	
			condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT	
4/1/2023 -	Pulmonary	71250 Computed tomography, thorax;	in the past 11 months.; The patient is between 50 and 80 years old.; Yes this is a request for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine Approval	without contrast material	a Diagnostic CT	1 2023 2023
			'None of the above' describes the reason for this request.; This reason this study is being	
4/1/2023 -	Pulmonary	71250 Computed tomography, thorax;	requested is unknown.; This is a request for a Chest CT.; This study is being requested for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine Approval	without contrast material	none of the above.; Yes this is a request for a Diagnostic CT	2 2023 2023
			'None of the above' describes the reason for this request.; This study is being requested for	
4/1/2023 -	Pulmonary	71250 Computed tomography, thorax;	'none of the above'.; This is a request for a Chest CT.; This study is being requested for none	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine Approval	without contrast material	of the above.; Yes this is a request for a Diagnostic CT	1 2023 2023
			'None of the above' describes the reason for this request.; This study is being requested for	
4/1/2023 -	Pulmonary	71250 Computed tomography, thorax;	an unresolved cough; This is a request for a Chest CT.; This study is being requested for none	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine Approval	without contrast material	of the above.; Yes this is a request for a Diagnostic CT	2 2023 2023
			"There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is	
			radiologic evidence of a lung abscess or empyema.; There is NO radiologic evidence of non-	
			resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax	
4/1/2023 -	Pulmonary	71250 Computed tomography, thorax;	CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine Approval	without contrast material	known or suspected inflammatory disease or pneumonia.	1 2023 2023
, , , , , , , , , , , , , , , , , , , ,	, ,		,	

			A Chest/Thorax CT is being ordered.; The patient did NOT have a Chest x-ray in the past 2	
4/1/2023 -	Pulmonary	71250 Computed tomography, thorax;	weeks.; This study is being ordered for hemoptysis.; Yes this is a request for a Diagnostic CT;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine Approv	val without contrast material	The study is being ordered for none of the above.	1 2023 2023
			A Chest/Thorax CT is being ordered.; The patient is between 50 and 80 years old.; This	
			patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of	
			smoking.; It is unknown if the patient quit smoking in the past 15 years.; The patient has	
4/1/2023 -	Pulmonary	71250 Computed tomography, thorax;	NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine Approv	val without contrast material	this is a request for a Diagnostic CT; This study is being ordered for screening of lung cancer.	2 2023 2023
4/1/2023 -	Pulmonary	71250 Computed tomography, thorax;	A Chest/Thorax CT is being ordered.; This study is being ordered for known tumor.; Yes this	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine Approv	val without contrast material	is a request for a Diagnostic CT	1 2023 2023
4/1/2023 -	Pulmonary	71250 Computed tomography, thorax;	A Chest/Thorax CT is being ordered.; This study is being ordered for non of the above.; Yes	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine Approv	val without contrast material	this is a request for a Diagnostic CT; The study is being ordered for none of the above.	11 2023 2023
			A Chest/Thorax CT is being ordered.; This study is being ordered for screening of lung	
			cancer.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history	
			of smoking.; The patient has a 20 pack per year history of smoking.; The patient quit smoking	
			in the past 15 years.; The patient does NOT have signs or symptoms suggestive of lung	
			cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other	
4/1/2023 -	Pulmonary	71250 Computed tomography, thorax;	condition.; The patient has NOT had a Low Dose CT for Lung Cancer Screening or a Chest CT	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine Appro	val without contrast material	in the past 11 months.; Yes this is a request for a Diagnostic CT	1 2023 2023
			A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is	
4/1/2023 -	Pulmonary	71250 Computed tomography, thorax;	being ordered for Interstitial Lung disease; A chest x-ray has been completed; Ths Interstitial	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine Approx	val without contrast material	Lung Disease is suspected; The chest x-ray was abnormal	2 2023 2023
			A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is	
			being ordered for Interstitial Lung disease; A chest x-ray has been completed; Ths Interstitial	
4/1/2023 -	Pulmonary	71250 Computed tomography, thorax;	Lung Disease is suspected; The chest x-ray was normal; A PFT (Pulmonary Function Test) has	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine Approv	val without contrast material	been completed that shows restrictive lung disease	1 2023 2023
			A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is	
			being ordered for Interstitial Lung disease; A chest x-ray has been completed; Ths Interstitial	
4/1/2023 -	Pulmonary	71250 Computed tomography, thorax;	Lung Disease is suspected; The chest x-ray was normal; A PFT (Pulmonary Function Test) has	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine Approv	val without contrast material	NOT been completed that shows restrictive lung disease	1 2023 2023
			A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is	
4/1/2023 -	Pulmonary	71250 Computed tomography, thorax;	being ordered for Interstitial Lung disease; A chest x-ray has NOT been completed; Ths	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine Approv	val without contrast material	Interstitial Lung Disease is suspected	1 2023 2023
4/1/2023 -	Pulmonary	71250 Computed tomography, thorax;	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine Approv		being ordered for Interstitial Lung disease; The Interstitial Lung Disease is known	7 2023 2023
4/1/2023 -	Pulmonary	71250 Computed tomography, thorax;	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine Approv		being ordered for known tumor.	10 2023 2023
4/1/2023 -	Pulmonary	71250 Computed tomography, thorax;	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine Approx	val without contrast material	being ordered for suspected pulmonary Embolus.	7 2023 2023
l			A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is	
4/1/2023 -	Pulmonary	71250 Computed tomography, thorax;	being ordered for Unresolved cough; A chest x-ray has been completed; The patient has	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine Approx	val without contrast material	been treated for the cough	11 2023 2023
			A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is	
4/1/2023 -	Pulmonary	71250 Computed tomography, thorax;	being ordered for work-up for suspicious mass.; There is NO radiographic evidence of lung,	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine Approx	val without contrast material	mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	14 2023 2023
4/1/2023 -	Pulmonary	71250 Computed tomography, thorax;	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine Appro		for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	20 2023 2023
4/1/2023 -	Pulmonary	71250 Computed tomography, thorax;	Abnormal imaging test describes the reason for this request.; This is a request for a Chest	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine Approx	val without contrast material	CT.; Yes this is a request for a Diagnostic CT	31 2023 2023
			Chest pain describes the reason for this request.; An abnormal finding on physical	
			examination led to the suspicion of infection.; This is a request for a Chest CT.; This study is	
4/1/2023 -	Pulmonary	71250 Computed tomography, thorax;	being requested for known or suspected infection (pneumonia, abscess, empyema).; Yes this	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine Appro	val without contrast material	is a request for a Diagnostic CT	1 2023 2023

			Chest pain describes the reason for this request.; It is unknown what led to the suspicion of infection; This is a request for a Chest CT.; This study is being requested for known or	
4/1/2023 -	Pulmonary	71250 Computed tomography, thorax;	suspected infection (pneumonia, abscess, empyema).; Yes this is a request for a Diagnostic	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine Approval	without contrast material	CT	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Wedicine Approval	without contrast material	Chest pain describes the reason for this request.; This study is being requested for an	1 2023 2023
4/1/2023 -	Pulmonary	71250 Computed tomography, thorax;	unresolved cough; This is a request for a Chest CT.; This study is being requested for none of	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine Approval	without contrast material	the above.; Yes this is a request for a Diagnostic CT	1 2023 2023
0/30/2023 4/1/2023	6/30/2023 Wedicine Approval	without contrast material	It is not known if there is radiologic evidence of asbestosis.; "The caller doesn't know if there	1 2025 2025
			is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is not known if	
			there is radiologic evidence of a lung abscess or empyema.; It is not known if there is	
			radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; It is unknown if	
			there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic	
. /. /			treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a	
4/1/2023 -	Pulmonary	71250 Computed tomography, thorax;	Diagnostic CT; This study is being ordered for known or suspected inflammatory disease or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine Approval	without contrast material	pneumonia.	1 2023 2023
			It is not known if there is radiologic evidence of asbestosis.; "The caller doesn't know if there	
			is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic	
			evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis	
			e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving	
			pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is	
4/1/2023 -	Pulmonary	71250 Computed tomography, thorax;	being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine Approval	without contrast material	known or suspected inflammatory disease or pneumonia.	1 2023 2023
			Neck pain, dysphagia, shortness of breath, hemoptysis, chronic smoker, unexplained loss of	
			weight and appetite; This study is being ordered for Inflammatory/ Infectious Disease.;	
			There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	
			Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -	Pulmonary	71250 Computed tomography, thorax;	Oncology; This case was created via RadMD.; The primary symptoms began less than 6	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine Approval	without contrast material	months ago; Medications were given for this diagnosis	1 2023 2023
4/1/2023 -	Pulmonary	71250 Computed tomography, thorax;	Post-operative evaluation describes the reason for this request.; This is a request for a Chest	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine Approval	without contrast material	CT.; Yes this is a request for a Diagnostic CT	1 2023 2023
4/1/2023 -	Pulmonary	71250 Computed tomography, thorax;	Pre-operative evaluation describes the reason for this request.; This is a request for a Chest	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine Approval	without contrast material	CT.; Yes this is a request for a Diagnostic CT	4 2023 2023
.,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		The patient is presenting new signs or symptoms.; "There is radiologic evidence of	
			sarcoidosis, tuberculosis or fungal infection."; It is unknown if there is radiologic evidence of	
			non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A	
4/1/2023 -	Pulmonary	71250 Computed tomography, thorax;	Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine Approval	without contrast material	being ordered for known or suspected inflammatory disease or pneumonia.	1 2023 2023
0,00,2020 1,1,2020	o, so, zozo incuione hippiora	William Contract Material	The patient is presenting new signs or symptoms.; "There is radiologic evidence of	1 2020 2020
			sarcoidosis, tuberculosis or fungal infection."; There is NO radiologic evidence of non-	
			resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax	
4/1/2023 -	Pulmonary	71250 Computed tomography, thorax;	CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine Approval	without contrast material	known or suspected inflammatory disease or pneumonia.	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Wedicine Approval	Without Contrast material	There is no radiologic evidence of asbestosis.; "The caller doesn't know if there is radiologic	1 2023 2023
			evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of	
			a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black	
			lung disease or silicosis.; It is unknown if there is radiologic evidence of non-resolving	
4/4/2022	Podes	71250 Community distance	pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is	
4/1/2023 -	Pulmonary	71250 Computed tomography, thorax;	being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine Approval	without contrast material	known or suspected inflammatory disease or pneumonia.	1 2023 2023
			There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of	
			sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung	
			abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung	
			disease or silicosis.; It is unknown if there is radiologic evidence of non-resolving pneumonia	
			for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.;	
4/1/2023 -	Pulmonary	71250 Computed tomography, thorax;	Yes this is a request for a Diagnostic CT; This study is being ordered for known or suspected	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine Approval	without contrast material	inflammatory disease or pneumonia.	1 2023 2023

4/1/2023 -		Pulmonary		71250 Computed tomography, thorax;	There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for known or suspected	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	without contrast material	inflammatory disease or pneumonia.	3 2023 2023
0,00,000	., _,	0,00,000			There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of	7 2727 2727
					sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung	
					abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung	
					disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks	
					after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a	
4/1/2023 -		Pulmonary		71250 Computed tomography, thorax;	request for a Diagnostic CT; This study is being ordered for known or suspected	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	without contrast material	inflammatory disease or pneumonia.	4 2023 2023
4/1/2022		Dulmanan		712F0 Commuted tomography, thereou	There is radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.;	Amerikan
4/1/2023 - 6/30/2023	4/1/2022	Pulmonary 6/30/2023 Medicine	Approval	71250 Computed tomography, thorax; without contrast material	This study is being ordered for follow up trauma.; Yes this is a request for a Diagnostic CT; The study is being ordered for none of the above.	Apr-Jun 1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Medicine	Approvai	without contrast material	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic	1 2023 2023
					treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a	
4/1/2023 -		Pulmonary		71250 Computed tomography, thorax;	Diagnostic CT ; This study is being ordered for known or suspected inflammatory disease or	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	without contrast material	pneumonia.	11 2023 2023
					They did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; Yes this is a	
					request for a Diagnostic CT; This study is being ordered for work-up for suspicious mass.;	
4/1/2023 -		Pulmonary		71250 Computed tomography, thorax;	There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	without contrast material	mass noted in the last 90 days	1 2023 2023
					They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; Yes this is a request	
4/1/2023 -		Pulmonary		71250 Computed tomography, thorax;	for a Diagnostic CT; This study is being ordered for work-up for suspicious mass.; There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	without contrast material	noted in the last 90 days	9 2023 2023
4/1/2023 -	., 1, 2020	Pulmonary	7.661.010.	71250 Computed tomography, thorax;	Unexplained weight loss describes the reason for this request.; This is a request for a Chest	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	without contrast material	CT.; Yes this is a request for a Diagnostic CT	2 2023 2023
					This request is for a Low Dose CT for Lung Cancer Screening.; This patient has had a Low	
					Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient	
				71271 Computed tomography, thorax,	is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other	
4/1/2023 -	. /. /	Pulmonary		low dose for lung cancer screening,	diagnostic test suggestive of lung cancer.; The health carrier is NOT Virginia Premier Health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	without contrast material(s)	Plan This request is far a law Dose CT for Lung Capear Screening . This nations has NOT had a Law	1 2023 2023
					This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient	
					is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The	
					patient has a 20 pack per year history of smoking.; It is unknown if the patient is presenting	
				71271 Computed tomography, thorax,	with pulmonary signs or symptoms of lung cancer or if there are other diagnostic test	
4/1/2023 -		Pulmonary		low dose for lung cancer screening,	suggestive of lung cancer.; The patient has not quit smoking.; The health carrier is NOT	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	without contrast material(s)	Virginia Premier Health Plan	1 2023 2023
					This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low	
					Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient	
					is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The	
				71271 Computed tomography, thorax,	patient has a 20 pack per year history of smoking.; The patient is NOT presenting with	
4/1/2023 -		Pulmonary		low dose for lung cancer screening,	pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.; The health carrier is NOT Virginia Premier	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	without contrast material(s)	Health Plan	34 2023 2023
-,00,2020	., 2, 2020	-, - 5, 2020 M.Ca.cinc		(5)	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low	2. 2020 2020
					Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient	
					is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The	
					patient has a 20 pack per year history of smoking.; The patient is NOT presenting with	
				71271 Computed tomography, thorax,	pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive	
4/1/2023 -	4/4/2000	Pulmonary	•	low dose for lung cancer screening,	of lung cancer.; The patient quit smoking less than 15 years ago.; The health carrier is NOT	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Approval	without contrast material(s)	Virginia Premier Health Plan	19 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	Pulmonary 6/30/2023 Medicine Approval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.; The health carrier is NOT Virginia Premier Health Plan	Apr-Jun 20 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Pulmonary 6/30/2023 Medicine Approval	71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for a Chest CT Angiography.	Apr-Jun 8 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Pulmonary 6/30/2023 Medicine Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Current Smoker; Hx Hep C; Shortness of breathe; Prev CTA to r/o Pulmonary embolism, done 5/3; Heart failure & Dischemia; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Pulmonary 6/30/2023 Medicine Approval	78813 Positron emission tomography (PET) imaging; whole body	A biopsy has NOT substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023	Pulmonary 6/30/2023 Medicine Approval Pulmonary 6/30/2023 Medicine Approval	78813 Positron emission tomography (PET) imaging; whole body 78813 Positron emission tomography (PET) imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) This nodule is Existing (stable, being followed with any modality); This Pet Scan is being requested for a Pulmonary Nodule; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) This nodule is New (recently diagnosed); The nodule is NOT calcified (full or partial); This Pet	Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Pulmonary 6/30/2023 Medicine Approval	78813 Positron emission tomography (PET) imaging; whole body	Scan is being requested for a Pulmonary Nodule; The nodule is Between 8 mm AND 4cm; The patient has NOT had a prior PET Scan for this nodule; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Pulmonary 6/30/2023 Medicine Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy has NOT substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Pulmonary 6/30/2023 Medicine Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Lung Cancer.; This PET Scan is being requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Pulmonary 6/30/2023 Medicine Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	It is unknown if a biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	Pulmonary 6/30/2023 Medicine Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This is for a PET Scan with 18F-Fluciclovine (Axumin)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Pulmonary 6/30/2023 Medicine Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Pulmonary 6/30/2023 Medicine Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Pulmonary 6/30/2023 Medicine Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Pulmonary 6/30/2023 Medicine Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Pulmonary 6/30/2023 Medicine Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This nodule is New (recently diagnosed); It is unknown if the nodule is calcified (full or partial); This Pet Scan is being requested for a Pulmonary Nodule; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Pulmonary 6/30/2023 Medicine Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This nodule is New (recently diagnosed); The nodule is calcified (full or partial); This Pet Scan is being requested for a Pulmonary Nodule; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Pulmonary 6/30/2023 Medicine Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This nodule is New (recently diagnosed); The nodule is calcified (full or partial); This Pet Scan is being requested for a Pulmonary Nodule; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Pulmonary 6/30/2023 Medicine Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This nodule is New (recently diagnosed); The nodule is NOT calcified (full or partial); This Pet Scan is being requested for a Pulmonary Nodule; The nodule is Between 8 mm AND 4cm; The patient has NOT had a prior PET Scan for this nodule; This is for a PET Scan with 18F-Fluciclovine (Axumin)	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	Pulmonary 6/30/2023 Medicine Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This nodule is New (recently diagnosed); The nodule is NOT calcified (full or partial); This Pet Scan is being requested for a Pulmonary Nodule; The nodule is Between 8 mm AND 4cm; The patient has NOT had a prior PET Scan for this nodule; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Pulmonary 6/30/2023 Medicine Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for evaluation related to chemotherapy (initial evaluation or follow-up).	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Pulmonary 6/30/2023 Medicine Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Pulmonary 6/30/2023 Medicine Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for evaluation of the heart's response to high blood pressure.; There are new symptoms suggesting worsening of heart valve disease; The health carrier is NOT HealthNet of California	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Pulmonary 6/30/2023 Medicine Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; This study is being ordered for none of the above or don't know.; This study is being ordered for none of the above or don't know.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Pulmonary 6/30/2023 Medicine Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Pulmonary 6/30/2023 Medicine Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Pulmonary 6/30/2023 Medicine Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023 4/1/2	Pulmonary 023 6/30/2023 Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2	Pulmonary 023 6/30/2023 Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2	Pulmonary 023 6/30/2023 Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2	Pulmonary 023 6/30/2023 Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; There has been a change in clinical status since the last echocardiogram.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; This is a request for follow up of a known murmur.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2	Pulmonary 023 6/30/2023 Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Fallure; This is for the initial evaluation of heart failure.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2	Pulmonary 023 6/30/2023 Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2	Pulmonary 023 6/30/2023 Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	Apr-Jun 6 2023 2023
4/1/2023 - 6/30/2023 4/1/2	Pulmonary 023 6/30/2023 Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms 6 months or less ago.; It is unknown if other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Pulmonary 6/30/2023 Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms was more than 6 months ago.;; It is unknown if other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Pulmonary 6/30/2023 Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Follow up for known pulmonary hypertension best describes the reason for ordering this study.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Pulmonary 6/30/2023 Medicine	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; Congestive heart failure best describes the reason for ordering this study	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Pulmonary 6/30/2023 Medicine	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Pulmonary 6/30/2023 Medicine	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not	This is a request for a Sinus CT.; This study is being ordered for a known or suspected tumor.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	· ·	Pulmonary 6/30/2023 Medicine	Disapproval	70486 Computed tomography, maxillofacial area; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Recurrent Acute Rhinosinusitis (4 or more acute episodes per year); Yes this is a request for a	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Pulmonary 6/30/2023 Medicine	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	Patient complains of shortness of breath worse with exertion that has progressed in the past 6-7 months. Patient complains of an occasional productive cough.;He appears to have an inspiratory stridor. He has had surgery under general anesthesia in June'2; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		Pulmonary 6/30/2023 Medicine	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was NOT done.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Pulmonary 6/30/2023 Medicine	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Denied Not	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient does not have a sudden severe, chronic or recurring or a thunderclap headache.	Apr-Jun 1 2023 2023

						'None of the aboug' describes the reason for this request. The nations had an abnormal	
					Radiology Services	'None of the above' describes the reason for this request.; The patient had an abnormal finding on physical exam related to the suspicion of cancer.; This is a request for a Chest CT.;	
4/1/2023 -		Pulmonary		71250 Computed tomography, thorax;	Denied Not	This study is beign requested for suspected cancer or tumor.; Yes this is a request for a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	without contrast material	Medically Necessary		1 2023 2023
					Radiology Services	'None of the above' describes the reason for this request.; This study is being requested for	
4/1/2023 -	4/4/2022	Pulmonary	Diameter 1	71250 Computed tomography, thorax;	Denied Not	'none of the above'.; This is a request for a Chest CT.; This study is being requested for none	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	without contrast material	Medically Necessary	of the above.; Yes this is a request for a Diagnostic CT	1 2023 2023
					Radiology Services	A Chest/Thorax CT is being ordered.; The patient had a Low Dose CT for Lung Cancer	
4/1/2023 -		Pulmonary		71250 Computed tomography, thorax;	-,	Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT; This	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	without contrast material	Medically Necessary	study is being ordered for screening of lung cancer.	1 2023 2023
					Radiology Services		
4/1/2023 -	. /. /	Pulmonary		71250 Computed tomography, thorax;	Denied Not	A Chest/Thorax CT is being ordered.; This study is being ordered for non of the above.; Yes	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	without contrast material	Medically Necessary	this is a request for a Diagnostic CT; The study is being ordered for none of the above. A Chest/Theray CT is being ordered. Yes this is a request for a Diagnostic CT. This study is	2 2023 2023
					Radiology Services	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for Interstitial Lung disease; A chest x-ray has been completed; Ths Interstitial	
4/1/2023 -		Pulmonary		71250 Computed tomography, thorax;	Denied Not	Lung Disease is suspected; The chest x-ray was normal; A PFT (Pulmonary Function Test) has	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	without contrast material	Medically Necessary		1 2023 2023
					,	· · · · · · · · · · · · · · · · · · ·	
					Radiology Services		
4/1/2023 -		Pulmonary		71250 Computed tomography, thorax;	Denied Not	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	without contrast material	Medically Necessary	being ordered for known tumor.	1 2023 2023
					Padiology Convices	A Chart/Thoray CT is being ordered. Ver this is a request for a Diagnostic CT. This study is	
4/1/2023 -		Pulmonary		71250 Computed tomography, thorax;	Radiology Services Denied Not	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for Unresolved cough; A chest x-ray has been completed; The patient has	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	without contrast material		been treated for the cough	1 2023 2023
0,00,000	., _,	0,00,000	- потристом		, , , , , , , , , , , , , , , , , , , ,		
					Radiology Services		
4/1/2023 -		Pulmonary		71250 Computed tomography, thorax;	Denied Not	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	without contrast material	Medically Necessary	being ordered for Unresolved cough; A chest x-ray has NOT been completed	2 2023 2023
4/1/2023 -		Dulmannan		713E0 Committed to accommiss the service	Radiology Services	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is	A
6/30/2023	4/1/2023	Pulmonary 6/30/2023 Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Denied Not Medically Necessary	being ordered for work-up for suspicious mass.; There is NO radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	Apr-Jun 4 2023 2023
0/30/2023	4/1/2023	0/30/2023 Wicalcine	Disapprovai	without contrast material	Wiedically Weeessaly	mediastrial mass, or physical evidence of chest wall mass noted in the last 50 days	4 2023 2023
					Radiology Services		
4/1/2023 -		Pulmonary		71250 Computed tomography, thorax;	Denied Not	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	without contrast material	Medically Necessary	for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	2 2023 2023
4/4/2022		D. J.		71250 Committed to a c	Radiology Services	About the state of	A *
4/1/2023 - 6/30/2023	1/1/2022	Pulmonary 6/30/2023 Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Denied Not	Abnormal imaging test describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	Apr-Jun 3 2023 2023
0/30/2023	7/1/2023	0/30/2023 Medicile	pisappi uvai	without contrast illaterial	ivicultally Necessary	Chest pain describes the reason for this request.; This is a request for a Chest CT.; This study	3 2023 2023
						is being requested for Screening of Lung Cancer.; This patient is NOT a smoker nor do they	
					Radiology Services	have a history of smoking.; The patient has NOT had a Low Dose CT for Lung Cancer	
4/1/2023 -		Pulmonary		71250 Computed tomography, thorax;	Denied Not	Screening or a Chest CT in the past 11 months.; The patient is between 50 and 80 years old.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	without contrast material	Medically Necessary	Yes this is a request for a Diagnostic CT	1 2023 2023
4/4/2022		D. J.		71250 Committed to a c	Radiology Services	Chest pain describes the reason for this request.; This study is being requested for 'none of	A *
4/1/2023 - 6/30/2023	4/1/2022	Pulmonary 6/30/2023 Medicine	Disapproval	71250 Computed tomography, thorax; without contrast material	Denied Not	the above'; This is a request for a Chest CT.; This study is being requested for none of the above; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Wiedicine	Disapproval	without contrast material	iviedically ivecessary	above., res this is a requestion a Diagnostic Ci	1 2023 2023

Record R								
there is radiology covinere of a large phases or employme, 15 to not known if there is radiology covinere of a large phases or employme, 15 to not known if there is radiology covinere of a large phases or employme, 15 to not known if there is radiology covinered or non-resolving penalmatic spill that the part of the large power of the part of the large power of the part of the large power o							It is not known if there is radiologic evidence of asbestosis.; "The caller doesn't know if there	
radiologic evidence of gramumocomolius e, Black Lung disease or alliciosis, it is unknown if the company of the							is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is not known if	
41/2023 Palmonary (2007-2023 Medicine Dispayorul without contrast material Medicing Services and Contract material Medicing Se							there is radiologic evidence of a lung abscess or empyema.; It is not known if there is	
### Againage of the company of the c							radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; It is unknown if	
April Apri							there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic	
Patient Complains of shortness of breath worse with section that has progressed in the past of 2002 and 2002						Radiology Services	treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a	
Patent compains of shortness of breaths of shortness of breaths of shortness of breath worse with exertion that has progressed in the past 6-7 months. Patentings of an excission protective caugh, site papers is have an impiratory stridor. He has that surgery under general amenthesis in lune 27, this study is being ordered for branching of the than shown or threating of the than shown or the thing. The other place is a surgery of the past 6-7 months. Patentine of conservation of the past 6-7	4/1/2023 -		Pulmonary		71250 Computed tomography, thorax;	Denied Not	Diagnostic CT; This study is being ordered for known or suspected inflammatory disease or	Apr-Jun
6-7 mombs. Pattern complains of an occasional productive cough;-like appears to have an insignificancy striction. File has disagregated ancetts simil multiple, microal strategy in the productive complaints of an occasional productive cough;-like study is being ordered for something other than known trauma or injuny, metastatic disease, an enumbagical disording stress, produced consequence of a commonly or social disease, there has been treatment or conservative therapy. The ordering Mbs specialty is made disease, there has been treatment or conservative therapy, the ordering Mbs specialty is made disease, there has been treatment or conservative therapy. The ordering Mbs specialty is made disease, there has been treatment or conservative therapy, the ordering Mbs specialty is made disease, there has been treatment or conservative therapy, the ordering Mbs specialty is made disease, there has been treatment or conservative therapy, the ordering Mbs specialty is made disease, there has been treatment or conservative therapy, the ordering Mbs specialty is made disease, there has been treatment or conservative therapy, the ordering Mbs specialty is made disease. The ordering Mbs specialty is made disease, there has been treatment or conservative therapy, the ordering Mbs specialty is made disease, there has been treatment or conservative therapy, the ordering Mbs specialty is made disease. The ordering Mbs specialty is made disease, there has been treatment or conservative therapy, the ordering Mbs specialty is made disease. The ordering Mbs specialty is made disease, there has been treatment or conservative therapy, the ordering Mbs specialty is made disease. The ordering Mbs specialty is made disease, there has been treatment or conservative therapy, the ordering Mbs specialty is made disease. The	6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	without contrast material	Medically Necessary	pneumonia.	1 2023 2023
inspiratory ratios. He has had surgery under general anesthesis in June? 2 This study is being ordered for something other than income traum or in June, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease. There is no radiology control to the dispression of the dispr							Patient complains of shortness of breath worse with exertion that has progressed in the past	
being ordered for something other than: known trauman or injuny, metastatic disease, a neurological disorder, and disease, an enurological disorder, inflammatory or infections disease, compared the analysis of disease, and the second of the							6-7 months. Patient complains of an occasional productive cough.;He appears to have an	
A1/2023 - Pulmonary A1/202							inspiratory stridor. He has had surgery under general anesthesia in June'2; This study is	
Mary							being ordered for something other than: known trauma or injury, metastatic disease, a	
Alf/2023 Pulmonary 71250 Computed tomography, thorax without contrast material without contrast							neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular	
41/12023							disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is	
5/30/2023 4/1/2023 5/30/2023 Medicine Disapproval Without contrast material Medically Necessary Valent						Radiology Services	NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
Alt/2023 4/1/2023 6/30/2023 Medicine Pulmonary 6/30/2023 4/1/2023 6/30/2023 Medicine Pulmonary 7/1250 Computed tomography, thorax; Without contrast material Pulmonary 6/30/2023 4/1/2023 6/30/2023 Medicine Pulmonary 7/1250 Computed tomography, thorax; Without contrast material Pulmonary 6/30/2023 4/1/2023 6/30/2023 Medicine Pulmonary 7/1250 Computed tomography, thorax; Without contrast material Pulmonary 7/1250 Computed tomography, thorax; Denied Not Medically Necessary Without contrast material Medically Necessary Tile study is being ordered for known or suspected inflammatory disease or pulmonal. Pulmonary 7/1250 Computed tomography, thorax; Denied Not Medically Necessary Tile study is being ordered for known or suspected inflammatory disease or allowed; Without contrast material Medically Necessary Tile study is being ordered for known or suspected inflammatory disease or pulmonal. Pulmonary 7/1250 Computed tomography, thorax; Denied Not Medically Necessary Tile study is being ordered for known or suspected inflammatory disease or pulmonal. Pulmonary 7/1250 Computed tomography, thorax; Denied Not Medically Nec	4/1/2023 -		Pulmonary		71250 Computed tomography, thorax;	Denied Not	Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1	Apr-Jun
Pulmonary 6/30/2023 Medicine Disapproval Pulmonary 6/30/2023 Medicine Disappro	6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	without contrast material	Medically Necessary	year; Medications were given for this diagnosis	1 2023 2023
nadiologic evidence of assetsions, "There is no radiologic evidence of a lung abscess or empyema. There is no radiologic evidence of a lung abscess or empyema. There is no radiologic evidence of a lung abscess or empyema. There is no radiologic evidence of a lung abscess or empyema. There is no radiologic evidence of a lung abscess or empyema. There is no radiologic evidence of a lung abscess or empyema. There is no radiologic evidence of a lung abscess or empyema. The study is being ordered. This study is being ordered. This study is being ordered. This study is being ordered for known or suspected inflammatory disease or pneumonia. Yes this is a parium of the properties and absolute treatment was prescribed, A Chest/Thorax CT is being ordered. This study is being ordered for known or suspected inflammatory disease or pneumonia. The called of the properties and absolute treatment was prescribed, A Chest/Thorax CT is being ordered. This study is being ordered for known or suspected inflammatory disease or pneumonia. The called of the properties and absolute treatment was prescribed. A Chest/Thorax CT is being ordered. This study is being ordered for known or suspected inflammatory disease or pneumonia. The called one of a lung abscess. The called one of the properties and absolute treatment was prescribed. A Chest/Thorax CT is being ordered. This study is being ordered for known or suspected inflammatory disease or pneumonia. The called one of a lung abscess. The called one of	.,,	, ,	.,,			, , , , , , , ,		
4/1/20/23 - 4/1/20								
emprema; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis; There is No radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed. A Chest/Thorax CT is being ordered, This study is being ordered for known or suspected inflammatory disease or pneumonia, Yes this is a Apri-Jun 2023 2023 2023 2023 2023 2023 2023 202								
Al/1/2023 Pulmonary 6/30/2023 Medicine Disapproval without contrast material Pulmonary 6/30/2023 Medicine Disapproval Pulmonary 7/200 Computed tomography, thorax; Denied Not 6/30/2023 Medicine Disapproval Pulmonary 7/200 Computed tomography, thorax; Denied Not 6/30/2023 Medicine Disapproval Pulmonary 7/200 Computed tomography, thorax; Denied Not 6/30/2023 Medicine Disapproval Pulmonary 7/200 Computed tomography, thorax; Denied Not 6/30/2023 Medicine Disapproval Pulmonary 7/200 Computed tomography, thorax; Denied Not 6/30/2023 Medicine Disapproval Pulmonary 7/200 Computed tomography, thorax; Denied Not 6/30/2023 Medicine Disapproval Pulmonary 7/200 Computed tomography, thorax; Denied Not 6/30/2023 Medicine Disapproval Pulmonary 7/200 Computed tomography, thorax; Den								
Adology Services Radiology Services Rediology Services Radiology Services Rediology								
41/2023 Pulmonary (30/2023 Medicine Disapproval without contrast material Medically Necessary (71250 Computed tomography, thorax) without contrast material Medically Necessary (71250 Computed tomography, thorax) (71250 Computed tomography, thorax						Radiology Services	· •	
6/30/2023 Medicine Disapproval without contrast material Medically Necessary request for a Diagnostic CT There is no radiologic evidence of asbestosis,; "The caller doesn't know if there is radiologic evidence of asbestosis,; "The caller doesn't know if there is radiologic evidence of subsetosis,; "The caller doesn't know if there is radiologic evidence of subsetosis,; "The caller doesn't know if there is radiologic evidence of subsetosis,; "The caller doesn't know if there is radiologic evidence of subsetosis,; "The caller doesn't know if there is radiologic evidence of subsetosis,; "The caller doesn't know if there is radiologic evidence of subsetosis,; "The caller doesn't know if there is radiologic evidence of subsetosis,; "The caller doesn't know if there is radiologic evidence of subsetosis,; "The caller doesn't know if there is radiologic evidence of pneumoconiosis e, black lung disease or silicosis, it is unknown if there is radiologic evidence of pneumoconiosis e, black lung disease or silicosis, it is unknown if there is radiologic evidence of pneumoconiosis e, black lung disease or silicosis, it is unknown if there is radiologic evidence of pneumoconiosis e, black lung disease or silicosis, it is unknown if there is radiologic evidence of neumoconiosis e, black lung disease or silicosis, it is unknown if there is radiologic evidence of neumoconiosis e, black lung disease or silicosis, it is unknown if there is radiologic evidence of neumoconiosis e, black lung disease or silicosis, it is unknown if there is radiologic evidence of neumoconiosis e, black lung disease or silicosis, it is unknown if there is radiologic evidence of neumoconiosis e, black lung disease or silicosis, it is unknown if there is radiologic evidence of neumoconiosis e, black lung disease or silicosis, it is unknown if there is radiologic evidence of neumoconiosis e, black lung disease or silicosis, it is unknown if there is radiologic evidence of neumoconiosis e, black lung disease or silicosis, it is unknown if there is radiol	4/1/2023 -		Pulmonary		71250 Computed tomography thorax:			Δnr-lun
There is no radiologic evidence of abestosis; "The caller doesn't know if there is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; it is not known if there is radiologic evidence of a lung abscess or empyema; It is not known if there is radiologic evidence of a lung abscess or empyema; It is not known if there is radiologic evidence of pneumoconiosis e, ablack lung disease or empyema; It is not known if there is radiologic evidence of one-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed; A Chest/Thorax CT is being ordered. A set lung abscess or empyema; There is no radiologic evidence of one-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed; A Chest/Thorax CT is being ordered for known or suspected inflammatory disease or pneumonia. 1 2023 2023 4/1/2023 - Pulmonary (3/2004 Medicine Disapproval without contrast material without contrast mater		4/1/2023	•	Disannroval			, , ,	
evidence of sarcoidosis, tuberculosis or fungal infection."; It is not known if there is radiologic evidence of a lung abscess or empyema.; It is not known if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was resorted. A Chest/Thorax CT is being ordered. Yes this is a request for a long-resolving non-resolving pneumonia for 6 weeks after antibiotic treatment was resorted. A Chest/Thorax CT is being ordered. Yes this is a request for a long-resolving non-resolving pneumonia for 6 weeks after antibiotic treatment was resorted. A Chest/Thorax CT is being ordered. Yes this is a request for a long-resolving non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed. A Chest/Thorax CT is being ordered. Yes this is a request for a long-resolving non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed. A Chest/Thorax CT is being ordered. Yes this is a request for a long-resolving non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed. A Chest/Thorax CT is being ordered. Yes this is a request for a long-resolving non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed. A Chest/Thorax CT is being ordered. Yes this is a request for a long-resolving non-resolving non-resolving neumonia for 6 weeks after antibiotic treatment was prescribed. A Chest/Thorax CT is being ordered. Yes this is a request for a long-resolving neumonia for 6 weeks after antibiotic treatment was prescribed. A Chest/Thorax CT is being ordered. Yes this is a request for a long-r	0/30/2023	4/1/2023	0/30/2023 Wicalcine	Disapprovai	Without contrast material	Wicalcally Necessary	request for a binghostic en	1 2023 2023
evidence of sarcoidosis, tuberculosis or fungal infection."; It is not known if there is radiologic evidence of a lung abscess or empyema.; It is not known if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was resorted. A Chest/Thorax CT is being ordered. Yes this is a request for a long-resolving non-resolving pneumonia for 6 weeks after antibiotic treatment was resorted. A Chest/Thorax CT is being ordered. Yes this is a request for a long-resolving non-resolving pneumonia for 6 weeks after antibiotic treatment was resorted. A Chest/Thorax CT is being ordered. Yes this is a request for a long-resolving non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed. A Chest/Thorax CT is being ordered. Yes this is a request for a long-resolving non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed. A Chest/Thorax CT is being ordered. Yes this is a request for a long-resolving non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed. A Chest/Thorax CT is being ordered. Yes this is a request for a long-resolving non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed. A Chest/Thorax CT is being ordered. Yes this is a request for a long-resolving non-resolving non-resolving neumonia for 6 weeks after antibiotic treatment was prescribed. A Chest/Thorax CT is being ordered. Yes this is a request for a long-resolving neumonia for 6 weeks after antibiotic treatment was prescribed. A Chest/Thorax CT is being ordered. Yes this is a request for a long-r							There is no radiologic evidence of ashestosis: "The caller doesn't know if there is radiologic	
radiologic evidence of a lung abscess or empyema; it is not known if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered. Yes this is a request for a Diagnostic CT; a Apr-Jun delically Necessary of Salozosa 4/1/2023 4/1/2023 6/30/2023 Medicine Disapproval without contrast material witho								
evidence of pneumoconiosis e.g. black lung disease or silicosis; it is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed; A Chest/Thorax CT is being ordered. Yes this is a request for a Disapproval ### Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Medicine ### Pulmonary 6/30/2023 Medicine ### Pulmonary 6/30/2023 Medicine ### Pulmonary 6/30/2023 Medicine 6/30/2023 Medicine 6/30/2023 Medic							taran da antara da a	
Radiology Services and Contract material special contract material special spe								
4/1/2023 Pulmonary Pulmonary Pulmonary Pulmonary Apr-Jun 6/30/2023 Medicine Pulmonary Apr-Jun 6/30/2023 Medicine Pulmonary Apr-Jun 6/30/2023 Medicine Pulmonary Apr-Jun 6/30/2023 Apr-Jun 6/30/2						Radiology Services		
6/30/2023 Medicine Disapproval without contrast material Medically Necessary This study is being ordered for known or suspected inflammatory disease or pneumonia. 1 2023 2023 There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of a subscious is." There is no radiologic evidence of a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is no radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Disapproval without contrast material Medically Necessary pneumonia. 4/1/2023	4/1/2022		Pulmonary		71250 Computed tomography theray:			Apr lup
There is no radiologic evidence of asbestosis,; "There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or emptyema; There is no radiologic evidence of non-resolving pneumonal for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for known or suspected inflammatory disease or subscribed. A Chest/Thorax CT is being ordered. Yes this is a request for a Diagnostic CT; This study is being ordered of known or suspected inflammatory disease or subscribed. A Chest/Thorax CT is being ordered. Yes this is a request for a Diagnostic CT; This study is being ordered for known or suspected inflammatory disease or pneumonia. 4/1/2023		4/1/2022	•	Dicannroyal				· ·
sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung abscess or empyeema; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is no radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for known or suspected inflammatory disease or pneumonia. 4/1/2023 - Pulmonary without contrast material Mithout contrast material Medically Necessary Pneumonia. 4/1/2023 - Pulmonary without contrast material Pneumonary without contrast material Pneumonary Pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for known or suspected inflammatory disease or pneumonia. There is radiologic evidence of pneumonaries or silicosis.; There is no radiologic evidence of pneumonia for 6 weeks after antibiotic reatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for known or suspected inflammatory disease or pneumonia. There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic reatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered. Yes this is a request for a Diagnostic CT; This study is being ordered. Yes this is a request for Apr-Jun Pneumonary of Apr-Jun Pneumonary o	0/30/2023	4/1/2023	0/30/2023 Medicine	Disapprovai	without contrast material	ivieuically necessary	, , ,	1 2023 2023
abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; There is No radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for known or suspected (Apr-Jun inflammatory) disease or pneumonia. In 2023 2023 4/1/2023								
disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks 4/1/2023 - Pulmonary 6/30/2023 4/1/2023 6/30/2023 Medicine 6/30/2023 4/1/2023 6/30/2023 Me								
Radiology Services after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for known or suspected Apr-Jun (inflammatory) disease or pneumonia. 1 2023 2023 **Al/2023 4/1/2023 - 4/								
4/1/2023 - Pulmonary 6/30/203 Medicine Disapproval without contrast material Medically Necessary inflammatory disease or pneumonia. 1 2023 2023 4/1/2023 - Pulmonary 6/30/203 Medicine Disapproval Medicine Disapproval Medically Necessary inflammatory disease or pneumonia. 1 2023 2023 4/1/2023 - Pulmonary 6/30/203 Medicine Disapproval Medicine Disapproval Medically Necessary						Dadialas, Camiasa	· · · · · · · · · · · · · · · · · · ·	
6/30/2023 4/1/2023 6/30/2023 Medicine Disapproval without contrast material Medically Necessary inflammatory disease or pneumonia. 1 2023 2023 There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Denied Not pneumonia. 2 2023 2023 2023 2023 2023 2023 2023 2	4/4/2022		Di dananan ami		71250 Committed to recover by the result		• • • • • • • • • • • • • • • • • • • •	A I
There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic 4/1/2023 - Pulmonary 71250 Computed tomography, thorax; 6/30/2023 4/1/2023 6/30/2023 Medicine Disapproval Without contrast material Disapproval Without contrast material Disapproval Without contrast material Medically Necessary Pulmonary 6/30/2023 4/1/2023 6/30/2023 Medicine Disapproval Without contrast material Medically Necessary Pulmonary 6/30/2023 4/1/2023 6/30/2023 Medicine Disapproval Without contrast material Medically Necessary Pulmonary 6/30/2023 4/1/2023 6/30/2023 Medicine Disapproval Without contrast material Medically Necessary Pulmonary 7/1250 Computed tomography, thorax; Pulmonary Medically Necessary Necesory Neceso	1 1 1	4/4/2022	•	Diameter I			· · · · · · · · · · · · · · · · · · ·	
Radiology Services 4/1/2023 - 4/1/2023 6/30/2023 Medicine 4/1/2023 - 4/1/2023 6/30/2023 Medicine 4/1/2023 - 4/1/2023 6/30/2023 Medicine 4/1/2023 - 4/1/2023 - 4/1/2023 6/30/2023 Medicine 4/1/2023 - 4/1/2023 - 4/1/2023 6/30/2023 Medicine 4/1/2023 - 4/1/20	6/30/2023	4/1/2023	6/30/2023 Medicine	Disapprovai	without contrast material	Medically Necessary	·	1 2023 2023
4/1/2023 - Pulmonary						Dadialas Cand	3	
6/30/2023 Medicine Disapproval without contrast material Medically Necessary pneumonia. 2 2023 2023 They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for work-up for suspicious mass.; There is 4/1/2023 - Pulmonary 71250 Computed tomography, thorax; Denied Not noted in the last 90 days no	4/4/2000		5.1		71250 Committeed ()	-,	· · · · · · · · · · · · · · · · · · ·	
They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for work-up for suspicious mass.; There is 4/1/2023 - Pulmonary 71250 Computed tomography, thorax; 6/30/2023 4/1/2023 6/30/2023 Medicine Disapproval without contrast material Medically Necessary noted in the last 90 days Hediology Services Weldonce of lung, mediastinal mass, or physical evidence of chest wall mass Apr-Jun noted in the last 90 days This study is being ordered for work-up for suspicious mass.; There is Pulmonary 71250 Computed tomography, thorax; Hediology Services Radiology Services or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created 4/1/2023 - Pulmonary 71250 Computed tomography, thorax; Denied Not via BBI.; The primary symptoms began 6 months to 1 year; Medications were given for this Apr-Jun		4/4/2022	•	Discour				•
Radiology Services 4/1/2023 - Pulmonary 6/30/2023 4/1/2023 6/30/2023 Medicine Disapproval without contrast material Pulmonary Fig. 2023 1/2024 1/2023 1/2024 1/2023 1/2024 1/2023 1/2024 1/2023 1/2024 1/2023 1/2024 1/2023 1/2024 1/2023 1/2024 1/2023 1/2024 1/2023 1/2024 1/2023 1/2024	6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	witnout contrast material	iviedically Necessary	•	2 2023 2023
4/1/2023 - Pulmonary 71250 Computed tomography, thorax; Denied Not radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass Apr-Jun 6/30/2023 Medicine Disapproval without contrast material Medically Necessary noted in the last 90 days 1 2023 2023 This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology, This case was created Val/2023 - Pulmonary 71250 Computed tomography, thorax; Denied Not Via BBI.; The primary symptoms began 6 months to 1 year; Medications were given for this Apr-Jun								
6/30/2023 4/1/2023 6/30/2023 Medicine Disapproval without contrast material Medically Necessary noted in the last 90 days This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Radiology Services 4/1/2023 - Pulmonary 71250 Computed tomography, thorax; Denied Not via BBI.; The primary symptoms began 6 months to 1 year; Medications were given for this Apr-Jun								_
This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Radiology Services Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created 4/1/2023 - Pulmonary 71250 Computed tomography, thorax; Denied Not via BBI.; The primary symptoms began 6 months to 1 year; Medications were given for this Apr-Jun			•				5 T	
or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Radiology Services Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created 4/1/2023 - Pulmonary 71250 Computed tomography, thorax; Denied Not via BBI.; The primary symptoms began 6 months to 1 year; Medications were given for this Apr-Jun	6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	without contrast material	Medically Necessary	·	1 2023 2023
Radiology Services Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created 4/1/2023 - Pulmonary 71250 Computed tomography, thorax; Denied Not via BBI.; The primary symptoms began 6 months to 1 year; Medications were given for this Apr-Jun							, ,	
4/1/2023 - Pulmonary 71250 Computed tomography, thorax; Denied Not via BBI.; The primary symptoms began 6 months to 1 year; Medications were given for this Apr-Jun								
6/30/2023 4/1/2023 6/30/2023 Medicine Disapproval without contrast material Medically Necessary diagnosis 1 2023 2023			•					· ·
	6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	without contrast material	Medically Necessary	diagnosis	1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Pulmonary 6/30/2023 Medicine	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient has not quit smoking.; The health carrier is NOT Virginia Premier Health Plan	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Pulmonary 6/30/2023 Medicine	Disapproval	71271 Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Radiology Services Denied Not Medically Necessary	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer.; The patient quit smoking less than 15 years ago.; The health carrier is NOT Virginia Premier Health Plan	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		Pulmonary 6/30/2023 Medicine	Disapproval	71550 Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	Radiology Services Denied Not	This study is being ordered for a congenital abnormality.; The patient is less than 18 years old.; This is a request for a chest MRI.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Pulmonary 6/30/2023 Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Denied Not	; It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Pulmonary 6/30/2023 Medicine	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Other; It is unknown when the primary symptoms began	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Pulmonary 6/30/2023 Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Denied Not	; It is not known if there has been any treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Pulmonary 6/30/2023 Medicine	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	It is not known if there has been any treatment or conservative therapy.; This case was created via BBI.; This study is being ordered for Other; It is unknown when the primary symptoms began	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Pulmonary 6/30/2023 Medicine	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an other solid tumor.; A biopsy has NOT substantiated the cancer type; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Pulmonary 6/30/2023 Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Pulmonary 6/30/2023 Medicine	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	Apr-Jun 1 2023 2023

						This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of	
				93307 Echocardiography, transthoracic, real-time with image documentation		abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical	
				(2D), includes M-mode recording, when		exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The	
4/1/2023 -	4/1/2022	Pulmonary	Disamena	performed, complete, without spectral	Denied Not	patient has shortness of breath; Shortness of breath is not related to any of the listed	Apr-Jun 1 2023 2023
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	or color Doppler echocardiography	Medically Necessary	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	1 2023 2023
						This study is being ordered for another reason; This study is being ordered for evaluation of	
				93307 Echocardiography, transthoracic,		abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG)	
				real-time with image documentation (2D), includes M-mode recording, when	. Dadiology Convices	indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The	
4/1/2023 -		Pulmonary		performed, complete, without spectral	Denied Not	patient has shortness of breath; Shortness of breath is not related to any of the listed	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	or color Doppler echocardiography	Medically Necessary	•	1 2023 2023
				93307 Echocardiography, transthoracic,			
				real-time with image documentation			
				(2D), includes M-mode recording, when	Radiology Services	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	
4/1/2023 -	. /. /	Pulmonary		performed, complete, without spectral	Denied Not	This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	or color Doppler echocardiography	Medically Necessary	suspected valve disease.	1 2023 2023
				93307 Echocardiography, transthoracic,			
				real-time with image documentation			
4/1/2023 -		Pulmonary		(2D), includes M-mode recording, when performed, complete, without spectral	Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	or color Doppler echocardiography		This study is being ordered for Evaluation of Pulmonary Hypertension.	2 2023 2023
				0000751		This is a request for a Transthoracic Echocardiogram.; The onset or change in symptoms was	
				93307 Echocardiography, transthoracic, real-time with image documentation		more than 6 months ago.;; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or	
				(2D), includes M-mode recording, when	Radiology Services	changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular	
4/1/2023 -		Pulmonary		performed, complete, without spectral	Denied Not	Contractions) best describes the reason for ordering this study.; It is unknown when the last	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	or color Doppler echocardiography	Medically Necessary	TTE (Transthoracic Echocardiogram) was completed	1 2023 2023
4/1/2023 -		Radiation		70486 Computed tomography, maxillofacial area; without contrast			Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Oncology	Approval	material		There are 2 exams are being ordered.; The ordering MDs specialty is Radiation Oncology	2 2023 2023
4/1/2023 -	4/4/2022	Radiation	A	70490 Computed tomography, soft		Those are 2 arrange are hairs and ared. The andering NADe anneight in Dediction Openion.	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Oncology	Approval	tissue neck; without contrast material		There are 2 exams are being ordered.; The ordering MDs specialty is Radiation Oncology	1 2023 2023
4/1/2023 -		Radiation		70490 Computed tomography, soft			Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Oncology	Approval	tissue neck; without contrast material		There are 3 exams are being ordered.; The ordering MDs specialty is Radiation Oncology	1 2023 2023
4/1/2022		Radiation		70400 Computed tomography soft		This is a request for pack soft tissue CT. The nationt has a known tumor or metastacis in the	Apr lup
4/1/2023 - 6/30/2023	4/1/2023	Radiation 6/30/2023 Oncology	Approval	70490 Computed tomography, soft tissue neck; without contrast material		This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck.; Yes this is a request for a Diagnostic CT	Apr-Jun 2 2023 2023
.,,	, ,	, ,	P.P 1-P.	, , , , , , , , , , , , , , , , , , , ,		,	
						Enter answer here - or Type In Unknosmall cell lung cancer with brain metastasis; radiation	
						planning; recent MRI brainwn If No Info Given.; This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A	
						biopsy has not been completed to determine tumor tissue type.; There are not recent	
				70551 Magnetic resonance (eg, proton)		neurological symptoms such as one-sided weakness, speech impairments, or vision defects.;	
4/1/2023 -		Radiation		imaging, brain (including brain stem);		There is not a new and sudden onset of headache (less than 1 week) not improved by pain	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Oncology	Approval	without contrast material		medications.; It is not known if the tumor is a pituitary tumor or pituitary adenoma.	1 2023 2023

				70FF1 Magnetic reconance (eg. proten)	This request is for a Brain MRI; Known or suspected tumor best describes the reason that I	
4/1/2023 -		Dadiation		70551 Magnetic resonance (eg, proton)	have requested this test.; Known brain tumor best describes the patient's tumor.; There are	Ama lum
4/1/2023 - 6/30/2023	4/4/2022	Radiation	A	imaging, brain (including brain stem); without contrast material	documented neurologic findings suggesting a primary brain tumor.; This is NOT a Medicare member.	Apr-Jun 1 2023 2023
0/30/2023	4/1/2023	6/30/2023 Oncology	Approval	Without contrast material	member.	1 2023 2023
				70551 Magnetic resonance (eg, proton)	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/1/2023 -		Radiation		imaging, brain (including brain stem);	headache.; Requested for evaluation of tumor; A biopsy has been completed to determine	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Oncology	Approval	without contrast material	tumor tissue type.	9 2023 2023
0,00,2020	., 2, 2020	0/00/2025 0110106/	7.pp.o.u.	William Contract Material	'None of the above' describes the reason for this request.; 'None of the above' led to the	3 2023 2023
					suspicion of infection; This is a request for a Chest CT.; This study is being requested for	
4/1/2023 -		Radiation		71250 Computed tomography, thorax;	known or suspected infection (pneumonia, abscess, empyema).; Yes this is a request for a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Oncology	Approval	without contrast material	Diagnostic CT	1 2023 2023
0/30/2023	7/1/2023	0/30/2023 Officiology	прріоча	Without contrast material	'None of the above' describes the reason for this request.; Surveillance of a known cancer	1 2023 2023
					following treatment is related to this request for imaging of a known cancer or tumor; This is	
4/1/2023 -		Radiation		71250 Computed tomography, thorax;	a request for a Chest CT.; This study is beign requested for known cancer or tumor; Yes this	Apr-Jun
6/30/2023	1/1/2023	6/30/2023 Oncology	Approval	without contrast material	is a request for a Diagnostic CT	1 2023 2023
4/1/2023 -	4/1/2023	Radiation	Approvai	71250 Computed tomography, thorax;	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is	Apr-Jun
6/30/2023	4/1/2022		Approval	without contrast material	being ordered for known tumor.	4 2023 2023
0/30/2023	7/1/2023	6/30/2023 Oncology	Approval	without Contrast material	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is	4 2023 2023
4/1/2023 -		Radiation		71250 Computed tomography, thorax;	being ordered for work-up for suspicious mass.; There is NO radiographic evidence of lung,	Apr-Jun
	4/1/2022		Approval	without contrast material		1 2023 2023
6/30/2023	4/1/2023	6/30/2023 Oncology	Approvai	without contrast material	mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	1 2023 2023
4/1/2022		Dadiation		713E0 Commuted townsores by the row	Absorbed finding an approximation of the about about placed or longer describes the second	Ame I.im
4/1/2023 -	4/4/2022	Radiation		71250 Computed tomography, thorax;	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Oncology	Approval	without contrast material	for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1 2023 2023
4/1/2023 -	. /. /2022	Radiation		71250 Computed tomography, thorax;	Abnormal imaging test describes the reason for this request.; This is a request for a Chest	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Oncology	Approval	without contrast material	CT.; Yes this is a request for a Diagnostic CT	1 2023 2023
4/1/2023 -	. /. /2022	Radiation		71250 Computed tomography, thorax;	Post-operative evaluation describes the reason for this request; This is a request for a Chest	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Oncology	Approval	without contrast material	CT.; Yes this is a request for a Diagnostic CT	4 2023 2023
4 /4 /2022		B 11 11		74070 0 4 14 1 1	The ordering MDs specialty is Radiation Oncology; This is a request for CT of the	
4/1/2023 -		Radiation		71250 Computed tomography, thorax;	Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Known	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Oncology	Approval	without contrast material	diagnosis of Cancer, Metastatic disease, Malignancy	1 2023 2023
					The ordering MDs specialty is Radiation Oncology; This is a request for CT of the	
4/1/2023 -		Radiation		71250 Computed tomography, thorax;	Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Staging or	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Oncology	Approval	without contrast material	Restaging of Cancer, Metastatic disease, Malignancy	1 2023 2023
4/1/2023 -		Radiation		71250 Computed tomography, thorax;		Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Oncology	Approval	without contrast material	There are 2 exams are being ordered.; The ordering MDs specialty is Radiation Oncology	1 2023 2023
4/1/2023 -		Radiation		71250 Computed tomography, thorax;		Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Oncology	Approval	without contrast material	There are 3 exams are being ordered.; The ordering MDs specialty is Radiation Oncology	1 2023 2023
					They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; Yes this is a request	
					for a Diagnostic CT; This study is being ordered for work-up for suspicious mass.; There is	
4/1/2023 -		Radiation		71250 Computed tomography, thorax;	radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Oncology	Approval	without contrast material	noted in the last 90 days	1 2023 2023
				71275 Computed tomographic		
				angiography, chest (noncoronary), with		
				contrast material(s), including		
4/1/2023 -		Radiation		noncontrast images, if performed, and	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Oncology	Approval	image postprocessing	a Chest CT Angiography.	1 2023 2023
				72146 Magnetic resonance (eg, proton)		
4/1/2023 -		Radiation		imaging, spinal canal and contents,		Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Oncology	Approval	thoracic; without contrast material	There are 2 exams are being ordered.; The ordering MDs specialty is Radiation Oncology	1 2023 2023
				72146 Magnetic resonance (eg, proton)		
4/1/2023 -		Radiation		imaging, spinal canal and contents,	This is a request for a thoracic spine MRI.; This study is being ordered for Known Tumor with	Apr-Jun

				The patient is not undergoing active treatment for cancer.; This study is being ordered for	
				known tumor, cancer, mass, or rule-out metastasis.; "The ordering physician is an	
				oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf	
				of a specialist who has seen the patient."; This study is not being ordered for initial staging.;	
4/1/2023 -	Radiation		72192 Computed tomography, pelvis;	The patient is presenting new signs (e.g. lab findings or imaging) or symptoms.; This is a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Oncology	Approval	without contrast material	request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2023 2023
			72196 Magnetic resonance (eg, proton)		
4/1/2023 -	Radiation		imaging, pelvis; with contrast		Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Oncology	Approval	material(s)	There are 2 exams are being ordered.; The ordering MDs specialty is Radiation Oncology	1 2023 2023
4/1/2023 -	Radiation		74150 Computed tomography,		Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Oncology	Approval	abdomen; without contrast material	There are 2 exams are being ordered.; The ordering MDs specialty is Radiation Oncology	1 2023 2023
	, ,	•••	74176 Computed tomography,	The ordering MDs specialty is Radiation Oncology; This is a request for CT of the	
4/1/2023 -	Radiation		abdomen and pelvis; without contrast	Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Known	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Oncology	Approval	material	diagnosis of Cancer, Metastatic disease, Malignancy	1 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2,22,222.233		74176 Computed tomography,	The ordering MDs specialty is Radiation Oncology; This is a request for CT of the	
4/1/2023 -	Radiation		abdomen and pelvis; without contrast	Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Staging or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Oncology	Approval	material	Restaging of Cancer, Metastatic disease, Malignancy	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 011001069	прргочи	74176 Computed tomography,	nestaging of earlier, metastatic disease, mangitality	1 2023 2023
4/1/2023 -	Radiation		abdomen and pelvis; without contrast		Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Oncology	Approval	material	There are 3 exams are being ordered.; The ordering MDs specialty is Radiation Oncology	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Officiology	Арргочаг	Haterial	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This	1 2023 2023
			74101 Magnatic recognition (e.g. protect)	study is being ordered for follow-up.; The patient did NOT have chemotherapy, radiation	
4/1/2022	Dadiation		74181 Magnetic resonance (eg, proton)	, ,	A I
4/1/2023 -	Radiation		imaging, abdomen; without contrast	therapy or surgery in the last 3 months.; They had an Abdomen MRI in the last 10 months.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Oncology	Approval	material(s)	The patient is NOT presenting new signs or symptoms.	1 2023 2023
				A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or	
				Known Cancer; This study is being ordered for something other than listed above.; This study	
4/1/2023 -	Radiation		78813 Positron emission tomography	is not being ordered for None of the above.; This is for a Routine/Standard PET Scan using	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Oncology	Approval	(PET) imaging; whole body	FDG (fluorodeoxyglucose)	1 2023 2023
			78816 Positron emission tomography		
			(PET) with concurrently acquired		
			computed tomography (CT) for	A biopsy has NOT substantiated the cancer type; This Pet Scan is being requested for	
4/1/2023 -	Radiation		attenuation correction and anatomical	Suspected or Known Cancer; This is for a Routine/Standard PET Scan using FDG	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Oncology	Approval	localization imaging; whole body	(fluorodeoxyglucose)	1 2023 2023
			78816 Positron emission tomography	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or	
			(PET) with concurrently acquired	Known Cancer; This study is being ordered for something other than listed above.; This study	
			computed tomography (CT) for	is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This PET Scan is being	
4/1/2023 -	Radiation		attenuation correction and anatomical	requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Oncology	Approval	localization imaging; whole body	(fluorodeoxyglucose)	1 2023 2023
			78816 Positron emission tomography	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or	
			(PET) with concurrently acquired	Known Cancer; This study is being ordered for something other than listed above.; This study	
			computed tomography (CT) for	is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This PET Scan is being	
4/1/2023 -	Radiation		attenuation correction and anatomical	requested for Restaging during ongoing therapy or treatment; This is for a Routine/Standard	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Oncology	Approval	localization imaging; whole body	PET Scan using FDG (fluorodeoxyglucose)	2 2023 2023
, , , , , , , , , , , , , , , , , , , ,	.,,	11	0 0, 11,	<u> </u>	
			78816 Positron emission tomography		
			(PET) with concurrently acquired	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or	
			computed tomography (CT) for	Known Cancer; This study is being requested for Breast Cancer.; This PET Scan is being	
4/1/2023 -	Radiation		attenuation correction and anatomical	requested for Restaging following therapy or treatment for suspected metastasis; This is for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Oncology	Approval	localization imaging; whole body	a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2023 2023
0,30,2023 4,1/2023	5/30/2023 Oncology	Approvar	localization imaging, whole body	a noutine/standard (E1 Stan using 1 Do (nutroucoxygratose)	1 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	Radiation 6/30/2023 Oncology	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical Approval localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Colo-rectal Cancer.; This PET Scan is being requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Radiation 6/30/2023 Oncology	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical Approval localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Lung Cancer.; This PET Scan is being requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Radiation 6/30/2023 Oncology	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical Approval localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Lymphoma or Myeloma.; This PET Scan is being requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Radiation 6/30/2023 Oncology	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical Approval localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Melanoma.; This PET Scan is being requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Radiation 6/30/2023 Oncology	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical Approval localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Ovarian or Esophageal Cancer.; This PET Scan is being requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Radiation 6/30/2023 Oncology	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical Approval localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Prostate Cancer.; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; This is for a PET Scan with PSMA (Pylarify, Locametz, or Illuccix)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Radiation 6/30/2023 Oncology	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical Approval localization imaging; whole body	It is unknown if a biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Radiation 6/30/2023 Oncology	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical Approval localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Radiation 6/30/2023 Oncology	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical Approval localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Ovarian or Esophageal Cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Radiation 6/30/2023 Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; 2 PET Scans have already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Cervical Cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Radiation 6/30/2023 Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Radiation 6/30/2023 Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This Pet Scan is being requested for Other; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Radiation 6/30/2023 Oncology	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Radiology Services Denied Not Medically Necessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; Requested for evaluation of tumor; A biopsy has been completed to determine tumor tissue type.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Radiation 6/30/2023 Oncology	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for None of the above	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Radiation 6/30/2023 Oncology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Denied Not	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Colo-rectal Cancer.; This PET Scan is being requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Radiation 6/30/2023 Oncology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Ovarian or Esophageal Cancer.; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Radiology	Approval	70450 Computed tomography, head or brain; without contrast material		Restaging for Non-Small Cell Lung Cancer (Thorax) - Stage IIB; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Radiology	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; This is a Medicare member.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes the reason that I have requested this test.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Radiology	Approval	70490 Computed tomography, soft tissue neck; without contrast material 70544 Magnetic resonance		This is a request for neck soft tissue CT.; The study is being ordered as a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Radiology	Approval	angiography, head; without contrast material(s)		There is an immediate family history of aneurysm.; This is a request for a Brain MRA.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Radiology	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material		This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for an aneurysm.; This study is being ordered as a screening for an aneurysm or AVM (arteriovenous malformation).	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Radiology	Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for known tumor.	Apr-Jun 1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Radiology	Арргочаг	without contrast material	being ordered for known tunior.	1 2023 2023
4/1/2023 -			71250 Computed tomography, thorax;	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Radiology	Approval	without contrast material	for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	2 2023 2023
0/30/2023 4/1/2023	0/30/2023 Hadiology	пррготаг	Without contrast material	Restaging for Non-Small Cell Lung Cancer (Thorax) - Stage IIB; This study is being ordered for	2 2023 2023
				a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
4/1/2023 -			71250 Computed tomography, thorax;	Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Radiology	Approval	without contrast material	RadMD.	1 2023 2023
0,00,2020 1,1,2020	o, so, zozs manorogy	7.pp.010.	The state of the s	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low	1 2020 2020
				Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient	
				is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The	
				patient has a 20 pack per year history of smoking.; The patient is NOT presenting with	
			71271 Computed tomography, thorax,	pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive	
4/1/2023 -			low dose for lung cancer screening,	of lung cancer.; The patient quit smoking less than 15 years ago.; The health carrier is NOT	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Radiology	Approval	without contrast material(s)	Virginia Premier Health Plan	1 2023 2023
9,00,000	2,00,2020		(-)	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	
			72141 Magnetic resonance (eg, proton)	longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or	
4/1/2023 -			imaging, spinal canal and contents,	failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Radiology	Approval	cervical; without contrast material	NOT a Medicare member.	1 2023 2023
, , , , ,			,	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic	
				back pain; The patient does not have new or changing neurologic signs or symptoms.; The	
			72146 Magnetic resonance (eg, proton)	patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once	
4/1/2023 -			imaging, spinal canal and contents,	for these symptoms.; The physician has directed conservative treatment for the past 6	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Radiology	Approval	thoracic; without contrast material	weeks.; The patient has completed 6 weeks of physical therapy?	1 2023 2023
		•••	,		
			72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -			imaging, spinal canal and contents,	This study is being requested for 6 weeks of completed conservative care in the past 6	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Radiology	Approval	lumbar; without contrast material	months	2 2023 2023
			72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -			imaging, spinal canal and contents,	This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Radiology	Approval	lumbar; without contrast material	The patient has Focal extremity weakness	1 2023 2023
				This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The	
				ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or	
4/1/2023 -			72192 Computed tomography, pelvis;	PCP ordering on behalf of a specialist who has seen the patient."; This study is being ordered	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Radiology	Approval	without contrast material	for initial staging.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2023 2023
			72196 Magnetic resonance (eg, proton)		
4/1/2023 -			imaging, pelvis; with contrast	The patient is female.; Persistent pain best describes the reason for this procedure; An MRI	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Radiology	Approval	material(s)	study has been previously conducted.; The pain is in the Lower abdomen	1 2023 2023
				This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer,	
				mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or	
				abdominal cancer.; This study is ordered for something other than staging of a known tumor	
				(not) prostate, known prostate CA with PSA> 10, abdominal mass, Retroperitoneal mass	
4/1/2023 -			74150 Computed tomography,	or new symptoms including hematuria with known CA or tumor.; Yes this is a request for a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Radiology	Approval	abdomen; without contrast material	Diagnostic CT	1 2023 2023
				This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer,	
4/1/2023 -			74150 Computed tomography,	mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Radiology	Approval	abdomen; without contrast material	abdominal cancer.; Yes this is a request for a Diagnostic CT ; This is a Medicare member.	1 2023 2023
			74174 Computed tomographic		
			74174 Computed tomographic angiography, abdomen and pelvis, with		
4/1/2023 -			angiography, abdomen and pelvis, with		Apr-Jun
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Radiology	Approval	angiography, abdomen and pelvis, with contrast material(s), including	This is a request for CT Angiography of the Abdomen and Pelvis.	Apr-Jun 1 2023 2023

			74175 Computed tomographic		
			angiography, abdomen, with contrast		
			material(s), including noncontrast		
4/1/2023 -			images, if performed, and image		Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Radiology	Approval	postprocessing	Yes, this is a request for CT Angiography of the abdomen.	1 2023 2023
				Restaging for Non-Small Cell Lung Cancer (Thorax) - Stage IIB; This study is being ordered for	
			74176 Computed tomography,	a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
4/1/2023 -			abdomen and pelvis; without contrast	Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Radiology	Approval	material	RadMD.	1 2023 2023
	, ,	• • •		This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This	
			74176 Computed tomography,	study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is	
4/1/2023 -			abdomen and pelvis; without contrast	acute or chronic.; This is the first visit for this complaint.; It is unknown if the patient had an	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Radiology	Approval	material	Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Radiology	Арргочаг	74176 Computed tomography,	This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post	1 2023 2023
4/1/2023 -			abdomen and pelvis; without contrast	op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The	Apr-Jun
1 ' '	C/20/2022 Dediales.	A	•	· · · · · · · · · · · · · · · · · · ·	· ·
6/30/2023 4/1/2023	6/30/2023 Radiology	Approval	material	study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2023 2023
			7417C Committed to magnetic	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
. /. /2022			74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/1/2023 -			abdomen and pelvis; without contrast	this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Radiology	Approval	material	NOT performed.; Yes this is a request for a Diagnostic CT	1 2023 2023
				This is a request for an Abdomen and Pelvis CT.; This study is not being requested for	
			74176 Computed tomography,	abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT; There is	
4/1/2023 -			abdomen and pelvis; without contrast	documentation of a known tumor or a known diagnosis of cancer; This is study being	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Radiology	Approval	material	ordered for a concern of cancer such as for diagnosis or treatment.	1 2023 2023
				This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or	
			74181 Magnetic resonance (eg, proton)	suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT,	
4/1/2023 -			imaging, abdomen; without contrast	MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Radiology	Approval	material(s)	There is suspicion of metastasis.	1 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,	1.1.	101		
			78816 Positron emission tomography		
			(PET) with concurrently acquired		
			computed tomography (CT) for	; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT	
4/1/2023 -			attenuation correction and anatomical	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Radiology	Approval			1 2023 2023
0/30/2023 4/1/2023	6/30/2023 Radiology	Approval	localization imaging; whole body	Oncology; This case was created via RadMD.	1 2023 2023
			7004 C Basiltona annianian tanan annah	A bissess of behavior data assessment This Bat Come is being a second of the Comment of	
			78816 Positron emission tomography	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or	
			(DET) 11 11 1 1		
			(PET) with concurrently acquired	Known Cancer; This study is being ordered for something other than listed above.; This study	
			computed tomography (CT) for	is being requested for Cervical Cancer.; This PET Scan is being requested to Confirm or	
4/1/2023 -			computed tomography (CT) for attenuation correction and anatomical	is being requested for Cervical Cancer.; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This is for a Routine/Standard PET Scan using FDG	Apr-Jun
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Radiology	Approval	computed tomography (CT) for	is being requested for Cervical Cancer.; This PET Scan is being requested to Confirm or	Apr-Jun 1 2023 2023
	6/30/2023 Radiology	Approval	computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	is being requested for Cervical Cancer.; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This is for a Routine/Standard PET Scan using FDG	· ·
	6/30/2023 Radiology	Approval	computed tomography (CT) for attenuation correction and anatomical	is being requested for Cervical Cancer.; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This is for a Routine/Standard PET Scan using FDG	· ·
	6/30/2023 Radiology	Approval	computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	is being requested for Cervical Cancer.; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This is for a Routine/Standard PET Scan using FDG	· ·
	6/30/2023 Radiology	Approval	computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body 78816 Positron emission tomography	is being requested for Cervical Cancer.; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	· ·
	6/30/2023 Radiology	Approval	computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body 78816 Positron emission tomography (PET) with concurrently acquired	is being requested for Cervical Cancer.; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or	· ·
6/30/2023 4/1/2023	6/30/2023 Radiology 6/30/2023 Radiology	Approval Approval	computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for	is being requested for Cervical Cancer.; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Colo-rectal Cancer.; This PET Scan is being	1 2023 2023
6/30/2023 4/1/2023 4/1/2023 -			computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	is being requested for Cervical Cancer.; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Colo-rectal Cancer.; This PET Scan is being requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG	1 2023 2023 Apr-Jun
6/30/2023 4/1/2023 4/1/2023 -			computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	is being requested for Cervical Cancer.; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Colo-rectal Cancer.; This PET Scan is being requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG	1 2023 2023 Apr-Jun
6/30/2023 4/1/2023 4/1/2023 -			computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body 78816 Positron emission tomography	is being requested for Cervical Cancer.; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Colo-rectal Cancer.; This PET Scan is being requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2023 2023 Apr-Jun
6/30/2023 4/1/2023 4/1/2023 -			computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body 78816 Positron emission tomography (PET) with concurrently acquired	is being requested for Cervical Cancer.; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Colo-rectal Cancer.; This PET Scan is being requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or	1 2023 2023 Apr-Jun
6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023			computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for	is being requested for Cervical Cancer.; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Colo-rectal Cancer.; This PET Scan is being requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Lymphoma or Myeloma.; This PET Scan is	1 2023 2023 Apr-Jun 1 2023 2023
6/30/2023 4/1/2023 4/1/2023 -			computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body 78816 Positron emission tomography (PET) with concurrently acquired	is being requested for Cervical Cancer.; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Colo-rectal Cancer.; This PET Scan is being requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose) A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or	1 2023 2023 Apr-Jun

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Radiology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This PET Scan is being requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Radiology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Radiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Known or suspected left ventricular disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Radiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient does not have a history of a recent heart attack or hypertensive heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Known or suspected left ventricular disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		6/30/2023 Radiology	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; A previous TTE (Transthoracic Echocardiogram) has not been completed	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Radiology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Radiology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	recurrent esophageal cancer; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Radiology	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	•	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Radiology	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Denied Not	PATIENT WITH NECK/BACK PAIN;;HAS BEEN TO PT FOR 4 WEEKS WITH LITTLE RELIEF;;DR REQUESTING MRI'S TO EVAL FOR STENOSIS; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago; Physical Therapy was completed for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		6/30/2023 Radiology	Disapproval	72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic; without contrast material	Radiology Services Denied Not	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does have new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.	Apr-Jun 1 2023 2023

						PATIENT WITH NECK/BACK PAIN;;HAS BEEN TO PT FOR 4 WEEKS WITH LITTLE RELIEF;;DR REQUESTING MRI'S TO EVAL FOR STENOSIS; There has been treatment or conservative	
				7044044 11 1 1 1		•	
				72148 Magnetic resonance (eg, proton)		therapy.; This case was created via RadMD.; This study is being ordered for Neurological	
4/1/2023		-//		imaging, spinal canal and contents,	Denied Not	Disorder; The primary symptoms began less than 6 months ago; Physical Therapy was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Radiology	Disapproval	lumbar; without contrast material	Medically Necessary	completed for this diagnosis	1 2023 2023
						This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer,	
						mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or	
						abdominal cancer.; This study is ordered for something other than staging of a known tumor	
					Radiology Services	(not) prostate, known prostate CA with PSA> 10, abdominal mass, Retroperitoneal mass	
4/1/2023				74150 Computed tomography,	Denied Not	or new symptoms including hematuria with known CA or tumor.; Yes this is a request for a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Radiology	Disapproval	abdomen; without contrast material	Medically Necessary	Diagnostic CT	1 2023 2023
				74176 Computed tomography,	Radiology Services	; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT	
4/1/2023				abdomen and pelvis; without contrast	Denied Not	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Radiology	Disapproval	material	Medically Necessary	Oncology; This case was created via RadMD.	1 2023 2023
				74176 Computed tomography,	Radiology Services	recurrent esophageal cancer; This study is being ordered for a metastatic disease.; The	
4/1/2023				abdomen and pelvis; without contrast	Denied Not	ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Radiology	Disapproval	material	Medically Necessary	Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1 2023 2023
			•			This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
				74176 Computed tomography,	Radiology Services	and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical	
4/1/2023				abdomen and pelvis; without contrast	Denied Not	exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were	Apr-Jun
6/30/2023		6/30/2023 Radiology	Disapproval	material		abnormal.; Yes this is a request for a Diagnostic CT	1 2023 2023
0,00,000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2,22,222			, , , , , , , , , , , , , , , , , , , ,		
				78816 Positron emission tomography		A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or	
				(PET) with concurrently acquired		Known Cancer; This study is being ordered for something other than listed above.; This study	
				computed tomography (CT) for	Radiology Services	is being requested for an other solid tumor.; This PET Scan is being requested for	
4/1/2023				attenuation correction and anatomical	Denied Not	Surveillance following the completion of therapy or treatment without new signs or	Apr-Jun
6/30/2023		6/30/2023 Radiology	Disapproval	localization imaging; whole body		symptoms; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Radiology	Disappiovai	localization imaging, whole body	ivieuically ivecessary	symptoms, this is for a routine/standard FET scan using FDG (ndorodeoxygidcose)	1 2023 2023
				78816 Positron emission tomography			
				(PET) with concurrently acquired			
				computed tomography (CT) for	Radiology Consises	recurrent esophageal cancer; This study is being ordered for a metastatic disease.; The	
4/1/2022				attenuation correction and anatomical	Radiology Services	, , , ,	Ane lun
4/1/2023		C/20/2022 Dediales.	Disamenated		Denied Not	ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Radiology	Disapproval	localization imaging; whole body	iviedically inecessary	Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	Rehabilitatio 6/30/2023 ns Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-onone) patient contact, each 15 minutes	Body Part passes complete; Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Shoulder; Body Part for second pass is Shoulder; 04/19/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Shoulder selected as the specific body part; Shoulder selected as the specific body part; Body Part pass complete; Questions about your Shoulder request:; Questions about your Shoulder request:; Three or more visits anticipated; Therapy type is Rehabilitative; Non-Surgical; Non-Surgical; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; The anticipated number of visits is other than 2.; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Second Pass Starting; Requestor is not a fax; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Mild or moderate objective and functional deficits with instability: sporadic symptoms with minimal to moderate loss of range of motion, strength, or ability to perform daily tasks best describes the patient's clinical presentation; Upper Extremity was selected as the first body type/region; Upper Extremity selected as the second body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cocupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational Therapy was selected; The health carrier is NOT New Hampshire Healthy Families; Occupationa	Apr-Jun 1 2023 2023
0/30/2023 4/1/2023	0/30/2023 113 Approval	one, patient contact, each 15 minutes	was requested, the health carrier is NOT HINDA, The health carrier is NOT HINDA	1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Rheumatolo 6/30/2023 gy Approval	70450 Computed tomography, head or brain; without contrast material	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Rheumatolo 6/30/2023 gy Approval	70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; Surgery is NOT scheduled in the next 30 days.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Rheumatolo 6/30/2023 gy Approval	71250 Computed tomography, thorax; without contrast material	A Chest/Thorax CT is being ordered.; This study is being ordered for non of the above.; Yes this is a request for a Diagnostic CT; The study is being ordered for none of the above.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Rheumatolo 6/30/2023 gy Approval	71250 Computed tomography, thorax;	The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for known or suspected inflammatory disease or pneumonia.	Apr-Jun 1 2023 2023
4/1/2023 -	Rheumatolo	71250 Computed tomography, thorax;	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began more than 1	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 gy Approval	without contrast material	year ago; Medications were given for this diagnosis	1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Rheumatolo 6/30/2023 gy Approval	71250 Computed tomography, thorax; without contrast material	There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for known or suspected inflammatory disease or pneumonia.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Rheumatolo 6/30/2023 gy Approval	71250 Computed tomography, thorax; without contrast material	They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for work-up for suspicious mass.; There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Rheumatolo 6/30/2023 gy Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has completed 6 weeks of physical therapy?; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023

		72141 Magnetic resonance (eg, proton)	fax; There has been treatment or conservative therapy.; This case was created via RadMD.;	
4/1/2023 -	Rheumatolo	imaging, spinal canal and contents,	This study is being ordered for Neurological Disorder; The primary symptoms began less	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 gy Approval	cervical; without contrast material	than 6 months ago; Medications were given for this diagnosis	1 2023 2023
0/30/2023 4/1/2023	6/30/2023 gy Approvai	cervical, without contrast material	trian 6 months ago, Medications were given for this diagnosis	1 2023 2023
		72141 Magnetic resonance (eg, proton)	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	
4/1/2023 -	Rheumatolo	imaging, spinal canal and contents,	longstanding neck pain; The patient has a neurological deficit; This is a Medicare member.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 gy Approval	cervical; without contrast material	The patient has Focal upper extremity weakness	1 2023 2023
0/30/2023 4/1/2023	6/30/2023 gy Approvai	Cervical, without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic	1 2023 2023
			back pain; The patient does not have new or changing neurologic signs or symptoms.; The	
		72146 Magnetic reconance (eg. proten)		
4/4/2022	Dh	72146 Magnetic resonance (eg, proton)	patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once	A Iv.
4/1/2023 -	Rheumatolo	imaging, spinal canal and contents,	for these symptoms.; The physician has not directed conservative treatment for the past 6	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 gy Approval	thoracic; without contrast material	weeks.	1 2023 2023
		7044044	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
. /. /	_,	72148 Magnetic resonance (eg, proton)	This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is	
4/1/2023 -	Rheumatolo	imaging, spinal canal and contents,	NOT General/Family Practice, Internal Medicine, Unknown, Other, Advanced Practice	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 gy Approval	lumbar; without contrast material	Registered Nurse or Preventative Medicine	1 2023 2023
		72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree;	
4/1/2023 -	Rheumatolo	imaging, spinal canal and contents,	Medications have been taken for the patient's back pain; The procedure is being ordered for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 gy Approval	lumbar; without contrast material	acute or chronic back pain	1 2023 2023
		72196 Magnetic resonance (eg, proton)		
4/1/2023 -	Rheumatolo	imaging, pelvis; with contrast	; This is a request for a Pelvis MRI.; No, this is not a preoperative study.; The study is being	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 gy Approval	material(s)	ordered for suspicion of pelvic inflammatory disease or abscess.	1 2023 2023
		72196 Magnetic resonance (eg, proton)		
4/1/2023 -	Rheumatolo	imaging, pelvis; with contrast		Apr-Jun
6/30/2023 4/1/2023	6/30/2023 gy Approval	material(s)	The patient is male.; Other not listed best describes the reason for this procedure	1 2023 2023
		72196 Magnetic resonance (eg, proton)		
4/1/2023 -	Rheumatolo	imaging, pelvis; with contrast	This is a request for a Pelvis MRI.; Surgery is planned for within 30 days.; The study is being	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 gy Approval	material(s)	ordered for Evaluation of the pelvis prior to surgery or laparoscopy.	1 2023 2023
		72196 Magnetic resonance (eg, proton)		
4/1/2023 -	Rheumatolo	imaging, pelvis; with contrast	This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 gy Approval	material(s)	joint or bone infection.; The study is being ordered for osteomyelitis.	1 2023 2023
	, , , , , , , , , , , , , , , , , , ,	73220 Magnetic resonance (eg, proton)	; This study is being ordered for a neurological disorder.; There has been treatment or	
		imaging, upper extremity, other than	conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
		joint; without contrast material(s),	Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via	
4/1/2023 -	Rheumatolo	followed by contrast material(s) and	RadMD.; The primary symptoms began 6 months to 1 year; Physical Therapy was completed	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 gy Approval	further sequences	for this diagnosis	1 2023 2023
.,, , _, _,	., ., ., ., ., ., ., ., ., ., ., ., ., .	73220 Magnetic resonance (eg, proton)		
		imaging, upper extremity, other than		
		joint; without contrast material(s),		
4/1/2023 -	Rheumatolo	followed by contrast material(s) and	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 gy Approval	further sequences	postoperative evaluation.	1 2023 2023
0,50,2025 4,1,2025	0/30/2023 By Appi0VdI	73220 Magnetic resonance (eg, proton)	postoperative evaluation.	1 2023 2023
		imaging, upper extremity, other than		
		joint; without contrast material(s),	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent	
4/1/2023 -	Phaymatala	• • •		An- 1
	Rheumatolo	followed by contrast material(s) and	postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 gy Approval	further sequences	metastasis.; There is suspicion of upper extremity bone or soft tissue infection.	5 2023 2023
		73220 Magnetic resonance (eg, proton)		
		imaging, upper extremity, other than	The second is formal and the second in the s	
. /. /	_,	joint; without contrast material(s),	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent	_
4/1/2023 -	Rheumatolo	followed by contrast material(s) and	postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 gy Approval	further sequences	metastasis.; There is suspicion of upper extremity bone or soft tissue infection.	6 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	Rheumatolo 6/30/2023 gy Approval	73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This patient is having numbness and swelling in the right hand she's unable to bend it back or make a fist. She been taking Gabapentin, she's had several surgeries. She also had Physical therapy. She had a x-ray of her hand and wrist on 04-14-23.; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	Apr-Jun 1 2023 2023
0,00,000	c/ cc/ = c = 6/		-, p	
4/1/2023 - 6/30/2023 4/1/2023	Rheumatolo 6/30/2023 gy Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Rheumatolo 6/30/2023 gy Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The pain is described as chronic; The member has failed a 4 week course of conservative management in the past 3 months.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Rheumatolo 6/30/2023 gy Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	The study is for infection or inflammation.; There are physical exam findings, laboratory results, other imaging including bone scan or ultrasound confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is planned in the next 4 weeks.; This request is for a wrist MRI.; The reason for the study is not for evaluation of wrist pain.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Rheumatolo 6/30/2023 gy Approval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	This patient is having numbness and swelling in the right hand she's unable to bend it back or make a fist. She been taking Gabapentin, she's had several surgeries. She also had Physical therapy. She had a x-ray of her hand and wrist on 04-14-23.; This study is being ordered for a neurological disorder.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 -	Rheumatolo	73700 Computed tomography, lower	This is a request for a foot CT.; "There is not a history (within the past six weeks) of significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe pain in the foot within the last two weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The patient does not have a documented limitation of their range of motion.; Yes this is a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 gy Approval	extremity; without contrast material	request for a Diagnostic CT	1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Rheumatolo 6/30/2023 gy Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has been treated with anti-inflammatory medication for at least 6 weeks.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Rheumatolo 6/30/2023 gy Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for an Ankle MRI.; The study is requested for ankle pain.; It is unknown if there is a suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.; It is not known if there is a suspicion of fracture not adequately determinjed by x-ray.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Rheumatolo 6/30/2023 gy Approval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Rheumatolo 6/30/2023 gy Approval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	This is a requests for a hip MRI.; The request is not for hip pain.; The study is for Aseptic Necrosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	Rheumatolo 6/30/2023 gy Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Rheumatolo 6/30/2023 gy	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Rheumatolo 6/30/2023 gy	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	Apr-Jun 1 2023 2023
4/1/2023 -	. (. (Rheumatolo		93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 gy	Approval	or color Doppler echocardiography		This study is being ordered for Evaluation of Pulmonary Hypertension.	1 2023 2023
4/1/2023 -		Rheumatolo		70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	Denied Not	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 gy	Disapproval	without contrast material	Medically Necessary	abnormality, loss of smell, hearing loss or vertigo. It is not known if there is radiologic evidence of asbestosis.; "The caller doesn't know if there	1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Rheumatolo 6/30/2023 gy	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is not known if there is radiologic evidence of a lung abscess or empyema.; It is not known if there is radiologic evidence of pneumoconiosis e.g. black lung disease or silicosis.; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for known or suspected inflammatory disease or pneumonia.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		Rheumatolo 6/30/2023 gy	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material		Patient has completed 6 weeks of physical therapy which ended with having more pain than before she started. Patient was told she had lumbar spinal stenosis per MRI of lumbar spine. Patient is getting no relief from any treatments that we have tried.; This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Rheumatolo 6/30/2023 gy	Disapproval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Denied Not	This is a request for cervical spine MRI; This procedure is being requested for Chronic / longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		Rheumatolo 6/30/2023 gy	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not	fax; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Rheumatolo 6/30/2023 gy	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6 months	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Rheumatolo 6/30/2023 gy	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Denied Not	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	Apr-Jun 1 2023 2023

4/1/2022		Dharmatala		72148 Magnetic resonance (eg, proton)		The shirth requirement is a Lymphon Cuine MDL. The actions has a subsequence has been used.	Ama lum
4/1/2023 - 6/30/2023	4/1/2023	Rheumatolo 6/30/2023 gy	Disapproval	imaging, spinal canal and contents, lumbar; without contrast material	Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Follow-up to spine injection in the past 6 months	Apr-Jun 1 2023 2023
0/30/2023	4/1/2023	0/30/2023 69	ызарргочаг	iambar, without contrast material	Wiedically Weeessally	This study is being requested for rollow up to spine injection in the past of months	1 2023 2023
				72148 Magnetic resonance (eg, proton)	Radiology Services	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -		Rheumatolo		imaging, spinal canal and contents,	Denied Not	This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 gy	Disapproval	lumbar; without contrast material	Medically Necessary	The patient has Focal extremity weakness	1 2023 2023
4/1/2022		Dhaumatala		72148 Magnetic resonance (eg, proton)		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	A man laum
4/1/2023 - 6/30/2023	4/1/2022	Rheumatolo	Disapproval	imaging, spinal canal and contents, lumbar; without contrast material	Denied Not	This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has New symptoms of bowel or bladder dysfunction	Apr-Jun 1 2023 2023
0/30/2023	4/1/2023	6/30/2023 gy	Disapproval	iumbar, without contrast material	ivieuically ivecessary	The patient has New symptoms of bower of bladder dysfunction	1 2023 2023
				72196 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -		Rheumatolo		imaging, pelvis; with contrast	Denied Not	This is a request for a Pelvis MRI.; The study is being ordered for pelvic trauma or injury.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 gy	Disapproval	material(s)	Medically Necessary	This is an evaluation of the pelvic girdle.; The ordering physician is not an orthopedist.	1 2023 2023
				72196 Magnetic resonance (eg, proton)		This is a request for a Pelvis MRI.; The study is being ordered for something other than	
4/1/2023 -		Rheumatolo		imaging, pelvis; with contrast	Denied Not	suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 gy	Disapproval	material(s)	Medically Necessary	1 1 0 1 1 1 1 1	1 2023 2023
				73220 Magnetic resonance (eg, proton)		; This study is being ordered for Inflammatory/ Infectious Disease.; There has been	
				imaging, upper extremity, other than joint; without contrast material(s),	Radiology Services	treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -		Rheumatolo		followed by contrast material(s) and	Denied Not	Oncology; This case was created via RadMD.; It is unknown when the primary symptoms	Apr-Jun
6/30/2023	4/1/2023		Disapproval	further sequences	Medically Necessary		1 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	., _,	-,, 8,		73220 Magnetic resonance (eg, proton)			
				imaging, upper extremity, other than			
				joint; without contrast material(s),	Radiology Services		
4/1/2023 -		Rheumatolo		followed by contrast material(s) and	Denied Not	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 gy	Disapproval	further sequences		postoperative evaluation.	1 2023 2023
				73220 Magnetic resonance (eg, proton)		The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent	
				imaging, upper extremity, other than	Dadialası Candasa	postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or	
4/1/2023 -		Rheumatolo		joint; without contrast material(s), followed by contrast material(s) and	Radiology Services Denied Not	metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The ordering physician is not an orthopedist.; There is not a history of upper extremity trauma or	Apr-Jun
6/30/2023	4/1/2023		Disapproval	further sequences	Medically Necessary		1 2023 2023
0/30/2023	4/1/2023	0/30/2023 69	ызарргочаг	ruriner sequences	Wiedically Weeessally	this pt is complaining of tingling and numbness in her digits and also complains of right	1 2023 2023
						upper arm radiculopathy. She complains of diffuse pain in multiple joints and has swelling in	
				73220 Magnetic resonance (eg, proton)		her right wrist.; This study is being ordered for trauma or injury.; There has been treatment	
				imaging, upper extremity, other than		or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist,	
				joint; without contrast material(s),	Radiology Services	Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created	
4/1/2023 -		Rheumatolo		followed by contrast material(s) and	Denied Not	via RadMD.; The primary symptoms began more than 1 year ago; Physical Therapy was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 gy	Disapproval	further sequences		completed for this diagnosis	1 2023 2023
				73220 Magnetic resonance (eg, proton) imaging, upper extremity, other than		this pt is have joint pain, she has done 6 weeks of conservative treatment, she also had a x-ray done. Patient is also taking prednisone 10 mg tables.; This study is being ordered for a	
				joint; without contrast material(s),	Radiology Services	metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
4/1/2023 -		Rheumatolo		followed by contrast material(s) and	Denied Not	Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via	Apr-Jun
6/30/2023	4/1/2023		Disapproval	further sequences	Medically Necessary		1 2023 2023
				73220 Magnetic resonance (eg, proton)	,	This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment	
				imaging, upper extremity, other than		or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist,	
				joint; without contrast material(s),	Radiology Services	Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created	
4/1/2023 -		Rheumatolo		followed by contrast material(s) and	Denied Not	via BBI.; The primary symptoms began 6 months to 1 year; Physical Therapy was completed	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 gy	Disapproval	further sequences	Medically Necessary	· · · · · · · · · · · · · · · · · · ·	1 2023 2023
						; This study is being ordered for a neurological disorder.; There has been treatment or	
				73221 Magnetic resonance (eg, proton)	Radiology Services	conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via	
4/1/2023 -		Rheumatolo		imaging, any joint of upper extremity;	Denied Not	RadMD.; The primary symptoms began 6 months to 1 year; Physical Therapy was completed	Apr-Jun
6/30/2023	4/1/2023		Disapproval	without contrast material(s)	Medically Necessary	· · · · · · · · · · · · · · · · · · ·	1 2023 2023
, ,	, ,	, , 01			,,	<u> </u>	

						; This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	
				73221 Magnetic resonance (eg, proton)	Radiology Services	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -		Rheumatolo		imaging, any joint of upper extremity;	Denied Not	Oncology; This case was created via RadMD.; It is unknown when the primary symptoms	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 gy	Disapproval	without contrast material(s)	Medically Necessary	began; Medications were given for this diagnosis	1 2023 2023
						; This study is being ordered for trauma or injury.; There has been treatment or conservative	
4/4/2022		Dh		-		therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery,	A Iv
4/1/2023 - 6/30/2023	4/1/2022	Rheumatolo 6/30/2023 gy	Disapproval	imaging, any joint of upper extremity;	Denied Not	Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The	Apr-Jun 2 2023 2023
5/30/2023	4/1/2023	6/30/2023 gy	Disapprovai	without contrast material(s)	iviedically necessary	primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	2 2023 2023
				73221 Magnetic resonance (eg, proton)	Radiology Services	infected tenosynovitis in the right wrist; The pain is not from a recent injury, old injury,	
4/1/2023 -		Rheumatolo		imaging, any joint of upper extremity;	Denied Not	chronic pain or a mass.; This request is for a wrist MRI.; This study is requested for	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 gy	Disapproval	without contrast material(s)	Medically Necessary	evalutation of wrist pain.	1 2023 2023
				73221 Magnetic resonance (eg, proton)			
4/1/2023 -		Rheumatolo		imaging, any joint of upper extremity;	Denied Not	infective tenosynovitis; The pain is not from a recent injury, old injury, chronic pain or a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 gy	Disapproval	without contrast material(s)	Medically Necessary	mass.; This request is for a wrist MRI.; This study is requested for evalutation of wrist pain.	1 2023 2023
				73221 Magnetic resonance (eg, proton)	Padiology Sonricos	The pain is described as chronic; The member has failed a 4 week course of conservative	
4/1/2023 -		Rheumatolo		imaging, any joint of upper extremity;	Denied Not	management in the past 3 months.; This request is for a wrist MRI.; This study is requested	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 gy	Disapproval	without contrast material(s)		for evalutation of wrist pain.	1 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	., _,	0,00,000			, , , , , , , , , , , , , , , , , , , ,	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	
						described as chronic; The physician has directed conservative treatment for the past 4	
						weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The	
						patient has been treated with medication.; It is not known if the patient has completed 4	
				73221 Magnetic resonance (eg, proton)		weeks or more of Chiropractic care.; It is not known if the physician has directed a home	
4/1/2023 -		Rheumatolo		imaging, any joint of upper extremity;	Denied Not	exercise program for at least 4 weeks.; The patient recevied medication other than joint	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 gy	Disapproval	without contrast material(s)	Medically Necessary	injections(s) or oral analgesics.;	1 2023 2023
				73221 Magnetic resonance (eg, proton)	Dadialası Camiasa	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	
4/1/2023 -		Rheumatolo		imaging, any joint of upper extremity;	Denied Not	described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 gy	Disapproval	without contrast material(s)		treated with medication.; The patient recevied joint injection(s).	1 2023 2023
-,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0,00,000			, , , , , , , , , , , , , , , , , , , ,		
				73221 Magnetic resonance (eg, proton)	Radiology Services	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a	
4/1/2023 -		Rheumatolo		imaging, any joint of upper extremity;	Denied Not	recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 gy	Disapproval	without contrast material(s)	Medically Necessary	Surgery or arthrscopy is scheduled in the next 4 weeks.; This is NOT a Medicare member.	1 2023 2023
						this pt is complaining of tingling and numbness in her digits and also complains of right	
						upper arm radiculopathy. She complains of diffuse pain in multiple joints and has swelling in	
						her right wrist.; This study is being ordered for trauma or injury.; There has been treatment	
				73221 Magnetic resonance (eg, proton)	Padiology Sonvices	or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created	
4/1/2023 -		Rheumatolo		imaging, any joint of upper extremity;	Denied Not	via RadMD.; The primary symptoms began more than 1 year ago; Physical Therapy was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 gy	Disapproval	without contrast material(s)		completed for this diagnosis	1 2023 2023
0,00,2020	1, 2, 2020	0/00/2020 6/	эларргота.	mandat domarast material(s)	Tricularly Tredessary	this pt is have joint pain, she has done 6 weeks of conservative treatment, she also had a x-	1 2023 2023
						ray done. Patient is also taking prednisone 10 mg tables.; This study is being ordered for a	
				73221 Magnetic resonance (eg, proton)	Radiology Services	metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
4/1/2023 -		Rheumatolo		imaging, any joint of upper extremity;	Denied Not	Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 gy	Disapproval	without contrast material(s)	Medically Necessary		1 2023 2023
						This study is being ordered for Inflammatory/ Infectious Disease.; There has been treatment	
						or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist,	
4 /4 /2025		DI		73221 Magnetic resonance (eg, proton)		Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created	
4/1/2023 -	4/1/2023	Rheumatolo		imaging, any joint of upper extremity;	Denied Not	via BBI.; The primary symptoms began 6 months to 1 year; Physical Therapy was completed	Apr-Jun
	4/1//0/3	6/30/2023 gy	Disapproval	without contrast material(s)	Medically Necessary	iui uiis uiagiiusis	1 2023 2023

		72720 Managatia anno 100 anno 1			
		73720 Magnetic resonance (eg, proton) imaging, lower extremity other than			
			Dadialası Camiasa	This is a various face of each NADL. The abody is being audoual factors using The abody is NAT	
4/4/2022	Dharmatala	joint; without contrast material(s),	Radiology Services	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is NOT	A 1
4/1/2023 -	Rheumatolo	followed by contrast material(s) and	Denied Not	being ordered for chronic pain, acute pain, rule our tarsal coalition, known or suspected	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 gy Disapprov		Medically Necessary	septic arthritis or oseteomylitis, tendonitis, neuroma or plantar fasciitis.	1 2023 2023
		73720 Magnetic resonance (eg, proton)			
		imaging, lower extremity other than			
		joint; without contrast material(s),	Radiology Services	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
4/1/2023 -	Rheumatolo	followed by contrast material(s) and	Denied Not	an indication for knee imaging; 'None of the above' were noted on the physical examination;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 gy Disapprov	·		The ordering MDs specialty is NOT Orthopedics.	1 2023 2023
		73720 Magnetic resonance (eg, proton)			
		imaging, lower extremity other than			
		joint; without contrast material(s),	Radiology Services	This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a	
4/1/2023 -	Rheumatolo	followed by contrast material(s) and	Denied Not	fracture which does not show healing (non-union fracture).; This is not a pre-operative study	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 gy Disapprov	l further sequences	Medically Necessary	for planned surgery.; Non Joint is being requested.	1 2023 2023
				Patient has completed 6 weeks of physical therapy which ended with having more pain than	
				before she started. Patient was told she had lumbar spinal stenosis per MRI of lumbar spine.	
				Patient is getting no relief from any treatments that we have tried.; This study is being	
				ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative	
				therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery,	
		73721 Magnetic resonance (eg, proton)	Radiology Services	Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The	
4/1/2023 -	Rheumatolo	imaging, any joint of lower extremity;	Denied Not	primary symptoms began 6 months to 1 year; Physical Therapy was completed for this	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 gy Disapprov		Medically Necessary		1 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3,		, , , , , , , , , , , , , , , , , , , ,		
		73721 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -	Rheumatolo	imaging, any joint of lower extremity;	Denied Not	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 gy Disapprov			member has failed a 4 week course of conservative management in the past 3 months.	1 2023 2023
0,00,2020 1,2,2020	5,56,2525 gy 2.5app.ct		medically recessary	member has raised a 1 week course of conservative management in the past of months.	1 2023 2025
		78816 Positron emission tomography			
		(PET) with concurrently acquired		A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or	
		computed tomography (CT) for	Radiology Services	Known Cancer; This study is being ordered for something other than listed above.; This study	
4/1/2023 -	Rheumatolo	attenuation correction and anatomical	Denied Not	is not being ordered for None of the above.; This is for a Routine/Standard PET Scan using	Apr-Jun
6/30/2023 4/1/2023				FDG (fluorodeoxyglucose)	1 2023 2023
0/30/2023 4/1/2023	6/30/2023 gy Disapprov	l localization imaging; whole body	Medically Necessary	rbd (Ildorodeoxygidcose)	1 2023 2023
		02207 Feb a cardia aveable, transhbarasia			
		93307 Echocardiography, transthoracic	•		
		real-time with image documentation			
. /. /	_,	(2D), includes M-mode recording, when			
4/1/2023 -	Rheumatolo	performed, complete, without spectral	Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 gy Disapprov	or color Doppler echocardiography	Medically Necessary	This study is being ordered for Evaluation of Pulmonary Hypertension.	1 2023 2023
		72141 Magnetic resonance (eg, proton)			
4/1/2023 -	Sports	imaging, spinal canal and contents,		This is a request for cervical spine MRI; This procedure is being requested for Chronic /	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine Approval	cervical; without contrast material		longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	1 2023 2023
		72148 Magnetic resonance (eg, proton)		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -	Sports	imaging, spinal canal and contents,		This study is being requested for 6 weeks of completed conservative care in the past 6	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine Approval	lumbar; without contrast material		months	2 2023 2023
		72148 Magnetic resonance (eg, proton)		The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree;	
4/1/2023 -	Sports	imaging, spinal canal and contents,		Physical therapy has been completed for the patient's back pain; The procedure is being	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Medicine Approval	lumbar; without contrast material		ordered for acute or chronic back pain	1 2023 2023
		73220 Magnetic resonance (eg, proton)		·	
		imaging, upper extremity, other than joint; without contrast material(s),			
4/1/2023 -	Sports	imaging, upper extremity, other than joint; without contrast material(s),		The request is for an upper extremity non-joint MRI.: This is a preoperative or recent	Apr-Jun
4/1/2023 - 6/30/2023 4/1/2023	Sports 6/30/2023 Medicine Approval	imaging, upper extremity, other than		The request is for an upper extremity non-joint MRI.; This is a preoperative or recent postoperative evaluation.	Apr-Jun 1 2023 2023

				73221 Magnetic resonance (eg, proton)	The pain is described as chronic; The member has failed a 4 week course of conservative	
4/1/2023 -		Sports		imaging, any joint of upper extremity;	management in the past 3 months.; This is a request for an elbow MRI; The study is	Apr-Jun
6/30/2023 4/1/	2023 6/30/2023	iviedicine	Approval	without contrast material(s)	requested for evaluation of elbow pain.	1 2023 2023
				73221 Magnetic resonance (eg, proton)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a	
4/1/2023 -		Sports		imaging, any joint of upper extremity;	recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.;	Apr-Jun
6/30/2023 4/1/		•	Approval	without contrast material(s)	Surgery or arthrscopy is not scheduled in the next 4 weeks.	2 2023 2023
0/30/2023 4/1/	2023 0/30/2023	ivicaiciiic i	прргочи	73720 Magnetic resonance (eg, proton)	Surgery of arthropoly is not selectated in the next + weeks.	2 2023 2023
				imaging, lower extremity other than		
				joint; without contrast material(s),	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
4/1/2023 -		Sports		followed by contrast material(s) and	an indication for knee imaging; Effusion with blood (Hemarthrosis) was noted on the	Apr-Jun
6/30/2023 4/1/		•	Approval	further sequences	physical examination; The ordering MDs specialty is NOT Orthopedics.	1 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			1-1-	73720 Magnetic resonance (eg, proton)	, ,	
				imaging, lower extremity other than		
				joint; without contrast material(s),	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
4/1/2023 -		Sports		followed by contrast material(s) and	an indication for knee imaging; Instability was noted on the physical examination; The	Apr-Jun
6/30/2023 4/1/			Approval	further sequences	patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics.	1 2023 2023
			••	73720 Magnetic resonance (eg, proton)		
				imaging, lower extremity other than	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
				joint; without contrast material(s),	an indication for knee imaging; Instability was noted on the physical examination; The	
4/1/2023 -		Sports		followed by contrast material(s) and	patient is being treated with a Knee immobilizer; The ordering MDs specialty is NOT	Apr-Jun
6/30/2023 4/1/			Approval	further sequences	Orthopedics.	1 2023 2023
				73720 Magnetic resonance (eg, proton)	·	
				imaging, lower extremity other than		
				joint; without contrast material(s),	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
4/1/2023 -		Sports		followed by contrast material(s) and	an indication for knee imaging; Locking was noted on the physical examination; The ordering	Apr-Jun
6/30/2023 4/1/	2023 6/30/2023	Medicine	Approval	further sequences	MDs specialty is NOT Orthopedics.	1 2023 2023
				73720 Magnetic resonance (eg, proton)		
				imaging, lower extremity other than		
				joint; without contrast material(s),	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
4/1/2023 -		Sports		followed by contrast material(s) and	an indication for knee imaging; Positive Lachmann's test or "drawer" sign (abnormal) was	Apr-Jun
6/30/2023 4/1/	2023 6/30/2023	Medicine	Approval	further sequences	noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	1 2023 2023
				73720 Magnetic resonance (eg, proton)		
				imaging, lower extremity other than		
				joint; without contrast material(s),		
4/1/2023 -		Sports		followed by contrast material(s) and	This is a request for an Ankle MRI.; The study is requested for a reason other that ankle	Apr-Jun
6/30/2023 4/1/	2023 6/30/2023	Medicine	Approval	further sequences	pain.; The member has surgery planned.	1 2023 2023
					PAIN THAT IS RADIATING DOWN HER LATERAL HIP, SHE IS HAVING TROUBLE WALKING AS	
					WELL. THE PAIN IS ACHING SHARP AND THROBBING; This study is being ordered for a	
					neurological disorder.; There has been treatment or conservative therapy.; The ordering	
				73721 Magnetic resonance (eg, proton)	MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical	
4/1/2023 -		Sports		imaging, any joint of lower extremity;	Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms	Apr-Jun
6/30/2023 4/1/	2023 6/30/2023	Medicine	Approval	without contrast material	began less than 6 months ago; Physical Therapy was completed for this diagnosis	1 2023 2023
				73721 Magnetic resonance (eg, proton)		
4/1/2023 -		Sports		imaging, any joint of lower extremity;	This is a requests for a hip MRI.; The request is not for hip pain.; The study is for post	Apr-Jun
6/30/2023 4/1/	2023 6/30/2023	Medicine .	Approval	without contrast material	operative evaluation.	1 2023 2023
					PAIN THAT IS RADIATING DOWN HER LATERAL HIP, SHE IS HAVING TROUBLE WALKING AS	
					WELL. THE PAIN IS ACHING SHARP AND THROBBING; This study is being ordered for a	
					neurological disorder.; There has been treatment or conservative therapy.; The ordering	
				72148 Magnetic resonance (eg, proton) Radiology Service		
4/1/2023 -		Sports		imaging, spinal canal and contents, Denied Not	Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms	Apr-Jun
6/30/2023 4/1/	2023 6/30/2023	Medicine	Disapproval	lumbar; without contrast material Medically Neces	sary began less than 6 months ago; Physical Therapy was completed for this diagnosis	1 2023 2023

				72148 Magnetic resonance (eg, proton)	Radiology Services	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -	4/4/2022	Sports	Disamena	imaging, spinal canal and contents,	Denied Not	This study is being requested for 6 weeks of completed conservative care in the past 6	Apr-Jun 1 2023 2023
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	lumbar; without contrast material	Medically Necessary	monuns	1 2023 2023
				72148 Magnetic resonance (eg, proton)	Radiology Services	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -		Sports		imaging, spinal canal and contents,	Denied Not	This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr-Jun
6/30/2023	4/1/2022	6/30/2023 Medicine	Disapproval	lumbar; without contrast material		The patient has Focal extremity weakness	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Wedicine	Disappiovai	idilibai, without contrast material	ivieuically ivecessary	The patient has rocal extremity weakness	1 2023 2023
				73221 Magnetic resonance (eg, proton)	Radiology Services	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a	
4/1/2023 -		Sports		imaging, any joint of upper extremity;	Denied Not	recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Medicine	Disapproval	without contrast material(s)		Surgery or arthrscopy is not scheduled in the next 4 weeks.	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Wedicine	Disapprovai	without contrast material(s)	Wiedically Weeessary	Surgery of artifiscopy is not scriculica in the next 4 weeks.	1 2023 2023
				73721 Magnetic resonance (eg, proton)	Radiology Services	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to an old	
4/1/2023 -		Sports		imaging, any joint of lower extremity;	Denied Not	injury.; The member has not failed a 4 week course of conservative management in the past	Apr-Jun
	4/1/2023	6/30/2023 Medicine	Disapproval	without contrast material	Medically Necessary	* * * * * * * * * * * * * * * * * * * *	1 2023 2023
-,,	., _,	0,00,000	- 100		, , , , , , , , , , , , , , , , , , , ,	This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or suspected	
4/1/2023 -				70450 Computed tomography, head or		blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Approval	brain; without contrast material		symptoms best describes the reason that I have requested this test.	1 2023 2023
-,,	, ,	.,,		,		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT	
4/1/2023 -				70450 Computed tomography, head or		Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Approval	brain; without contrast material		Oncology; This case was created via BBI.	1 2023 2023
		, , , , ,	•••	70486 Computed tomography,		- Chi	
4/1/2023 -				maxillofacial area; without contrast		"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Approval	material		or skull, trauma or injury.fct"; Yes this is a request for a Diagnostic CT	1 2023 2023
		, , , , ,	•••				
4/1/2023 -				70490 Computed tomography, soft		This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Approval	tissue neck; without contrast material		neck.; Yes this is a request for a Diagnostic CT	1 2023 2023
						This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a	
4/1/2023 -				70490 Computed tomography, soft		palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Approval	tissue neck; without contrast material		NOT done.; Yes this is a request for a Diagnostic CT	2 2023 2023
						This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a	
4/1/2023 -				70490 Computed tomography, soft		palpable neck mass or lump.; The neck mass is larger than 1 cm.; It is unknown if a fine	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Approval	tissue neck; without contrast material		needle aspirate was done.; Yes this is a request for a Diagnostic CT	1 2023 2023
4/1/2023 -				70490 Computed tomography, soft		This is a request for neck soft tissue CT.; The study is being ordered as a pre-operative	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Approval	tissue neck; without contrast material		evaluation.; Yes this is a request for a Diagnostic CT	3 2023 2023
						This study is being ordered for something other than: known trauma or injury, metastatic	
						disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
						vascular disease.; There has been treatment or conservative therapy.; The ordering MDs	
						specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
4/1/2023 -				70490 Computed tomography, soft		Radiation Oncology; This case was created via BBI.; The primary symptoms began less than 6	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Approval	tissue neck; without contrast material		months ago; Medications were given for this diagnosis	1 2023 2023
				70496 Computed tomographic		Neck trauma, arterial injury suspected ;bcvi injury; This study is being ordered for trauma or	
				angiography, head, with contrast		injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is	
. /. /0				material(s), including noncontrast		NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -	4/4/2025	s /20 /2022 s		images, if performed, and image		Oncology; This case was created via RadMD.; The primary symptoms began less than 6	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Approval	postprocessing		months ago; Other not listed was done for this diagnosis	1 2023 2023
				70498 Computed tomographic		Neck trauma, arterial injury suspected ;bcvi injury; This study is being ordered for trauma or	
				angiography, neck, with contrast		injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is	
4/1/2022				material(s), including noncontrast		NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	A 1
4/1/2023 - 6/30/2023	4/1/2022	6/20/2022 Surger:	Annroyal	images, if performed, and image		Oncology; This case was created via RadMD.; The primary symptoms began less than 6	Apr-Jun 1 2023 2023
0/30/2023	4/1/2023	6/30/2023 Surgery	Approval	postprocessing		months ago; Other not listed was done for this diagnosis	1 2023 2023

6/30/2023	4/1/2023	6/30/2023 Surgery	Approval	without contrast material	year ago; Medications were given for this diagnosis	1 2023 2023
4/1/2023 -				71250 Computed tomography, thorax;	Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Other not listed; The primary symptoms began more than 1	Apr-Jun
					Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
0/30/2023	7/ 1/ 2023	0/30/2023 Suigely	Approvar	without contrast material	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	1 2023 2023
4/1/2023 - 6/30/2023	4/1/2022	6/30/2023 Surgery	Approval	71250 Computed tomography, thorax; without contrast material	This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago; Other not listed was done for this diagnosis	Apr-Jun 1 2023 2023
4/1/2022				713E0 Computed tomography therew	Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	Amar Inc.
					Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
					There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	
6/30/2023	4/1/2023	6/30/2023 Surgery	Approval	without contrast material	CT.; Yes this is a request for a Diagnostic CT	1 2023 2023
4/1/2023 -				71250 Computed tomography, thorax;	Pre-operative evaluation describes the reason for this request.; This is a request for a Chest	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Approval	without contrast material	primary symptoms began less than 6 months ago	1 2023 2023
4/1/2023 -				71250 Computed tomography, thorax;	combination.; This study is being ordered for Cancer/Tumor/ Metastatic Disease; The	Apr-Jun
					Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in	
					specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
0/30/2023	4/1/2023	6/30/2023 Surgery	Approval	without contrast material	It is not known if there has been any treatment or conservative therapy.; The ordering MDs	1 2023 2023
4/1/2023 - 6/30/2023	4/1/2022	6/20/2022 511707	Approval	71250 Computed tomography, thorax; without contrast material	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
6/30/2023	4/1/2023	6/30/2023 Surgery	Approval	without contrast material	mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	2 2023 2023
4/1/2023 -				71250 Computed tomography, thorax;	being ordered for work-up for suspicious mass.; There is NO radiographic evidence of lung,	Apr-Jun
0,00,2023	., _, _023	1,00,2020 Jungery	, ,pp. 5401	It contract material	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is	1 2023 2023
6/30/2023	4/1/2023	6/30/2023 Surgery	Approval	without contrast material	been treated for the cough	1 2023 2023
4/1/2023 -				71250 Computed tomography, thorax;	being ordered for Unresolved cough; A chest x-ray has been completed; The patient has	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Approval	without contrast material	this is a request for a Diagnostic CT; The study is being ordered for none of the above. A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is	2 2023 2023
4/1/2023 -	4/1/2022	6/20/2022 5	Approval	71250 Computed tomography, thorax;	A Chest/Thorax CT is being ordered.; This study is being ordered for non of the above.; Yes	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Approval	without contrast material	months ago	1 2023 2023
4/1/2023 -		- / /		71250 Computed tomography, thorax;	Oncology; This case was created via RadMD.; The primary symptoms began less than 6	Apr-Jun
					Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
					There are 2 exams are being ordered.; The ordering MDs specialty is NOT	
					vascular disease.; It is not known if there has been any treatment or conservative therapy.;	
					disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
-,00,2025	., 2, 2020	-,,	pp. 0.0.		; This study is being ordered for something other than: known trauma or injury, metastatic	1 2020 2020
6/30/2023	4/1/2023	6/30/2023 Surgery	Approval	without contrast material	patient has a biopsy proven cancer	1 2023 2023
4/1/2023 -				imaging, brain (including brain stem);	ordered for a tumor.; The last Brain MRI was performed more than 12 months ago; The	Apr-Jun
				70551 Magnetic resonance (eg, proton)	headache.; This study is being ordered for follow-up.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; This study is being	
					This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
6/30/2023	4/1/2023	6/30/2023 Surgery	Approval	without contrast material(s)	evaluation of lymphadenopathy or mass	1 2023 2023
4/1/2023 -				imaging, orbit, face, and/or neck;	"This is a request for orbit, face, or neck soft tissue MRI.239.8"; The study is ordered for the	Apr-Jun
				70540 Magnetic resonance (eg, proton)		
6/30/2023	4/1/2023	6/30/2023 Surgery	Approval	postprocessing	Oncology; This case was created via BBI.	1 2023 2023
4/1/2023 -				images, if performed, and image	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	Apr-Jun
				material(s), including noncontrast	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT	
				angiography, neck, with contrast		
6/30/2023	4/1/2023	6/30/2023 Surgery	Approval	postprocessing 70498 Computed tomographic	or more) best describes the clinical indication for requesting this procedure	1 2023 2023
4/1/2023 - 6/30/2023	4/1/2022	6/20/2022 5	Approval	images, if performed, and image	for vascular disease; Asymptomatic with abnormal ultrasound showing severe stenosis (70%	Apr-Jun
. /. /				material(s), including noncontrast	This case was created via RadMD.; Agree; This procedure is being requested for evaluation	
				angiography, neck, with contrast		
				70498 Computed tomographic		

There has been treatment for consequently through, the ordering Miss specially is MOT Hemotology or Relation of Oncology, this is a result for C1 of the Abdomen/Perks and Chest ardered in combinations, and the proposal of the Abdomen (Perks and Chest ardered in combinations, and the proposal of the Abdomen (Perks and Chest ardered in combinations, and the proposal of the Abdomen (Perks and Chest ardered in combinations, and the proposal of the Abdomen (Perks and Chest ardered in combinations, and the proposal of the Abdomen (Perks and Chest ardered in combinations, and the proposal of the Abdomen (Perks and Chest ardered in combinations, and the proposal of the Abdomen (Perks and Chest ardered in combinations, and the proposal of the Abdomen (Perks and Chest ardered in combinations, and the proposal of the Abdomen (Perks and Chest ardered in combinations, and the proposal of the Abdomen (Perks and Chest ardered in combinations, and the proposal of the Abdomen (Perks and Chest ardered in combinations, and the proposal of the Abdomen (Perks and Chest ardered in combinations, and the proposal of the Abdomen (Perks and Chest ardered in combinations, and the proposal of the Abdomen (Perks and Chest ardered in combinations, and the proposal of the Abdomen (Perks and Chest ardered in Combinations, and the proposal of the Abdomen (Perks and Chest ardered in Combinations, and the Abdomen (Perks and Chest ardered in Combinations, and the Abdomen (Perks and Chest ardered in Combinations, and the Abdomen (Perks and Chest ardered in Combinations, and the Abdomen (Perks and Chest ardered in Combinations, and the Abdomen (Perks and Chest ardered in Combinations, and the Abdomen (Perks and Chest ardered in Combinations, and the Abdomen (Perks and Chest ardered in Combinations, and the Abdomen (Perks and Chest ardered in Combinations, and the Abdomen (Perks and Chest ardered in Combinations, and the Abdomen (Perks and Chest ardered in Combinations, and the Abdomen (Perks and Chest ardered in Combinations, and the Abdomen (Perks						
Hernatologist/Chronicly, Surginal Chronicly, Surginal Chronicly, Part of Actional Chronicly on Relations (1974) African Surginy African Surginy Approach (1974) African Surginy Afri					There has been treatment or conservative therapy. The ordering MDs specialty is NOT	
A/J/2023 - A/J/2023 Surgery Approval Michael Control State (1997) Appr					• • • • • • • • • • • • • • • • • • • •	
April Process April Process						
649/2023 47/	4/1/2023 -			71250 Computed tomography, thorax:		Apr-Jun
There has not been any treatment or conservative therapy. The ordering Mis specially is NOT Personal Conference on the Property of Table 1 of the Property of Table 1 of Table 2		3 6/30/2023 Surgery	Approval			
NOT Hermatologist/Chnologist, Theories Sugrey, Oncology, Surgical Oncology or Application Oncology: This is a request for C of the Abdomeny-Rivks and Ches to device in combination; 3 Apr in months ago months a	0,00,000				The state of the s	
A1/2023 - 4/2023 Surgery Approval without contrast material months ago months						
### Springs ##						
### Springs ##	4/1/2023 -			71250 Computed tomography, thorax;	This study is being ordered for Other not listed; The primary symptoms began less than 6	Apr-Jun
April 1/2023		3 6/30/2023 Surgery	Approval			·
Al/1/2023 6/30/2023 Surgery Approval without contrast material primary symptoms began restricts and chest ordered in combination; 1 2023 2023 Al/1/2023 6/30/2023 Surgery Approval without contrast material primary symptoms began restricts and chest ordered in combination; 1 2023 2023 Al/1/2023 6/30/2023 Surgery Approval without contrast material primary symptoms began restricts and chest ordered in combination; 2 2023 Al/1/2023 6/30/2023 Surgery Approval without contrast material primary symptoms began restricts and chest ordered in combination; 3 2023 2023 Al/1/2023 6/30/2023 Surgery Approval without contrast material primary symptoms are primary symptoms and chest ordered in combination; 3 2023 2023 Al/1/2023 6/30/2023 Surgery Approval without contrast material primary symptoms are primary symptoms and chest ordered in combination; 4 2023 2023 Al/1/2023 6/30/2023 Surgery Approval without contrast material primary symptoms are primary symptoms began less than 6 2024 2023 2023 Al/1/2023 6/30/2023 Surgery Approval without contrast material primary symptoms began less than 6 2024 2023 2023 Al/1/2023 6/30/2023 Surgery Approval without contrast material primary symptoms began less than 6 2024 2023 2023 Al/1/2023 6/30/2023 Surgery Approval without contrast material primary symptoms began less than 6 2024 2023 2023 Al/1/2023 6/30/2023 Surgery Approval without contrast material primary symptoms began less than 6 2024 2023 2023 Al/1/2023 6/30/2023 Surgery Approval without contrast material primary symptoms began less than 6 2024 2023 2023 Al/1/2023 6/30/2023 Surgery Approval without contrast material primary symptoms began less than 6 2024 2023 2023 Al/1/2023 6/30/2023 Surgery Approval without contrast material primary symptoms of lung cancer or as a theory of sinchling; the primary symptoms began less than 6 2023 2023 Al/1/2023 6/30/2023 Surgery Approval without contrast material primary symptoms of lung cancer or as a three of the diligencies of the diligencies of the diligencies of this diligencies of the diligencies		, , , , ,	• • • • • • • • • • • • • • • • • • • •		There has not been any treatment or conservative therapy.; The ordering MDs specialty is	
4/1/2023 6/30/2023 Surgery Approval without contrast material prinary surprosses program brigan prinary surprosses provided for ancey? Tumory Meetsattic Diseases, the Jackson of Society of Society (Society Society) (Society) (Soci					NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
primary symptoms began sy					Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
There has not been any treatment or conservative therapy. The ordering MDs specialty is NOT Heardbogst/Dnoclogy. The ordering MDs specialty is NOT Heardbogst/Dnoclogy. This is a request for CT of the Abdomen/Pevis and Chest ordered in combination; This study is being ordered for Cancer / Tumor/ Metastatic Disease, The primary symptoms and part of the Apr-Jun Heardbogst/Dnoclogy. The ordering MDs specialty is NOT Heardbogst/Dnoclogy. The ordering M	4/1/2023 -			71250 Computed tomography, thorax;	This study is being ordered for Cancer/ Tumor/ Metastatic Disease; It is unknown when the	Apr-Jun
Al/1/2023 - 4/1/2023 G/30/2023 Surgery Approval without contrast material (Contrast), This study is being ordered for Cancer (Jumor) Metastatic Disease; The primary symptoms (Contrast) material (Contrast), This study is being ordered for Cancer (Jumor) Metastatic Disease; The primary symptoms (Contrast) material (Contrast), This study is being ordered for Cancer (Jumor) Metastatic Disease; The primary symptoms (Contrast) material (Contrast), This study is being ordered for Something other than: known trauma or injury, metastatic disease, aneurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease; There has been treatment or conservative therapy. The ordering MDs specially, Sugrical Oncology or April on Contrast material (Contrast), This study is being ordered for Something other than: known trauma or injury, metastatic disease, aneurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease, There has been treatment or conservative therapy. The ordering MDs specially, Sugrical Oncology or April on Contrast material (Contrast), the Cont	6/30/2023 4/1/202	3 6/30/2023 Surgery	Approval	without contrast material	primary symptoms began	1 2023 2023
Oncology, This is a request for CI of the Abdomen/Pelvis and Chest ordered in combination; 4/1/2023 4/1/2023 6/30/2023 Surgery Approval without contrast material began less than 6 months ago 4/1/2023 4/1/2023 6/30/2023 Surgery Approval without contrast material 4/1/2023 4/1/2023 6/30/2023 Surgery Approval without contrast material 5/30/2023 4/1/2023 6/30/2023 Surgery Approval without contrast material 6/30/2023 4/1/2023 6/30/2023 Surgery Approval without contrast material(s) 6/30/2023 4/1/2023 6/30/2023 Surgery Approval without contrast material without contrast mater					There has not been any treatment or conservative therapy.; The ordering MDs specialty is	
4/1/2023 4/1/2023 6/30/2023 Surgery Approval without contrast material begin less than 6 months ago 1 2023 2023 4/1/2023 6/30/2023 Surgery Approval without contrast material begin less than 6 months ago 1 2023 2023 4/1/2023 6/30/2023 Surgery Approval This study is being ordered for Something other than: known trauma or injury, metastalic disease, neurological disorese; There has been treatment or conservable therapy; The ordering MDS specially is NOT Hematologicy/Conclogus, furnion-cology, surgical Oncology or Approval without contrast material months ago. Medications were given for this diagnosis and the part of surgery and surgery and the part of surgery and surgery						
began less than 6 months ago 1 2023 2023 41/2023 6/30/2023 Surgery Approval without contrast material began less than 6 months ago in the contrast material began less than 6 months ago in decidency inflammatory or infectious disease, congenital anomaly, or vacual or disease, congenital anomaly, or vacual disea					Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
This study is being ordered for something other than-known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease, a neurological disorder, inflammatory or vascular disease, a neurological disorder disposition of the neurological disorder disposition or vascular disease, a neurological disposition or vascular disease, a neurological disposition or vascular disease, a neurological disposition or vascular disease, neurological disposition or vascular disease, neurological disposition or vascular disease, neurological disposition or vascular	4/1/2023 -			71250 Computed tomography, thorax;	This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms	Apr-Jun
disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or valual disease; an eurological disorder, inflammatory or infectious disease, congenital anomaly, or valual disease; an eurological disorder, inflammatory or infectious disease, congenital anomaly, or valual disease; an eurological disorder, inflammatory or infectious disease, congenital anomaly, or valual disease; an eurologist, There has been treatment or conservative therapy; the ordering MDS specialty is NOT Hematologist/Oncologist. Theracic Surgery, Oncology, Surgical Oncology or anomaly, or valual to the ordering MDS specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or addition of the past 11 months; The patient has NOT had a Low book of the fung cancer screening. In the patient has 20 packer year history of sinosing; The patient has NOT had a Low book of the fung cancer screening. In the patient has 20 packer year history of simoking; The patient has 10 packer year history of simoking; The patient has 10 packer year history of simoking; The patient has 10 packer year history of simoking. The patient has 10 packer year history of simoking; The patient has 10 packer year history of simoking. The patient has 10 packer year history of simoking. The patient has 10 packer year history of simoking. The patient has 10 packer year history of simoking. The patient has 10 packer year history of simoking. The patient has 10 packer year history of simoking. The patient has 10 packer year history of simoking. The patient has 10 packer year history of simoking. The patient has 10 packer year year year year year year year ye	6/30/2023 4/1/202	3 6/30/2023 Surgery	Approval	without contrast material	began less than 6 months ago	1 2023 2023
vascular disease; There has been treatment or conservative therapy. The ordering MDs specially is NOT (Heartholgist/Choracise Surgery, Octology, Surgical Oncology or April (1/2023 1/20		-			This study is being ordered for something other than: known trauma or injury, metastatic	
4/1/2023 - 4/1/2023 4/1/2023 6/30/2023 Surgery Approval T250 Computed tomography, thorax; Sapecialty is NOT Hematologist/, This case was created via Bal; The primary symptoms began less than 6 Apr-Jun 4/1/2023 Approval Approva					disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
4/1/2023 - 6/30/2023 Surgery Approval without contrast material months ago, Medications were given for this diagnosis in the patient has NOT had a Low Dose CT for Lung Cancer Screening, This patient has NOT had a Low Dose CT for Lung Cancer Screening, This patient has NOT had a Low Dose CT for Lung Cancer Screening, This patient has NOT had a Low Dose CT for Lung Cancer Screening, This patient has NOT had a Low Dose CT for Lung Cancer Screening, This patient has NOT had a Low Dose CT for Lung Cancer Screening, This patient has NOT had a Low Dose CT for Lung Cancer Screening, or diagnostic Chest CT in the past 11 months; The patient is between 50 and 80 years old; This patient is a smoker on has a history of smoking; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic Ctest suggestive of lung cancer screening, of lung cancer; The patient has not quit smoking; The health carrier is NOT Virginia Premier Apr-Jun (A)/1/2023					vascular disease.; There has been treatment or conservative therapy.; The ordering MDs	
6/30/2023 4/1/2023 6/30/2023 Surgery Approval without contrast material months ago; Medications were given for this diagnosis: 1 2023 2023 1 2023 2023 2023 2023 2023 2					specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
This request is for a Low Dose CT for Lung Cancer Screening; This patient has NOT had a Low Dose CT for Lung Cancer Screening; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient has 12 pack per year history of smoking; The patient is a smoker or has a history of smoking; The patient is NOT presenting with patient has a 20 pack per year history of smoking; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer; The patient has not quit smoking; The health carrier is NOT Virginia Premier Apr-lun (1/2023 dold) and the patient has not quit smoking; The health carrier is NOT Virginia Premier Apr-lun (1/2023 dold) and the patient has not quit smoking; The health carrier is NOT Virginia Premier Apr-lun (1/2023 dold) and the patient has not quit smoking; The health carrier is NOT Virginia Premier Apr-lun (1/2023 dold) and the patient has not quit smoking; The health carrier is NOT Virginia Premier Apr-lun (1/2023 dold) and patient has not quit smoking; The health carrier is NOT Virginia Premier Apr-lun (1/2023 dold) and patient has not quit smoking; The health carrier is NOT Virginia Premier Apr-lun (1/2023 dold) and patient has not quit smoking; The health carrier is NOT Virginia Premier Apr-lun (1/2023 dold) and patient has not quit smoking; The patient has not quit smoking; The health carrier is NOT Virginia Premier Apr-lun (1/2023 dold) and patient has not quit smoking; The patient has not quit smoking; There has been a feature is NOT Virginia Premier (1/2023 dold) and patient has not quit smoking; There has been a feature has not patient has not quit smoking; There has been a feature within the last 6 months, app. quit has a quit study is being ordered for language, spinal canal and contents, of his patient has not quit smoki	4/1/2023 -			71250 Computed tomography, thorax;	Radiation Oncology; This case was created via BBI.; The primary symptoms began less than 6	Apr-Jun
Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months; The patient is between 50 and 80 years old; This patient is a smoker or has a history of smoking; The patient is Apr-Jun patient has a 20 pack per year history of smoking; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer. The patient has not quit smoking; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive of lung cancer. The patient has not quit smoking; The health carrier is NOT Virginia Premier Apr-Jun (Jung Cancer). The patient has not quit smoking; The health carrier is NOT Virginia Premier Apr-Jun (Jung Cancer). The patient has not quit smoking; The health carrier is NOT Virginia Premier Apr-Jun (Jung Cancer). The patient has not quit smoking; The health carrier is NOT Virginia Premier Apr-Jun (Jung Cancer). The patient has not quit smoking; The health carrier is NOT Virginia Premier Apr-Jun (Jung Cancer). The patient has not quit smoking; The health carrier is NOT Virginia Premier Apr-Jun (Jung Cancer). The patient has not quit smoking; The health carrier is NOT Virginia Premier Apr-Jun (Jung Cancer). The patient bean of quit smoking; The health carrier is NOT Virginia Premier Apr-Jun (Jung Cancer). The patient bean of quit smoking; The patient bean of quit smoking; The patient bean (Jung Cancer). The primary symptoms began less than 6 Apr-Jun (Jung Cancer). The patient bean not been seen by or is not the ordering physician an oncologist, neurosurgeon, or orthogedist, There has been a recurrence of symptoms (Jung Cancer). The patient bean not been seen by or is not the ordering physician an oncologist, neurosurgeon, or orthogedist. There has been a recurrence of symptoms (Jung Cancer). The patient bean to been seen by or is not the ordering physician an oncologist, neurosurgeon, or orthogedist. There has been a recurrence of symptoms (Jung Cancer). The patient bean	6/30/2023 4/1/202	3 6/30/2023 Surgery	Approval	without contrast material	months ago; Medications were given for this diagnosis	1 2023 2023
is between 50 and 80 years old.; This patient is a smoker or has a history of smoking; The patient has a 20 pack per year history of smoking; The patient has a 20 pack per year history of smoking; The patient has a 20 pack per year history of smoking; The patient has a 20 pack per year history of smoking; The patient has not quit smoking; The health carrier is NOT Virginia Premier 4/1/2023					This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low	
patient has a 20 pack per year history of smoking; The patient is NDT presenting with 71271 Computed tomography, thorax, low dose for lung cancer; The patient has not quit smoking; The health carrier is NOT Virginia Premier Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Surgery Approval without contrast material(s) 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s) 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s) 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s) 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s) 71276 Computed tomographic angiography, chest (noncoronary), with contrast material(s) 71276 Computed tomographic angiography, chest (noncoronary), with contrast material(s) 71276 Computed tomographic angiography, chest (noncoronary), with contrast material(s) 71276 Computed tomography treatment or conservative therapy; The ordering MDs specialty is NOT 4/1/2023 4/1/2023 6/30/2023 Surgery Approval 71276 Computed tomography the alth Plan 71276 Computed tomography, including noncontrast images, if performed, and noncology; This case was created via RadMD.; The primary symptoms began less than 6 Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Surgery Approval 71216 Computed tomography, lumbar following surgery; The surgery was less than 6 months ago, Yes this is a request for a Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Surgery Approval 71216 Magnetic resonance (eg. proton) imaging, spinal canal and contents, imaging, spinal canal and co					Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient	
4/1/2023 - 6/30/2023 Surgery Approval without contrast material(s), including noncortast images, if performed, and image postprocessing without contrast material (s) approval imaging, spinal canal and contents, and conservative therapy; The patient has not quit smoking; The health carrier is NOT Virginia Premier Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Surgery Approval without contrast material(s), including the months; The patient has not quit smoking; The health carrier is NOT Virginia Premier Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Surgery Approval image postprocessing image, if performed, and noncontrast images, if performed, and noncontrast images, if performed, and noncontrast images, if performed, and noncology, this case was created via RadMD; The primary symptoms began less than 6 Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Surgery Approval image postprocessing months; The patient been not been seen by or is not the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist; There has been a recurrence of symptoms 4/1/2023 6/30/2023 Surgery Approval spine; without contrast material Diagnostic CT Business of Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Surgery Approval possible contrast material Diagnostic CT Business of Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Surgery Approval cervical; without contrast material diagnosis 1 2023 2023 2023 2023 2023 2023 2023 20					is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The	
4/1/2023 - 6/30/2023 Surgery Approval low dose for lung cancer screening, without contrast material(s) Health Plan 1 2023 2023 4/1/2023 6/30/2023 Surgery Approval without contrast material(s) Health Plan 1 2023 2023 71275 Computed tomographic angiography, chest (noncoronary), with contrast material(s), including Heantlogist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation 4/1/2023 6/30/2023 Surgery Approval image postprocessing Monorths ago; Other not listed was done for this diagnosis 1 2023 2023 71211 Computed tomography, the string processing Monorths ago; Other not listed was done for this diagnosis 1 2023 2023 71212 Computed tomography, with contrast material Manages, if performed, and Oncology; This case was created via RadMD.; The primary symptoms began less than 6 Apr-Jun following surgery; The sutgery was less than 6 months ago; Other not listed was done for this diagnosis 1 2023 2023 7131 Computed tomography, lumbar following surgery; The sutgery was less than 6 months ago; Yes this is a request for a lumbar spine CT.; Follow-up to Surgery or Fracture within the last 6 months; The patient been not been seen by or is not the ordering physician an oncologist, neurosurgeon, or orthopedist.; There has been a recurrence of symptoms 4/1/2023 - 6/30/2023 Surgery Approval spine; without contrast material Diagnostic CT Has tried physical therapy but exacerbates symptoms; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Apr-Jun for the patient's back pain, The procedure is being ordered for Apr-Jun flagnosis and canal and contents, Medications have been taken for the patient's back pain, The procedure is being ordered for Apr-Jun flagnosis and canal and contents, Medications have been taken for the patient's back pain, The procedure is being ordered for Apr-Jun flagnosis and canal and contents, Medications have been taken for the patient's back pain, The procedure is being ordered for Apr-Jun flagnosis and canal and					patient has a 20 pack per year history of smoking.; The patient is NOT presenting with	
6/30/2023 4/1/2023 6/30/2023 Surgery Approval without contrast material(s) Health Plan 1 2023 2023 71275 Computed tomographic ; This study is being ordered for Inflammatory/ Infectious Disease.; There has been retarted or conservative therapy.; The ordering MDs specialty is NOT contrast material(s), including Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; This study is being ordered for Inflammatory/ Infectious Disease.; There has been retarted to conservative therapy.; The ordering MDs specialty is NOT contrast material(s), including Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; This primary symptoms began less than 6 Apr-Jun				71271 Computed tomography, thorax,	pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive	
71275 Computed tomographic angiography, chest (noncoronary), with treatment or conservative therapy.; The ordering MDs specialty is NOT contrast material(s), including Hematologist, Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation 4/1/2023 -	4/1/2023 -			low dose for lung cancer screening,	of lung cancer.; The patient has not quit smoking.; The health carrier is NOT Virginia Premier	Apr-Jun
angiography, chest (noncoronary), with contrast material(s), including Hematologisty, Thoracic Surgery, Oncology, Surgical Oncology or Radiation 4/1/2023 - 6/30/2023 Surgery Approval image postprocessing Mps specialty is NOT Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Surgery Approval image postprocessing Mps specialty is Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Surgery Approval image postprocessing Mps specialty is Approval image postprocessing Mps specialty is Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Surgery Approval Spine; without contrast material Diagnostic CT 4/1/2023 - 72141 Magnetic resonance (eg, proton) Imaging, spinal canal and contents, Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Surgery Approval Spine; without contrast material Diagnostic CT 4/1/2023 - 72141 Magnetic resonance (eg, proton) Conservative therapy.; This case was created via RadMD.; This study is being ordered for Unterly imaging, spinal canal and contents, Other; The primary symptoms began more than 1 year ago; Medications were given for this Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Surgery Approval Cervical; without contrast material Diagnosis Medications have been taken for the patient's back pain; The procedure is being ordered for Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Surgery Approval Cervical; without contrast material Medications have been taken for the patient's back pain; The procedure is being ordered for Apr-Jun	6/30/2023 4/1/202	3 6/30/2023 Surgery	Approval	without contrast material(s)	Health Plan	1 2023 2023
angiography, chest (noncoronary), with contrast material(s), including Hematologisty, Thoracic Surgery, Oncology, Surgical Oncology or Radiation 4/1/2023 - 6/30/2023 Surgery Approval image postprocessing Mps specialty is NOT Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Surgery Approval image postprocessing Mps specialty is Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Surgery Approval image postprocessing Mps specialty is Approval image postprocessing Mps specialty is Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Surgery Approval Spine; without contrast material Diagnostic CT 4/1/2023 - 72141 Magnetic resonance (eg, proton) Imaging, spinal canal and contents, Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Surgery Approval Spine; without contrast material Diagnostic CT 4/1/2023 - 72141 Magnetic resonance (eg, proton) Conservative therapy.; This case was created via RadMD.; This study is being ordered for Unterly imaging, spinal canal and contents, Other; The primary symptoms began more than 1 year ago; Medications were given for this Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Surgery Approval Cervical; without contrast material Diagnosis Medications have been taken for the patient's back pain; The procedure is being ordered for Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Surgery Approval Cervical; without contrast material Medications have been taken for the patient's back pain; The procedure is being ordered for Apr-Jun						
A/1/2023 - Aproval contrast material(s), including Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation A/1/2023 - Aproval image, if performed, and Oncology; This case was created via RadMD.; The primary symptoms began less than 6 Apr-Jun				71275 Computed tomographic	; This study is being ordered for Inflammatory/ Infectious Disease.; There has been	
4/1/2023 - 4/1/2023 Surgery Approval image postprocessing months ago; Other not listed was done for this diagnosis 1 2023 2023 Apr-Jun months; The patient been not been seen by or is not the ordering physician an oncologist, neurosurgeon, or orthopedist.; There has been a recurrence of symptoms 4/1/2023 4/1/2023 6/30/2023 Surgery Approval spine; without contrast material Diagnostic CT 4/1/2023 - 4/1/2023 6/30/2023 Surgery Approval spine; without contrast material Diagnostic CT 4/1/2023 - 4/1/2023 6/30/2023 Surgery Approval spine; without contrast material Diagnostic CT 4/1/2023 - 4/1/2023 6/30/2023 Surgery Approval spine; without contrast material Diagnostic CT 4/1/2023 - 5/30/2023 Surgery Approval spine; without contrast material Diagnostic CT 4/1/2023 - 6/30/2023 Surgery Approval spine; without contrast material Diagnostic CT 4/1/2023 - 6/30/2023 Surgery Approval spine; without contrast material Diagnostic CT 4/1/2023 - 6/30/2023 Surgery Approval spine; without contrast material Diagnostic CT 4/1/2023 - 6/30/2023 Surgery Approval cervical; without contrast material Diagnostic CT 4/1/2023 - 6/30/2023 Surgery Approval cervical; without contrast material Diagnostic CT 5/214 Magnetic resonance (eg. proton) 6/30/2023 4/1/2023 6/30/2023 Surgery Approval cervical; without contrast material Diagnostic CT 7/214 Magnetic resonance (eg. proton) 6/30/2023 4/1/2023 6/30/2023 Surgery Approval cervical; without contrast material Diagnostic CT 7/214 Magnetic resonance (eg. proton) 7/214 Magnetic resonance (eg.				angiography, chest (noncoronary), with	treatment or conservative therapy.; The ordering MDs specialty is NOT	
6/30/2023 4/1/2023 6/30/2023 Surgery Approval image postprocessing months ago; Other not listed was done for this diagnosis 1 2023 2023 This is a request for a lumbar spine CT.; Follow-up to Surgery or Fracture within the last 6 months; The patient been not been seen by or is not the ordering physician an oncologist, neurologist, neurologist, neurosurgeon, or orthopedist.; There has been a recurrence of symptoms 4/1/2023 - 72131 Computed tomography, lumbar following surgery.; The surgery was less than 6 months ago.; Yes this is a request for a 1 2023 2023 Has tried physical therapy but exacerbates symptoms; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for 4/1/2023 - 6/30/2023 Surgery Approval cervical; without contrast material diagnosis 1 2023 2023 Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Surgery Approval cervical; without contrast material diagnosis 1 2023 2023 This is a request for a lumbar spine CT.; Follow-up to Surgery or Fracture within the last 6 months; ago; or is not the ordering physician an oncologist, neurologist, neurologist, neurologist, neurologist, or short been not been seen by or is not the ordering physician an oncologist, neurologist, neurologis				contrast material(s), including	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
This is a request for a lumbar spine CT.; Follow-up to Surgery or Fracture within the last 6 months; The patient been not been seen by or is not the ordering physician an oncologist, neurologist, neurosurgeon, or orthopedist.; There has been a recurrence of symptoms 4/1/2023 - 72131 Computed tomography, lumbar following surgery.; The surgery was less than 6 months ago.; Yes this is a request for a pine; without contrast material piagnostic CT 1 2023 2023 Has tried physical therapy but exacerbates symptoms; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for 4/1/2023 - 6/30/2023 Surgery Approval cervical; without contrast material diagnosis 1 2023 2023 72148 Magnetic resonance (eg, proton) The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; 4/1/2023 - 72148 Magnetic resonance (eg, proton) The study requested is a Lumbar Spine MRI.; This case was created or Apr-Jun Medications have been taken for the patient's back pain; The procedure is being ordered for Apr-Jun	4/1/2023 -			noncontrast images, if performed, and	Oncology; This case was created via RadMD.; The primary symptoms began less than 6	Apr-Jun
months; The patient been not been seen by or is not the ordering physician an oncologist, neurologist, neurologist, neurosurgeon, or orthopedist.; There has been a recurrence of symptoms 4/1/2023 - 4/1/2023 6/30/2023 Surgery Approval spine; without contrast material Diagnostic CT 1 2023 2023 Has tried physical therapy but exacerbates symptoms; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for 4/1/2023 6/30/2023 Surgery Approval cervical; without contrast material diagnosis 72141 Magnetic resonance (eg, proton) conservative therapy.; This case was created via RadMD.; This study is being ordered for 4/1/2023 6/30/2023 Surgery Approval cervical; without contrast material diagnosis 72148 Magnetic resonance (eg, proton) The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; 4/1/2023 - 4/1/2023	6/30/2023 4/1/202	3 6/30/2023 Surgery	Approval	image postprocessing	months ago; Other not listed was done for this diagnosis	1 2023 2023
neurologist, neurosurgeon, or orthopedist.; There has been a recurrence of symptoms 4/1/2023 - 4/1/2023 6/30/2023 Surgery Approval spine; without contrast material Diagnostic CT 1 2023 2023 Has tried physical therapy but exacerbates symptoms; There has been treatment or 72141 Magnetic resonance (eg, proton) conservative therapy.; This case was created via RadMD.; This study is being ordered for 4/1/2023 - 4/1/2023 6/30/2023 Surgery Approval cervical; without contrast material diagnosis 1 2023 2023 72148 Magnetic resonance (eg, proton) The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; 4/1/2023 - 4/1/20					This is a request for a lumbar spine CT.; Follow-up to Surgery or Fracture within the last 6	
4/1/2023 - 72131 Computed tomography, lumbar following surgery.; The surgery was less than 6 months ago.; Yes this is a request for a Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Surgery Approval spine; without contrast material Diagnostic CT 1 2023 2023 Has tried physical therapy but exacerbates symptoms; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for imaging, spinal canal and contents, Other; The primary symptoms began more than 1 year ago; Medications were given for this 1 2023 2023 4/1/2023 - 72148 Magnetic resonance (eg, proton) The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; 4/1/2023 - Medications have been taken for the patient's back pain; The procedure is being ordered for Apr-Jun					months; The patient been not been seen by or is not the ordering physician an oncologist,	
6/30/2023 Surgery Approval spine; without contrast material Diagnostic CT Has tried physical therapy but exacerbates symptoms; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for imaging, spinal canal and contents, Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis 72148 Magnetic resonance (eg, proton) The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; 4/1/2023 - 4/1/2023 - Medications have been taken for the patient's back pain; The procedure is being ordered for Apr-Jun Medications have been taken for the patient's back pain; The procedure is being ordered for Apr-Jun					neurologist, neurosurgeon, or orthopedist.; There has been a recurrence of symptoms	
Has tried physical therapy but exacerbates symptoms; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for 4/1/2023 - 6/30/2023 Surgery Approval cervical; without contrast material diagnosis 1 2023 2023 72148 Magnetic resonance (eg, proton) The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; 4/1/2023 - Imaging, spinal canal and contents, Medications have been taken for the patient's back pain; The procedure is being ordered for Apr-Jun	4/1/2023 -			72131 Computed tomography, lumbar	following surgery.; The surgery was less than 6 months ago.; Yes this is a request for a	Apr-Jun
72141 Magnetic resonance (eg, proton) conservative therapy.; This case was created via RadMD.; This study is being ordered for 4/1/2023 - 4/1/2023 6/30/2023 Surgery Approval cervical; without contrast material diagnosis 1 2023 2023 72148 Magnetic resonance (eg, proton) The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; 4/1/2023 - 4/1/2023 - Medications were given for this diagnosis 1 2023 2023	6/30/2023 4/1/202	3 6/30/2023 Surgery	Approval	spine; without contrast material	Diagnostic CT	1 2023 2023
4/1/2023 - Imaging, spinal canal and contents, Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis 1 2023 2023 72148 Magnetic resonance (eg, proton) The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; 4/1/2023 - Medications have been taken for the patient's back pain; The procedure is being ordered for Apr-Jun					Has tried physical therapy but exacerbates symptoms; There has been treatment or	
6/30/2023 4/1/2023 6/30/2023 Surgery Approval cervical; without contrast material diagnosis 1 2023 2023 72148 Magnetic resonance (eg, proton) The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; 4/1/2023 - Imaging, spinal canal and contents, Medications have been taken for the patient's back pain; The procedure is being ordered for Apr-Jun				72141 Magnetic resonance (eg, proton)	conservative therapy.; This case was created via RadMD.; This study is being ordered for	
72148 Magnetic resonance (eg, proton) The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; 4/1/2023 - Medications have been taken for the patient's back pain; The procedure is being ordered for Apr-Jun	4/1/2023 -			imaging, spinal canal and contents,	Other; The primary symptoms began more than 1 year ago; Medications were given for this	Apr-Jun
4/1/2023 - imaging, spinal canal and contents, Medications have been taken for the patient's back pain; The procedure is being ordered for Apr-Jun	6/30/2023 4/1/202	6/30/2023 Surgery	Approval	cervical; without contrast material	diagnosis	1 2023 2023
4/1/2023 - imaging, spinal canal and contents, Medications have been taken for the patient's back pain; The procedure is being ordered for Apr-Jun						
				72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree;	
6/30/2023 4/1/2023 6/30/2023 Surgery Approval lumbar; without contrast material acute or chronic back pain 1 2023 2023	4/1/2023 -			imaging, spinal canal and contents,	Medications have been taken for the patient's back pain; The procedure is being ordered for	Apr-Jun
	6/30/2023 4/1/202	6/30/2023 Surgery	Approval	lumbar; without contrast material	acute or chronic back pain	1 2023 2023

				Enter answer here - or Type In Unknown I31-year-old Caucasian gentleman from a far who	
				presents with left groin pain that has had for about 3 weeks. It is progressively worsen. He	
				is wearing a support belt that helps. It is in the left inguinal region.; This study is being	
4/1/2023 -			72192 Computed tomography, pelvis;	ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery	Approval	without contrast material	this is a request for a Diagnostic CT	1 2023 2023
4/1/2023 -			72192 Computed tomography, pelvis;	Pt been having pain for years; This study is being ordered for some other reason than the	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery	Approval	without contrast material	choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2023 2023
				Recurrent, open repair; This study is being ordered due to organ enlargement.; There is no	
4/1/2023 -			72192 Computed tomography, pelvis;	ultrasound or plain film evidence of a pelvic organ enlargement.; This is a request for a Pelvis	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery	Approval	without contrast material	CT.; Yes this is a request for a Diagnostic CT	1 2023 2023
				This study is being ordered due to known or suspected infection.; "The ordering physician is	
				a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP	
4/1/2023 -			72192 Computed tomography, pelvis;	ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery	Approval	without contrast material	CT.; Yes this is a request for a Diagnostic CT	1 2023 2023
0,00,2020 1,2,2020	0,00,2020 00.80.4	7.661.010.	The four contract material	This study is being ordered due to organ enlargement.; There is ultrasound or plain film	1 2020 2020
4/1/2023 -			72192 Computed tomography, pelvis;	evidence of a pelvic organ enlargement.; This is a request for a Pelvis CT.; Yes this is a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery	Approval	without contrast material	request for a Diagnostic CT	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Surgery	Арргочаг	72196 Magnetic resonance (eg, proton)	The patient is female.; Infection or inflammatory disease best describes the reason for this	1 2023 2023
4/1/2023 -			imaging, pelvis; with contrast	procedure; The known or suspected condition of the patient is infection based on	Apr-Jun
	C/20/2022 Current	A			1 2023 2023
6/30/2023 4/1/2023	6/30/2023 Surgery	Approval	material(s)	symptoms.	1 2023 2023
			73220 Magnetic resonance (eg, proton)		
			imaging, upper extremity, other than		
. /. /			joint; without contrast material(s),		
4/1/2023 -			followed by contrast material(s) and	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery	Approval	further sequences	postoperative evaluation.	2 2023 2023
			73220 Magnetic resonance (eg, proton)		
			imaging, upper extremity, other than	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent	
			joint; without contrast material(s),	postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or	
4/1/2023 -			followed by contrast material(s) and	metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery	Approval	further sequences	ordering physician is an orthopedist.	1 2023 2023
			73221 Magnetic resonance (eg, proton)	; The pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4	
4/1/2023 -			imaging, any joint of upper extremity;	weeks.; There is a suspicion of tendon or ligament injury.; This is a request for an elbow	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery	Approval	without contrast material(s)	MRI; The study is requested for evaluation of elbow pain.	1 2023 2023
			73221 Magnetic resonance (eg, proton)	The pain is from a recent injury.; Surgery or arthrscopy is scheduled in the next 4 weeks.;	
4/1/2023 -			imaging, any joint of upper extremity;	There is a suspicion of tendon or ligament injury.; This is a request for an elbow MRI; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery	Approval	without contrast material(s)	study is requested for evaluation of elbow pain.	1 2023 2023
				Has had Vancomycin, ceftriaxone, wound care, debridement, hopitalization. Positive bone	
				cultures. Need CT. h/o recent left foot ulcer s/p debridement and wound vanc at WRMC on	
				04/18, third degree burn to left foot in 01/2023, DMII on diet control, tobac; This study is	
				being ordered for Inflammatory/ Infectious Disease.; There has been treatment or	
				conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
				Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via	
4/1/2023 -			73700 Computed tomography, lower	RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery	Approval	extremity; without contrast material	diagnosis	2 2023 2023
0/30/2023 4/1/2023	0/30/2023 3digery	Approvai	extremity, without contrast material	There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is	2 2023 2023
4/1/2023 -			73700 Computed tomography, lower	suspicion of lower extremity bone or joint infection.; This is Diagnostic (being used to	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery	Approval	extremity; without contrast material	determine the cause of pain or follow up on prior abnormal imaging)	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Surgery	Approvai	extremity, without contrast material	determine the cause of pain of follow up on prior abnormal imaging)	1 2023 2023
4/1/2023 -			72700 Computed tomography Jouer	This is a prophorative or recent postanorative evaluation. This is a request for a Lea CT - Vec	Ane lun
	6/20/2022 5	Annreuel	73700 Computed tomography, lower	This is a preoperative or recent postoperative evaluation.; This is a request for a Leg CT.; Yes	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery	Approval	extremity; without contrast material	this is a request for a Diagnostic CT	2 2023 2023
				This is a request for a foot CT.; "There is not a history (within the past six weeks) of	
				significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal	
. /. /				coalition.; There is a history of new onset of severe pain in the foot within the last two	
4/1/2023 -	s /20 /2022 s		73700 Computed tomography, lower	weeks.; The patient has a documented limitation of their range of motion.; Yes this is a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery	Approval	extremity; without contrast material	request for a Diagnostic CT	1 2023 2023

			73720 Magnetic resonance (eg, proton)		
			imaging, lower extremity other than		
			joint; without contrast material(s),		
4/1/2023 -			followed by contrast material(s) and		Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery	Approval	further sequences	This is a request for a foot MRI.; The study is being oordered for infection.	1 2023 2023
			73720 Magnetic resonance (eg, proton)		
			imaging, lower extremity other than		
			joint; without contrast material(s),	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an	
4/1/2023 -			followed by contrast material(s) and	indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery	Approval	further sequences	NOT Orthopedics.	1 2023 2023
	• •		73720 Magnetic resonance (eg, proton)		
			imaging, lower extremity other than	This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a	
			joint; without contrast material(s),	fracture which does not show healing (non-union fracture).; This is a pre-operative study for	
4/1/2023 -			followed by contrast material(s) and	planned surgery.; Non Joint is being requested.; A Total Hip or Knee Arthroplasty is NOT	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery	Approval	further sequences	being planned nor has one already been performed.	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Surgery	прріочи	Turtifici sequences	Patient presents with atherosclerotic PVD with ulceration, bilaterally. Multiple wounds	1 2023 2023
				present. She has been seen at the wound center for over a year with no significant progress	
				in wound management. MRA needed to plan surgical intervention.; This study is being	
				ordered for Vascular Disease.; There has been treatment or conservative therapy.; The	
			73725 Magnetic resonance	ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,	
4/4/2022					A mar I i i m
4/1/2023 -	C/20/2022 Current	Ammunual	angiography, lower extremity, with or	Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery	Approval	without contrast material(s)	symptoms began more than 1 year ago; Medications were given for this diagnosis	1 2023 2023
. /. /2022			7450	This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op	
4/1/2023 -	- / /		74150 Computed tomography,	evaluation.; The requested study is for pre-operative evaluation.; Yes this is a request for a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery	Approval	abdomen; without contrast material	Diagnostic CT; This is NOT a Medicare member.	1 2023 2023
				This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer,	
4/1/2023 -			74150 Computed tomography,	mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery	Approval	abdomen; without contrast material	abdominal cancer.; Yes this is a request for a Diagnostic CT; This is NOT a Medicare member.	1 2023 2023
				This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or	
4/1/2023 -			74150 Computed tomography,	tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery	Approval	abdomen; without contrast material	Sigmoidoscopy.; Yes this is a request for a Diagnostic CT; This is NOT a Medicare member.	2 2023 2023
				This is a request for an Abdomen CT.; This study is being ordered for an infection such as	
				pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known	
4/1/2023 -			74150 Computed tomography,	or endoscopic findings of an Abscess of the upper abdominal area.; Yes this is a request for a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery	Approval	abdomen; without contrast material	Diagnostic CT	1 2023 2023
				This is a request for an Abdomen CT.; This study is being ordered for another reason besides	
				Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or	
				Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc; There	
4/1/2023 -			74150 Computed tomography,	are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery	Approval	abdomen; without contrast material	with gastroparesis; Yes this is a request for a Diagnostic CT	4 2023 2023
.,,, ., .,	.,,	- In In		It is not known if there has been any treatment or conservative therapy.; The ordering MDs	
				specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
			74176 Computed tomography,	Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in	
4/1/2023 -			abdomen and pelvis; without contrast	combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery	Approval	material	primary symptoms began less than 6 months ago	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Surgery	Approvai	material	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	1 2023 2023
			74176 Computed tomography	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/4/2022			74176 Computed tomography,	Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	A 1
4/1/2023 -	s /20 /2022 s		abdomen and pelvis; without contrast	This study is being ordered for Other not listed; The primary symptoms began less than 6	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery	Approval	material	months ago; Other not listed was done for this diagnosis	1 2023 2023

				There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	
				Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
			74176 Computed tomography,	Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -			abdomen and pelvis; without contrast	This study is being ordered for Other not listed; The primary symptoms began more than 1	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery	Approval	material	year ago; Medications were given for this diagnosis	1 2023 2023
				There has not been any treatment or conservative therapy.; The ordering MDs specialty is	
				NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
			74176 Computed tomography,	Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -			abdomen and pelvis; without contrast	This study is being ordered for Other not listed; The primary symptoms began less than 6	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery	Approval	material	months ago	1 2023 2023
				There has not been any treatment or conservative therapy.; The ordering MDs specialty is	
				NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
			74176 Computed tomography,	Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -			abdomen and pelvis; without contrast	This study is being ordered for Cancer/Tumor/ Metastatic Disease; It is unknown when the	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery	Approval	material	primary symptoms began	1 2023 2023
				There has not been any treatment or conservative therapy.; The ordering MDs specialty is	
			74760	NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/4/2022			74176 Computed tomography,	Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -	c /20 /2022 c		abdomen and pelvis; without contrast	This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery	Approval	material	began less than 6 months ago	1 2023 2023
				This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study	
			7417C Committed to magnetic	is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were	
4/1/2022			74176 Computed tomography,	normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.;	A mar I to m
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Surgery	A	abdomen and pelvis; without contrast material	The patient had an lipase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Surgery	Approval	material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This	1 2023 2023
				study is being requested for abdominal and/or pelvic pain.; The study is being ordered for	
			74176 Computed tomography,	chronic pain.; This is not the first visit for this complaint.; There has not been a physical	
4/1/2023 -			abdomen and pelvis; without contrast	exam.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery	Approval	material	Diagnostic CT	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 3416619	прргоча	material	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This	1 2023 2023
			74176 Computed tomography,	study is being requested for abdominal and/or pelvic pain.; The study is being ordered for	
4/1/2023 -			abdomen and pelvis; without contrast	chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery	Approval	material	lipase lab test.; Yes this is a request for a Diagnostic CT	5 2023 2023
1, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2, 2,	5,55,2525 53.85.7	. Ipp. s.c.		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0 2121 2121
				This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This	
			74176 Computed tomography,	study is being requested for abdominal and/or pelvic pain.; The study is being ordered for	
4/1/2023 -			abdomen and pelvis; without contrast	chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery	Approval	material	The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1 2023 2023
				<u> </u>	
				This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been	
			74176 Computed tomography,	completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known	
4/1/2023 -			abdomen and pelvis; without contrast	if the pain is acute or chronic.; This is the first visit for this complaint.; It is unknown if the	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery	Approval	material	patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	2 2023 2023
				This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been	
				completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known	
			74176 Computed tomography,	if the pain is acute or chronic.; This is the first visit for this complaint.; The patient had an	
4/1/2023 -			abdomen and pelvis; without contrast	lipase lab test.; The results of the lab test were unknown.; Yes this is a request for a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery	Approval	material	Diagnostic CT	1 2023 2023
				This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been	
				completed.; This study is being requested for abdominal and/or pelvic pain.; The study is	
			74176 Computed tomography,	being ordered for chronic pain.; This is not the first visit for this complaint.; There has not	
4/1/2023 -			abdomen and pelvis; without contrast	been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery	Approval	material	this is a request for a Diagnostic CT	1 2023 2023

1,002.20					
April Apri					
MapPage MapP			74176 Computed tomography,	completed.; This study is being requested for abdominal and/or pelvic pain.; The study is	
This is a request for a Adjournal and profess CT, IT is so at insense firms study is being requested for abbornial and profess plan; very bills a request for a Diagnostic CT, There and profess of the analysis of career, this is study being control of a soor and under a from a family and analysis of career, this is study being control of a soor and under a family and analysis of career, this is study being control of a soor and under a family and analysis of career, this is study being control of a soor and under a family and analysis of career, this is study being control of a soor and under a family and analysis of the control and professor. The patient has a fever and develored and greatly and analysis of the control of a soor and under a family and analysis of the control of a soor and under a family and analysis of the control of a soor and under a family and analysis of the control of a soor and under a family and analysis of the control of a soor and under a family and a soor and analysis of the control of a soor and under a family and a soor and analysis of the control of a soor and under a family and a soor and analysis of the study is not being requested for a distinguish of the study is not being requested for a distinguish and analysis of a soor and analysis of the study is not being requested for adminish analysis of a soor	4/1/2023 -		abdomen and pelvis; without contrast	being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the	Apr-Jun
A172023 A172023 G9070000 Street A2700 Compared temporaphy, address and application of a favorent timos of the favore	6/30/2023 4/1/2023 6/3	30/2023 Surgery Approva	material	patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	2 2023 2023
April				This is a request for an Abdomen and Pelvis CT.; It is not known if this study is being	
Spany Content for a concern of camer such as for diagnosis or treatment. 2 202 202			74176 Computed tomography,	requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT; There	
This is a requested for a Addormen and Pelvis CT. The reason for the study is infection, The pattern bas a fever and device the Solid Pelvis (Pattern bas a fever and device blood cell cours of abommal analyse) pattern bas a fever and device blood cell cours of abommal analyse plans. The study is not requested for abbommal and device plans. The study is not requested for abbommal and device plans and pelvis processed for the study is not requested for abbommal and device plans. The study is not requested for abbommal and device plans, the study is not requested for abbommal and device plans, the study is not requested for abbommal and device plans, the study is not requested for abbommal and device plans, the study is not requested for abbommal and device plans, the study is not requested for abbommal and device plans, the study is not requested for abbommal and device plans, the study is not requested for abbommal and device plans, the study is not requested for abbommal and device plans, the study is not requested for abbommal and pelvis plans, the study is not requested for abbommal and pelvis plans, the study is not requested for abbommal and pelvis plans, the study is not requested for hermaturis. Yes this is a request for a Budgeroit CT. Reason ESE 4, 1970. 4/1/2023 4/1/2023 4/1/2023 5/1/2024 9/1/20	4/1/2023 -		abdomen and pelvis; without contrast	is documentation of a known tumor or a known diagnosis of cancer; This is study being	Apr-Jun
This is a requested for a Addormen and Pelvis CT. The reason for the study is infection, The pattern bas a fever and device the Solid Pelvis (Pattern bas a fever and device blood cell cours of abommal analyse) pattern bas a fever and device blood cell cours of abommal analyse plans. The study is not requested for abbommal and device plans. The study is not requested for abbommal and device plans and pelvis processed for the study is not requested for abbommal and device plans. The study is not requested for abbommal and device plans, the study is not requested for abbommal and device plans, the study is not requested for abbommal and device plans, the study is not requested for abbommal and device plans, the study is not requested for abbommal and device plans, the study is not requested for abbommal and device plans, the study is not requested for abbommal and device plans, the study is not requested for abbommal and device plans, the study is not requested for abbommal and device plans, the study is not requested for abbommal and pelvis plans, the study is not requested for abbommal and pelvis plans, the study is not requested for abbommal and pelvis plans, the study is not requested for hermaturis. Yes this is a request for a Budgeroit CT. Reason ESE 4, 1970. 4/1/2023 4/1/2023 4/1/2023 5/1/2024 9/1/20	6/30/2023 4/1/2023 6/3	30/2023 Surgery Approva	material	ordered for a concern of cancer such as for diagnosis or treatment.	2 2023 2023
4/1/2023 - 4/2023 Surgery Approval material comparably, standard to being requested for abdominal and/or pelus pain. The study is not requested for 6/30/2023 Surgery Approval material a addominant and policy without contrast for 5/30/2023 Surgery Approval material a concern of cancer such as for diagnosis or treatment. The research for the study is some of the listed reason, This study is not being requested for abdominal and/or pelus pain, The study is not one of cancer such as for diagnosis or treatment. The study is not being requested for abdominal and/or pelus pain, The study is not being requested for abdominal and/or pelus pain, The study is not being requested for abdominal and/or pelus pain, The study is not being requested for abdominal and/or pelus pain, The study is not being requested for abdominal and/or pelus pain, The study is not being requested for abdominal and/or pelus pain, The study is not being requested for abdominal and/or pelus pain, The study is not being requested for abdominal and/or pelus pain, The study is not being requested for abdominal and/or pelus pain, The study is not being requested for abdominal and/or pelus pain, The study is not being requested for abdominal and/or pelus pain, The study is not being requested for abdominal and/or pelus pain, The study is not being requested for abdominal and/or pelus pain, The study is not being requested for abdominal and/or pelus pain, The study is not being requested for abdominal and/or pelus pain, The study is not being requested for abdominal and/or pelus pain, The study is not being requested for abdominal and/or pelus pain, The study is not being requested for abdominal and/or pelus pain, The study is not being requested for abdominal and/or pelus pain, The study is not requested. The reason for the study is pre-our post of the study is paintenance and pelus. The reason for the study is pre-our post of the study is paintenance. The study is pre-our post of pelus paintenance and pelus is the study is pre-our post of pelus painten		<u> </u>		This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The	
4/1/2023 - 4/2023 Surgery Approval material comparably, standard to being requested for abdominal and/or pelus pain. The study is not requested for 6/30/2023 Surgery Approval material a addominant and policy without contrast for 5/30/2023 Surgery Approval material a concern of cancer such as for diagnosis or treatment. The research for the study is some of the listed reason, This study is not being requested for abdominal and/or pelus pain, The study is not one of cancer such as for diagnosis or treatment. The study is not being requested for abdominal and/or pelus pain, The study is not being requested for abdominal and/or pelus pain, The study is not being requested for abdominal and/or pelus pain, The study is not being requested for abdominal and/or pelus pain, The study is not being requested for abdominal and/or pelus pain, The study is not being requested for abdominal and/or pelus pain, The study is not being requested for abdominal and/or pelus pain, The study is not being requested for abdominal and/or pelus pain, The study is not being requested for abdominal and/or pelus pain, The study is not being requested for abdominal and/or pelus pain, The study is not being requested for abdominal and/or pelus pain, The study is not being requested for abdominal and/or pelus pain, The study is not being requested for abdominal and/or pelus pain, The study is not being requested for abdominal and/or pelus pain, The study is not being requested for abdominal and/or pelus pain, The study is not being requested for abdominal and/or pelus pain, The study is not being requested for abdominal and/or pelus pain, The study is not being requested for abdominal and/or pelus pain, The study is not being requested for abdominal and/or pelus pain, The study is not requested. The reason for the study is pre-our post of the study is paintenance and pelus. The reason for the study is pre-our post of the study is paintenance. The study is pre-our post of pelus paintenance and pelus is the study is pre-our post of pelus painten				patient has a fever and elevated white blood cell count or abnormal amylase/lipase.: This	
4/1/2023 - April 1/2023 - April 1/20			74176 Computed tomography	, , , , ,	
6,00,000 3 4/1,000 3 Surgery Approval material a concern of cancer such as for diagnosis or freatment. This is a request of the abdominal analyte pelvic pann, the study is not requested for abdominal analyte pelvic pann, the study is not requested for abdominal analyte pelvic pann, the study is not requested for abdominal analyte pelvic pann, the study is provided for abdominal analyte pelvic pann, the study is provided for abdominal analyte pelvic pann, the study is provided for abdominal analyte pelvic pann, the study is provided for abdominal analyte pelvic pann, the study is provided for abdominal analyte pelvic pann, the study is provided for abdominal analyte pelvic	4/1/2023 -			, , , , , , , , , , , , , , , , , , , ,	Anr-lun
This is a request for an Abdomen and Pelvis CT;. The rescon for the study is none of the listed reason; problems of the study is not being requested for abdominal and/or pelvic pain; the study is not being requested for abdominal and/or pelvic pain; the study is problems of the study is problems. The study is problems of the study is problems of the study is problems. The study is problems of the study is proportional and/or pelvic pain. The study is problems of the study is proportional and/or pelvic pain. The study is problems of the study is proportional and/or pelvic pain. The study is problems of the study is proportional and/or pelvic pain. The study is problems of the study is proportional and/or pelvic pain. The study is problems of the study is proportional and/or pelvic pain. The study is problems of the study is proportional and/or pelvic pain. The study is proportional and/or pelvic pain. The study is proportional and/or pelvic pain. The study is problems of the study is proportional and/or pelvic pain. The		20/2022 Surgery Approve	•		
Section Sect	0/30/2023 4/1/2023 0/3	30/2023 Surgery Approva	material	· · · · · · · · · · · · · · · · · · ·	1 2023 2023
Al/1/2023 6/30/2023 Surgery Approval material material of Poly Poly Study is not requested for hematuria; yet this is a request for a Diagnostic CT , Reason. ELSE 4, Al/1/2023 6/30/2023 Surgery Approval material such an apply six property of the property					
41/2023 - 6/30/2023 Surgery Approval material subdomen and pelvis; without contrast such as for diagnosis or treatment. 1 2023 2023 41/2023 6/30/2023 Surgery Approval material subdomen and pelvis; without contrast operations or treatment. 1 2023 2023 41/2023 6/30/2023 Surgery Approval material subdomen and pelvis; without contrast operations. 1 this net known if this study is being requested for abdominal and/or pelvic pain., 1 this net known if this study is being requested for abdominal and/or pelvic pain., 1 this net known if this study is being requested for abdominal and/or pelvic pain., 1 this net known if this study is being requested for abdominal and/or pelvic pain. 1 2023 2023 41/2023 6/30/2023 Surgery Approval material subdomen and pelvis; without contrast operations. 2 this subdy is person of character subs a request for a Diagnostic CT; This is study is person of character subs or diagnosis or treatment. 1 2023 2023 41/2023 6/30/2023 Surgery Approval material subdomen and pelvis; without contrast operations. 2 this subdy is person of the study is person of post operations. 3 this is a request for a Diagnostic CT; This is study is being requested for abdominal and/or pelvic pain. The study is person of the study is person of post operations. 3 this is a request for a Diagnostic CT; April 1 2023 2023 41/2023 41/2023 6/30/2023 Surgery Approval material subdomen and pelvis; without contrast operations. 3 this is a request for a Diagnostic CT; April 1 2023 2023 41/2023 6/30/2023 Surgery Approval abdomen and pelvis; without contrast study is person of the study is person of the study is person of post operations. 3 this is a request for a Diagnostic CT; The sis study is person of the stud					
spanning of the study is period of the study					
This is a request for an Abdomen and Pelvis CT; The reason for the study is per- op or post operation of the study is per- op or post operation of the study is per- op or post operation of the study is per- op or post operation of the study is per- op or post operation of the study is per- op or post operation of the study is per- op or post operation of the study is per- op or post operation. This is study is per- op or post operation of the study is per- op or post operation of the study is per- op or post operation. This is a request for an Abdomen and Pelvis CT; The reason for the study is per- op or post operation. This is a request for an Abdomen and Pelvis CT; The reason for the study is per- op or post operation. The study is per- op or post operation of the study is per- op or post operation. The study is per- op post operation of the study is per- op or post operation. The study is per- op or post operation of the study is per- op or post operation. The study is per- op or post operation of the study is per- op or post operation. The study is not per- operation of the study is per- op or post operation. The study is not per- operation of the study is per- op or post operation. The study is not per- operation of the study is per- op or post operation. The study is not per- operation of the study is per- op or post operation. The study is not per- operation of the study is per- op or post operation. The study is not per- operation of the study is per- op or post operation. The study is not per- operation of the study is per- operation. The study is not per- operation of the study is per- operation. The study is not per- operation operation. The study is not per- ope			abdomen and pelvis; without contrast	(system matched response); Hernia; This is study NOT being ordered for a concern of cancer	
op evaluation.; It is not known if this study is being requested for abdominal and/or pelvic pairs, it is a request for a bodominal and/or pelvic pairs, it is not known if the study is requested for hematuria. Yes this is a request for a bodominal and/or pelvic pairs, it is study is requested for the maturia. Yes this is a request for a bodominal and/or pelvic pairs, it is not known if the study is perpo or post of pairs abdomen and pelvis, without contrast of this is a request for a bodominal and/or pelvic pairs. The study is perpo property of pairs and pelvis is study in the study is perpo property abdomen and pelvis, without contrast in its study is perporated for hematuria. Yes this is a request for a bodominal and/or pelvic pairs, the study is perporated to perporate policy pairs, the study is perporated to perporate policy pairs. The study is perporated to perporate policy pairs, the study is not requested for hematuria. Yes this is a request for a bodominal and/or pelvic pairs, the study is perporated to perporate policy pairs, the study is perporated to perporate policy pairs, the study is not requested for hematuria. Yes this is a request for a bodominal and/or pelvic pairs, the study is not requested for hematuria. Yes this is a request for a bodominal and/or pelvic pairs, the study is not requested for hematuria. Yes this is a request for a bodominal and/or pelvic pairs, the study is not requested for hematuria. Yes this is a request for a bodominal and/or pelvic pairs, the additional pairs and	6/30/2023 4/1/2023 6/3	30/2023 Surgery Approva	material	such as for diagnosis or treatment.	1 2023 2023
4/1/2023 6/30/2023 Surgery Aproval material pelvis, without contrast part of the study is requested for hematuria, yes this is a request for a Aportuni or treatment. 4/1/2023 6/30/2023 Surgery Aproval material pelvis, without contrast part of the study is pre-port of post of period perio				This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post	
41/2023 4/1/2023 6/30/2023 Surgery Approval material or treatment. Diagnostic CT, This is surfly NOT being ordered for a concern of cancer such as for diagnossis Apy-Iun or treatment. This is a request for an Abdomen and Pelvis CT, The reason for the study is pre-op or post operation of the study is being requested for abdominal and/or pelvic addomen and pelvis without contrast pain. The study is not requested for hematuria. Yes this is a request for a Diagnostic CT or Apy-Iun file Study NOT being ordered for a concern of cancer such as for diagnosis or treatment. 1 2023 2023 41/2023 6/30/2023 Surgery Approval material This is surfly NOT being ordered for a concern of cancer such as for diagnosis or treatment. 1 2023 2023 41/2023 6/30/2023 Surgery Approval material Study is not requested for hematuria. Yes this is a request for a Abdomen and pelvis to the study is pre-op or post operation of the study is pre-op or post operation. This study is not being requested for abdominal and/or pelvic pain. The Study is not being requested for abdominal and/or pelvic pain. The Apy-Iun foliation of the study is pre-op or post operation. This study is not being requested for abdominal and/or pelvic pain. The study is pre-op or post operation. This study is not being requested for abdominal and/or pelvic pain. The study is pre-op or post operation. This study is not being requested for abdominal and/or pelvic pain. The study is pre-op or post operation. This study is not being requested for abdominal and/or pelvic pain. The study is pre-op or post operation. This study is not being requested for abdominal and/or pelvic pain. The study is pre-op or post operation. This study is not being requested for abdominal and/or pelvic pain. The study is not being requested for abdominal and/or pelvic pain. The study is not being requested for abdominal and/or pelvic pain. The study is not requested for abdominal and/or pelvic pain. The study is study is pelvic pain. The study is not being requested for abdominal and/or pelvic pain. The				op evaluation.; It is not known if this study is being requested for abdominal and/or pelvic	
41/2023 4/1/2023 6/30/2023 Surgery Approval material or treatment. Diagnostic CT, This is surfly NOT being ordered for a concern of cancer such as for diagnossis Apy-Iun or treatment. This is a request for an Abdomen and Pelvis CT, The reason for the study is pre-op or post operation of the study is being requested for abdominal and/or pelvic addomen and pelvis without contrast pain. The study is not requested for hematuria. Yes this is a request for a Diagnostic CT or Apy-Iun file Study NOT being ordered for a concern of cancer such as for diagnosis or treatment. 1 2023 2023 41/2023 6/30/2023 Surgery Approval material This is surfly NOT being ordered for a concern of cancer such as for diagnosis or treatment. 1 2023 2023 41/2023 6/30/2023 Surgery Approval material Study is not requested for hematuria. Yes this is a request for a Abdomen and pelvis to the study is pre-op or post operation of the study is pre-op or post operation. This study is not being requested for abdominal and/or pelvic pain. The Study is not being requested for abdominal and/or pelvic pain. The Apy-Iun foliation of the study is pre-op or post operation. This study is not being requested for abdominal and/or pelvic pain. The study is pre-op or post operation. This study is not being requested for abdominal and/or pelvic pain. The study is pre-op or post operation. This study is not being requested for abdominal and/or pelvic pain. The study is pre-op or post operation. This study is not being requested for abdominal and/or pelvic pain. The study is pre-op or post operation. This study is not being requested for abdominal and/or pelvic pain. The study is pre-op or post operation. This study is not being requested for abdominal and/or pelvic pain. The study is not being requested for abdominal and/or pelvic pain. The study is not being requested for abdominal and/or pelvic pain. The study is not requested for abdominal and/or pelvic pain. The study is study is pelvic pain. The study is not being requested for abdominal and/or pelvic pain. The			74176 Computed tomography,	pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a	
6/38/2023 4/1/2023 6/38/2023 Surgery Approval material or treatment. This is arequest for an Abdomen and Pelvis CT; The reason for the study is pre-go or post op evaluation. It is not known if this study is being requested for abdominal and/or pelvic pain; The study is not present for a Disputation, and the study is pre-go or post op evaluation. It is not known if this study is being requested for abdominal and/or pelvic pain; The study is not perspected for abdominal and/or pelvic pain; The study is not perspected for abdominal and/or pelvic pain; The 4/1/2023 6/30/2023 Surgery Approval Aff2 Computed tomography, abdomen and pelvis: The study is not being requested for abdominal and/or pelvic pain; The Apr-Jun study is not perspected for abdominal and/or pelvic pain; The Apr-Jun study is not perspected for abdominal and/or pelvic pain; The Apr-Jun study is not perspected for abdominal and/or pelvic pain; The Apr-Jun study is not perspected for abdominal and/or pelvic pain; The Apr-Jun study is not perspected for abdominal and/or pelvic pain; The Apr-Jun study is not perspected for abdominal and/or pelvic pain; The Apr-Jun study is not perspected for abdominal and/or pelvic pain; The Apr-Jun study is not perspected for abdominal and/or pelvic pain; The Apr-Jun study is not requested for hematuria; Yes this is a request for abdominal and/or pelvic pain; The study is not perspected for abdominal and/or pelvic pain; The study is not requested for hematuria; Yes this is a request for abdominal and/or pelvic pain; The study is not requested for hematuria; Yes this is a request for abdominal and/or pelvic pain; The study is not perspected for abdominal and/or pelvic pain; The study is person or post or supperted tumography, abdomen and pelvis; without contrast is a request for a bodomen and Pelvis CT; This study is being requested for abdominal and/or pelvic pain; The study is being requested for abdominal and/or pelvic pain; The study is being requested for abdominal and/or pelvic pain; The study is being requeste	4/1/2023 -				Apr-Jun
This is a request for an Abdomen and Pelvis CT, The reason for the study is pre-op or post operation. It is not known if this study is being requested for abdominal and/or pelvic pain. The study is not requested for hematuria, 'es this is a request for an Abdomen and Pelvis CT, The reason for the study is pre-op or post operation. This is study is not requested for hematuria, 'es this is a request for a Diagnostic CT; Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Surgery Approval material study is not requested for hematuria, 'es this is a request for a Diagnostic CT 2 2023 2023 17/18 is a request for an Abdomen and Pelvis CT, The reason for the study is pre-op or post operation. This is surger for an Abdomen and Pelvis CT, The reason for the study is pre-op or post operation. This is a request for an Abdomen and Pelvis CT, The reason for the study is pre-op or post operation. This is a request for an Abdomen and Pelvis CT, The reason for the study is pre-op or post operation. This is a request for an Abdomen and Pelvis CT, The reason for the study is pre-op or post operation. This is a request for an Abdomen and Pelvis CT, The reason for the study is pre-op or post operation. This is a request for a Abdomen and Pelvis CT, The reason for the study is pre-op or post operation. This is a request for a Abdomen and Pelvis CT, The reason for the study is pre-op or post operation. This is a request for a Diagnostic CT is this is study is not prequested for hematuria, and the pre-part of a Diagnostic CT is this is study is not prequested for hematuria, and the pre-part of a Diagnostic CT is the study is pre-op or post operation. This is a request for a Abdomen and Pelvis CT, The reason for the study is pre-op or post operation. This is a request for a Diagnostic CT is this is study is not requested for hematuria, and the pre-part of a Diagnostic CT is the study is pre-op or post operation. This is a request for a Diagnostic CT is this is study is pre-op or post operation. This is a request for a Diagnostic CT is this is study		30/2023 Surgery Approva	•		
4/1/2023 - 6/30/2023 Surgery Approval material Toleran pelvis, without contrast address and pelvis, without contrast address and pelvis, without contrast address and pelvis, without contrast	0,00,2020 1,1,2020 0,1	50/2025 5d.gc.y /ipp.ova	macenai		1 2023 2023
41/2023 4/2023 6/30/2023 Surgery Approval material pelvis, without contrast pain. The study is not requested for hematuria, 'yes this is a request for a Diagnostic CT; Aprilum material This is study (ND feliag ordered for a concern of cancer such as for diagnosis or teatment. 1 2023 2023 4/1/2023 4/1/2023 5urgery Approval material This is a request for an Addomen and Pelvis CT; The reason for the study is pre- op or post op evaluation. This study is not requested for hematuria, 'yes this is a request for a Diagnostic CT 2 2 2023 2023 and the study is not requested for hematuria, 'yes this is a request for a Diagnostic CT 2 2 2023 2023 and the study is not requested for hematuria, 'yes this is a request for a Diagnostic CT 3 2 2023 2023 and the study is not requested for hematuria, 'yes this is a request for a Diagnostic CT 3 2 2023 2023 and the study is not requested for hematuria, 'yes this is a request for a Diagnostic CT 3 2 2023 2023 and in the study is not requested for hematuria, 'yes this is a request for a Diagnostic CT 3 2 2023 2023 and in the study is not requested for hematuria, 'yes this is a request for a Diagnostic CT 3 2 2023 2023 and in the study is not requested for hematuria, 'yes this is a request for a Diagnostic CT 3 2 2023 2023 and in the study is not requested for hematuria, 'yes this is a request for a Diagnostic CT 3 2 2023 2023 and in the study is not requested for hematuria, 'yes this is a request for a Diagnostic CT 3 2 2023 2023 and in the study is not requested for hematuria, 'yes this is a request for an Addominal and or requested for hematuria, 'yes this is a request for a Diagnostic CT 3 2 2023 2023 and '1/2023 an			74176 Computed tomography		
6/30/2023 4/1/2023 6/30/2023 Surgery Approval material This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment. 1 2023 2023 4/1/2023 6/30/2023 Surgery Approval material This is a request for an Abdomen and Pelvis CT, The reason for the study is pre-apor post op evaluation.; This study is not requested for hematuria.; Yes this is a request for a Diagnostic CT 2 2023 2023 4/1/2023 6/30/2023 Surgery Approval material Study is not requested for hematuria.; Yes this is a request for a Diagnostic CT 2 2023 2023 4/1/2023 6/30/2023 Surgery Approval material Study is more topic requested for hematuria.; Yes this is a requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a requested for abdominal and of pelvis (pain.; The study is not requested for hematuria.) The study is pre-apor post op evaluation.; This study is not requested for abdominal and of pelvis (pain.; The study is not requested for hematuria.) The study is not requested for abdominal and of pelvis (pain.; The study is not requested for abdominal and of pelvis (pain.; The study is not requested for abdominal and of pelvis (pain.; The study is not requested for abdominal and of pelvis (pain.; The study is not requested for abdominal and of pelvis (pain.; The study is not requested for abdominal and of pelvis (pain.; The study is not requested for abdominal and of pelvis (pain.; The study is not requested for abdominal and of pelvis (pain.; The pean for the study is subjected tumor or metastasis.); it is not known if this study is being requested for abdominal and of pelvis (pain.); the reason for the study is subjected to pelvis pain.; The study is being requested for abdominal and of pelvis (pain.); the study is permitted to pelvis pain.; The pain is subject to a not pelvis pain.; The pain is subject to a not known if the pain is subject or concern of cancer such as for diagnostic CT. This is a request for an Abdomen and Pelvis CT; This study is being requested for abdominal an	4/1/2022		- · · · ·		A 1
4/1/2023 - 4/1/2023 Surgery Approval material Fig. 2 (2) 2 (2) 2 (2) 2 (2) 2 (2) 3 (100/0000	·	the state of the s	·
4/1/2023 4/1/2023 Surgery Approval material study is not requested for abademinal and/or pelvic pain.; The Apr-Jun Apr	6/30/2023 4/1/2023 6/3	30/2023 Surgery Approva		· · · · · · · · · · · · · · · · · · ·	1 2023 2023
6/30/2023 4/1/2023 6/30/2023 Surgery Aproval material study is not requested for hematuria. Yes this is a request for a Diagnostic CT 2 2023 2023 2023 2023 2023 2023 2023 2					
This is a request for an Abdomen and Pelvis CT;. The reason for the study is pre-op or post operation; This study is not requested for abdominal and/or pelvic pain.; The study is not requested for abdominal and/or pelvic pain. The study is study is not requested for abdominal and/or pelvic pain. The study is study is not requested for hematuria, the stins is a request for a Diagnostic CT; This is study is study is not requested for abdominal and/or pelvic pain. The study is suspicious mass or suspected tumor or metastasis, it is not known if this study is being requested for abdominal and/or pelvic pain.; The patient tide abdominal during pain. The patient did abdominal during pain. The study is not requested for hematuria, and pain abdominal during pain. The study is perior pain. The study is being requested for abdominal during pain. The study is perior pain. The patient did abdominal during pain. The study is perior pain. The study is perior pain. The patient did abdominal during pain. The study is perior pain. The patient did abdominal during pain. The study is perior pain. The patient did abdominal during pain. The study is perior pain. The patient did abdominal during pain. The study is perior pain. The patient did abdominal and/or pelvic pain. The study is perior pain. The patient did abdominal and/or pelvic pain. The study is perior pain. The pain stem stem aphysical and/or pelvic pain. The study is perior and call and/or pelvic pain. The study is perior and call pain. The pain stem stem aphysical and/or pelvic pain. The study is perior pain. The pain stem stem aphysical and/or pelvic pain. The			• •		
Addrocomputed tomography, abdomen and pelvis; without contrast Addrocomputed tomography Study is not requested for abdominal and/or pelvic pain.; The Apr-Jun	6/30/2023 4/1/2023 6/3	30/2023 Surgery Approva	material	study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	2 2023 2023
4/1/2023 - 6/30/2023 Surgery Approval material abdomen and pelvis; without contrast study is not requested for hematuria; Yes this is a request for a Diagnostic CT; This is study Apr-Jun NOT being ordered for a concern of cancer such as for diagnosis or treatment. 11 2023 2023 This is a request for an Abdomen and Pelvis CT; The reason for the study is suspicious mass or suspected tumor or metastasis; It is not known if this study is being requested for abdominal and/or pelvic pain; The study is not requested for hematuria; The patient did abdominal and/or pelvic pain; The study is not requested for hematuria; The patient did abdominal and/or pelvic pain; The study is not requested for hematuria; The patient did abdominal and/or pelvic pain; The study is not requested for hematuria; The patient did abdominal and/or pelvic pain; The study is not requested for abdominal and/or pelvic pain; The study is not requested for abdominal and/or pelvic pain; The patient pain is acute or chronic; This is not the first visit for this side of abdominal and/or pelvic pain; The reason shown if the pain is acute or chronic; This is not the first visit for abdominal and/or pelvic pain; The reason shown if the pain is acute or chronic; This is not the first visit for this complaint; There has been a physical exam. The patient is male; It is not known if a Apr-Jun (abdomen and pelvis; without contrast and/or pelvic pain; The reason shown and Pelvis CT; This study is being requested for abdominal and/or pelvic pain; The reason shown and Pelvis CT; This study is being requested for abdominal and/or pelvic pain; The patient pain; The study is pelvig requested for abdominal and/or pelvic pain; The patient pain; The study is pelvig requested for abdominal and/or pelvic pain; The patient is female; A pelvic exam was performed; Yes this is a request for a Diagnostic CT 1 2023 2023 This is a request for an Abdomen and Pelvis CT; This study is being requested for abdominal and/or pelvic pain; The study is being ordered for acute pain; Th				This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post	
6/30/2023 4/1/2023 6/30/2023 Surgery Approval material NOT being ordered for a concern of cancer such as for diagnosis or treatment. 11 2023 2023 This is a request for an Abdomen and Pelvis CT; The reason for the study is suspicious mass or suspected tumor or metastasis; it is not known if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria; The patient did abdomen and pelvis; without contrast of 30/2023 4/1/2023 6/30/2023 Surgery Approval material Diagnostic CT 12023 2023 This is a request for an Abdomen and Pelvis CT;, This study is being requested for abdominal and/or pelvic pain.; The study is not requested for abdominal and/or pelvic pain.; The study is pain; a request for abdominal and/or pelvic pain.; The study is pain; a request for abdominal and/or pelvic pain.; The study is pain; a request for abdominal and/or pelvic pain.; The study is pain; a request for abdominal and/or pelvic pain.; The study is pain; a request for abdominal and/or pelvic pain.; The study is pain; a request for abdominal and/or pelvic pain.; The study is pain; a request for abdominal and/or pelvic pain.; The study is being requested for abdominal and/or pelvic pain.; The study is pain; a request for abdominal and/or pelvic pain.; The study is being requested for abdominal and/or pelvic pain.; The study is being requested for abdominal and/or pelvic pain.; The study is being requested for abdominal and/or pelvic pain.; The study is being requested for abdominal and/or pelvic pain.; The study is being requested for abdominal and/or pelvic pain.; The study is being requested for abdominal and/or pelvic pain.; The study is being requested for abdominal and/or pelvic pain.; The study is being requested for abdominal and/or pelvic pain.; The study is being requested for abdominal and/or pelvic pain.; The study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has bee nal physical exam.; The results of the exam were Apr-Jun abdom			74176 Computed tomography,	op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The	
This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass or suspected tumor or metastasis; it is not known if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria; The patient did abdomen and pelvis; without contrast in the patient of the pain is acute or chronic; This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if this study; Yes this is a request for a Apr-Jun obliganostic CT in this study; Yes this is a request for a Apr-Jun abdomen and pelvis; without contrast in the patient is request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic; This is not the first visit for this complaint. There has been a physical exam. The patient is male.; It is not known if a Apr-Jun and/or pelvic pain.; It is not known if the pain is acute or chronic; This is not the first visit for this complaint. There has been a physical exam. The patient is male. It is not known if a Apr-Jun and/or pelvic pain. The patient is request for an Abdomen and pelvis CT. This study is being requested for abdominal and/or pelvic pain. The study is being ordered for acute pain. There has been a physical and/or pelvic pain. The study is being ordered for acute pain. There has been a physical and/or pelvic pain. The study is being ordered for acute pain. There has been a physical and/or pelvic pain. The study is being ordered for acute pain. There has been a physical and/or pelvic pain. The study is being ordered for acute pain. There has been a physical and/or pelvic pain. The study is being ordered for acute pain. There has been a physical and/or pelvic pain. The study is being ordered for acute pain. There has been a physical and/or pelvic pain. The study is being ordered for acute pain. There has been a physical and/or pelvic pain. The study is being ordered for acute pain. There has bee	4/1/2023 -		abdomen and pelvis; without contrast	study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study	Apr-Jun
or suspected tumor or metastasis.; it is not known if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did abdomen and pelvis; without contrast NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Surgery Approval material Diagnostic CT This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not thom if the pain is acute or chronic. This is not known if a Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Surgery Approval material and/or pelvic pain.; It is not known if the pain is acute or chronic. This is not known if a Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Surgery Approval material rectal exam was performed.; Yes this is a request for a Diagnostic CT 1 2023 2023 2023 2023 2023 2023 2023 20	6/30/2023 4/1/2023 6/3	30/2023 Surgery Approva	material	NOT being ordered for a concern of cancer such as for diagnosis or treatment.	11 2023 2023
or suspected tumor or metastasis.; it is not known if this study is being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The patient did abdomen and pelvis; without contrast NOT have an abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Surgery Approval material Diagnostic CT This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not thom if the pain is acute or chronic. This is not known if a Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Surgery Approval material and/or pelvic pain.; It is not known if the pain is acute or chronic. This is not known if a Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Surgery Approval material rectal exam was performed.; Yes this is a request for a Diagnostic CT 1 2023 2023 2023 2023 2023 2023 2023 20		<u> </u>		This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass	
4/1/2023					
4/1/2023			74176 Computed tomography.		
6/30/2023 Surgery Approval material Diagnostic CT 1 2023 2023 This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not known if a Apr-Jun abdomen and pelvis pain.; It is not known if the pain is acute or chronic.; This is not known if a Apr-Jun feld to mography, and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not known if a Apr-Jun feld to make; It is not known if a and/or pelvic pain.; The study is being requested for abdominal and/or pelvic pain.; The study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam. The patient is female. A pelvic exam was performed.; The results of the exam were felvic pain. The study is being ordered for acute pain. There has been a physical exam. The patient is female. A pelvic exam was performed. The	4/1/2023 -				Anr-lun
This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for 4/1/2023 - abdomen and pelvis; without contrast this complaint.; There has been a physical exam.; The patient is male.; It is not known if a Apr-Jun rectal exam was performed.; Yes this is a request for a Diagnostic CT 1 2023 2023 4/1/2023 6/30/2023 Surgery Approval material 74176 Computed tomography, abdomen and Pelvis pain.; The study is being requested for abdominal and/or pelvic pain.; The study is being requested for abdominal and/o		20/2022 Surgery Approve	• •		·
74176 Computed tomography, and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for abdomen and pelvis; without contrast this complaint.; There has been a physical exam.; The patient is male.; It is not known if a Apr-Jun rectal exam was performed.; Yes this is a request for a Diagnostic CT 1 2023 2023 This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Diagnostic CT 4 2023 2023 4/1/2023 - 6/30/2023 Surgery Approval material Diagnostic CT 4 2023 2023 This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Apr-Jun and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam. The patient is female.; A pelvic exam was performed.; The results of the exam were Apr-Jun abdomen and pelvis; without contrast exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were Apr-Jun and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were Apr-Jun and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were Apr-Jun and/or pelvic pain.; The patient is female.; A pelvic exam was performed.; The results of the exam were Apr-Jun exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were Apr-Jun exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were Apr-Jun exam.; The patient is f	0/30/2023 4/1/2023 0/.	30/2023 Surgery Approva	material	-0	1 2023 2023
4/1/2023 - abdomen and pelvis; without contrast this complaint.; There has been a physical exam.; The patient is male.; It is not known if a Apr-Jun rectal exam was performed.; Yes this is a request for a Diagnostic CT 1 2023 2023 This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a Apr-Jun and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a Apr-Jun and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a Apr-Jun being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a Apr-Jun being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; It is not known if a 12023 2023 This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal abnormal.; Yes this is a request for a Diagnostic CT 2 2023 2023 This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal abnormal.; Yes this is a request for a Diagnostic CT 2 2023 2023 This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were Apr-Jun abdomen and pelvis; without contrast exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were Apr-Jun and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of			74176 Computed tomography		
6/30/2023 Surgery Approval material rectal exam was performed.; Yes this is a request for a Diagnostic CT 1 2023 2023 This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical abdomen and pelvis; without contrast exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a Apr-Jun abdomen and Pelvis CT.; This study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a 4 2023 2023 This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical and/or pelvic pain.; The patient is female.; A pelvic exam was performed.; The results of the exam were Apr-Jun abnormal.; Yes this is a request for a Diagnostic CT 2 2023 2023 This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal abnormal.; Yes this is a request for a Diagnostic CT 2 2023 2023 This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal abnormal.; Yes this is a request for a Diagnostic CT 2 2023 2023 This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical and/or pelvic pain.; The patient is female.; A pelvic exam was performed.; The results of the exam were Apr-Jun abdomen and pelvis; without contrast exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were Apr-Jun	4/1/2022		- · · · ·		A constant
This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical 4/1/2023 - 4/1/2023 6/30/2023 Surgery Approval material biagnostic CT 42023 2023 This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical 4/1/2023 - 4/1/2023 6/30/2023 Surgery Approval material biagnostic CT Apr-Jun Apr-Ju		100 10000 5	·		·
74176 Computed tomography, and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical 4/1/2023 - 6/30/2023 Surgery Approval material biagnostic CT 4 2023 2023 This is a request for an Abdomen and Pelvis CT.; This study is being ordered for acute pain.; There has been a physical 4/1/2023 - 74176 Computed tomography, and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical 4/1/2023 - 6/30/2023 Surgery Approval material abdomen and Pelvis CT.; This study is being ordered for acute pain.; There has been a physical 4/1/2023 - 6/30/2023 Surgery Approval material abnormal.; Yes this is a request for a Diagnostic CT 2 2023 2023 This is a request for an Abdomen and Pelvis CT.; This study is being ordered.; The results of the exam were Apr-Jun abnormal.; Yes this is a request for a Diagnostic CT 2 2023 2023 This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical 4/1/2023 - 4/1/2	6/30/2023 4/1/2023 6/3	30/2023 Surgery Approva	material	- · · · · · · · · · · · · · · · · · · ·	1 2023 2023
4/1/2023 - d/30/2023 Surgery Approval Approval material Apr-Jun Diagnostic CT Approval Diagnostic CT Approval Approval Approval Material Diagnostic CT Approval Diagnostic CT Approval Approval Diagnostic CT Diagnostic					
6/30/2023 Surgery Approval material Diagnostic CT 4 2023 2023 This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical abdomen and pelvis; without contrast exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were Apr-Jun abnormal.; Yes this is a request for a Diagnostic CT This is a r				· · · · · · · · · · · · · · · · · · ·	
This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical abdomen and pelvis; without contrast exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were Apr-Jun abnormal.; Yes this is a request for a Diagnostic CT. The patient is female.; A pelvic exam was performed.; The results of the exam were Apr-Jun exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were	1 1		abdomen and pelvis; without contrast	exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a	
74176 Computed tomography, and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical 4/1/2023 - 4/1/2023 6/30/2023 Surgery Approval material abnormal.; Yes this is a request for a Diagnostic CT 2 2023 2023 This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal 74176 Computed tomography, and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical 4/1/2023 -	6/30/2023 4/1/2023 6/3	30/2023 Surgery Approva	material	Diagnostic CT	4 2023 2023
4/1/2023 - abdomen and pelvis; without contrast exam., The patient is female.; A pelvic exam was performed.; The results of the exam were Apr-Jun abnormal.; Yes this is a request for a Diagnostic CT 2 2023 2023 This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical abdomen and pelvis; without contrast exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were Apr-Jun				This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
6/30/2023 4/1/2023 6/30/2023 Surgery Approval material abnormal.; Yes this is a request for a Diagnostic CT 2 2023 2023 This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical 4/1/2023 - abdomen and pelvis; without contrast exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were Apr-Jun			74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical	
6/30/2023 4/1/2023 6/30/2023 Surgery Approval material abnormal.; Yes this is a request for a Diagnostic CT 2 2023 2023 This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical 4/1/2023 - abdomen and pelvis; without contrast exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were Apr-Jun	4/1/2023 -		abdomen and pelvis; without contrast	exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were	Apr-Jun
This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal 74176 Computed tomography, and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical 4/1/2023 - abdomen and pelvis; without contrast exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were Apr-Jun		30/2023 Surgery Approva	·		
74176 Computed tomography, and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical 4/1/2023 - exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were Apr-Jun	, , , , , , , , , , , , , , , , , , , ,	, ,		,	
74176 Computed tomography, and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical 4/1/2023 - exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were Apr-Jun				This is a request for an Ahdomen and Pelvis CT · This study is being requested for abdominal	
4/1/2023 - abdomen and pelvis; without contrast exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were Apr-Jun			7/176 Computed tomography		
	4/1/2022			, , , , , , , , , , , , , , , , , , , ,	Ane lin
0/30/2025 4/1/2025 0/30/2025 Surgery Approval Illaterial normal.; The patient did not have an Ultrasound.; Yes this is a request for a Diagnostic Cl 1 2023 2023	1 1	20/2022 Surger: America	• •		
	0/30/2023 4/1/2023 6/3	ou/2023 Surgery Approva	material	norman, the patient did not have an Oltrasound.; Yes this is a request for a Diagnostic CI	1 2023 2023

				This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
				and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical	
				exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were	
			74176 Computed tomography,	normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-	
4/1/2023 -			abdomen and pelvis; without contrast	ray has been completed.; The results of the contrast/barium x-ray were abnormal.; Yes this	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery	Approval	material	is a request for a Diagnostic CT	1 2023 2023
				This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
. /. /2022			74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical	
4/1/2023 -	s /20 /2022 s		abdomen and pelvis; without contrast	exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery	Approval	material	request for a Diagnostic CT	1 2023 2023
			74476 Community of the community	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
4/4/2022			74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical	A 1
4/1/2023 -	C /20 /2022 C	A	abdomen and pelvis; without contrast	exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery	Approval	material	Diagnostic CT	2 2023 2023
			74176 Computed tomography,	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical	
4/1/2022					Apr lup
4/1/2023 - 6/30/2023 4/1/2023	6/20/2022 Surgary	Approval	abdomen and pelvis; without contrast material	exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	Apr-Jun 2 2023 2023
0/30/2023 4/1/2023	6/30/2023 Surgery	Approvai	Illaterial	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	2 2023 2023
			74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/1/2023 -			abdomen and pelvis; without contrast	this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery	Approval	material	NOT performed.; Yes this is a request for a Diagnostic CT	4 2023 2023
0/30/2023 4/1/2023	0/30/2023 Surgery	Арргочаг	Illaterial	NOT performed., res tills is a request for a Diagnostic Ci	4 2023 2023
				This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
				and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
				this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was	
			74176 Computed tomography,	performed.; The results of the exam were normal.; The patient had an Ultrasound.; The	
4/1/2023 -			abdomen and pelvis; without contrast	Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery	Approval	material	not have an endoscopy.; Yes this is a request for a Diagnostic CT	1 2023 2023
0,00,2020 1,2,2020	0/00/2020 00.80.4	7.pp. 010.	THE COLUMN TO TH	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	1 2023 2023
			74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/1/2023 -			abdomen and pelvis; without contrast	this complaint.; There has been a physical exam.; The patient is female.; It is not known if a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery	Approval	material	pelvic exam was performed.; Yes this is a request for a Diagnostic CT	2 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,			This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
			74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/1/2023 -			abdomen and pelvis; without contrast	this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery	Approval	material	performed.; Yes this is a request for a Diagnostic CT	3 2023 2023
	. ,				
				This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
			74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/1/2023 -			abdomen and pelvis; without contrast	this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery	Approval	material	performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2023 2023
				This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
			74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/1/2023 -			abdomen and pelvis; without contrast	this complaint.; There has been a physical exam.; The patient is male.; It is not known if a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery	Approval	material	rectal exam was performed.; Yes this is a request for a Diagnostic CT	1 2023 2023
				This is a request for an Abdomen and Pelvis CT.; This study is not being requested for	
			74176 Computed tomography,	abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request	
4/1/2023 -			abdomen and pelvis; without contrast	for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery	Approval	material	diagnosis or treatment.	2 2023 2023
				This is a request for an Abdomen and Pelvis CT.; This study is not being requested for	
			74176 Computed tomography,	abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT; There is	
4/1/2023 -			abdomen and pelvis; without contrast	documentation of a known tumor or a known diagnosis of cancer; This is study being	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery	Approval	material	ordered for a concern of cancer such as for diagnosis or treatment.	6 2023 2023
			74181 Magnetic resonance (eg, proton)		
4/1/2023 -			imaging, abdomen; without contrast	This request is for an Abdomen MRI.; This study is being ordered for pre-operative	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery	Approval	material(s)	evaluation.; Surgery is planned for within 30 days.	1 2023 2023

17/2023 17/2						This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or	
Magrical					74181 Magnetic resonance (eg. proton)	, , ,	
	4/1/2023 -						Apr-Jun
		/1/2023	6/30/2023 Surgery	Approval		, , , , , , , , , , , , , , , , , , , ,	•
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	.,,			, , , , , , , , , , , , , , , , , , , ,	
	4/1/2023 -					· · · · · · · · · · · · · · · · · · ·	Apr-Jun
### 17/2023 41/2023 6/90/2023 Surgery Approval material(s) This study is being ordered for a metastatic disease. The ordering MDS specialty is NOT April ### 17/2023 41/2023 6/90/2023 Surgery Approval material(s) This study is being ordered or a metastatic disease. The ordering MDS specialty is NOT ### 17/2023 41/2023 6/90/2023 Surgery Approval material(s) This study is being ordered in 98.04. ### 17/2023 6/90/2023 Surgery Approval material(s) This study is	6/30/2023 4/3	/1/2023	6/30/2023 Surgery	Approval			1 2023 2023
Mapril M			, , , , ,	•••	74181 Magnetic resonance (eg. proton)		
1	4/1/2023 -						Apr-Jun
74128 Agricum segments (e.g. proton) master, explained, address, without contrast Tumor, mass, neoplasm, or metastack disease best describes the reason for this procedure; page 1, 2023 (2023) and the patient's carner status is other segments. The has been some at the wound center for one a year with no significant progress and procedure. The patient's carner status is other segments. This has been some at the wound center for one a year with no significant progress and procedure. The patient's carner status is other segments. The has been some at the wound center for one a year with no significant progress and procedure. The patient progress are status is other segments. The has been some at the wound center for one a year with no significant progress and procedure. The patient procedure is procedure in the wound center for one a year with no significant progress and procedure is procedure. The patient procedure is procedure in the wound center for one a year with no significant progress and procedure in the wound center for one a year with no significant progress and procedure is procedure in the wound center for one a year with no significant progress and procedure in the wound center for one a year with no significant progress and procedure in the wound center for one a year with no significant progress and procedure in the wound center for one a year with no significant progress and procedure in the wound center for one a year with no significant progress and procedure in the wound center for one a year with no significant progress and procedure in the wound center for one a year with no significant progress and procedure in the wound center for one a year with no significant progress and procedure in the wound center for the wound center for one a year with no significant progress and procedure in the wound center for wound procedure in the wound center for the procedure in the support of the p	6/30/2023 4/3	/1/2023	6/30/2023 Surgery	Approval			1 2023 2023
4/1/2023 - Imaging, abdomeny, without contrast Tumor, make planner translatal disease best describes the reason for this procedure; Apr-Jun Fabruary Camera Status is other 1 2023 2023 2023 2023 2023 2023 2023 20			. ,	•••			
6/89/2023 4/1/2023 surgery Approval material(s) The patients' samers status is other Freater presents which we desired principal intervention, "Bitts study is being requested for over a year with no significant progress in wound management of viscolar places are that wound center for over a year with no significant progress in wound management of viscolar places are at the wound center for over a year with no significant progress in wound management of viscolar places. The has been seen at the wound center for over a year with no significant progress in the wound management of viscolar places. The has been treatment or conservative therapy. The ordering Management is that should be a progress of viscolar places are a progressly, abdominal, worst and bit seen in the wound management of viscolar places. The patient providers is precised in SeafAIO, The pinning of viscolar places are a progressly abdominal a orts and bit seen in control management places. The patient places are a progressly abdominal a orts and bit seen in control management places. The patient places are a progressly abdominal a orts and bit seen in control management performed, and management performed,	4/1/2023 -					Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.;	Apr-Jun
Patient presents with altheroscientic PD with uteration, billutarally, Multiple wounds present in wound management. MRA needed to pin surgical intervention. This study is being ordered for Yasusic Post therapy. The ordered for Yasusic Post therapy of Yasusic Post therapy. The ordered for Yasusic Post therapy. The ordered for Yasusic Post therapy. The ordered for Yasusic Post therapy of Yasusic Post therapy. The ordered for Yasusic Post therapy. The ordered for Yasusic Post therapy of Yasusic Post therapy. The ordered for Yasusic Post therapy of Yasusic Post therapy of Yasusic Post therapy of Yasusic Post therapy. The ordered for Yasusic Post therapy of Yasusic Post therapy of Yasusic Post therapy of Yasusic Post therapy. The ordered for Yasusic Post therapy of Yas		/1/2023	6/30/2023 Surgery	Approval	5 G, ,		•
present. She has been seem at the wound center for over a year with no significant progress in wound management. MAn ecoded to place single-inflavement or conservative therapy. The analysis of wound management of the progress of the progr	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	.,,	F F		·	
in wound management. MAR percent treatment or consortable through; The ordered for plans sugrical intervention. This study is being ordered for Vacuable Disease, There has been treatment or consortable through; The ordering MDs specially is NOT Hemistologist/Oncologist, Thoracis Surgery, Oncology, 41/2023 6/30/2023 Surgery Approval contrast materials) symptoms began more than 1 year ago; Medications were given for this diagnosis 1 2023 2023 2023 2023 2023 2023 2023 20							
7.185 Magnetic resonance anglography, abdomens, with or without surface for Vascular Disease. There has been treatment or consensative therapy. The ordering More developed (Nanoclasy). The case was created via RadMD0, The primary April and protection of the standard of							
4/1/2023 - 4/2023 Surgery Approval contest material(s) including noncontrast images, if approval contest material(s) including noncontrast							
41/2023 - 41/2023 6/30/2023 Surgery Approval controls materially symptoms began more than 1 year ago; Medications were given for this diagnosis 1 2023 2023 2023 2024 41/2023 6/30/2023 Surgery Approval controls materially symptoms began more than 1 year ago; Medications were given for this diagnosis 1 2023 2023 2023 2023 2023 2023 2023 20					74185 Magnetic resonance		
6/30/2023 4/1/2023 6/30/2023 Surgery Approval contrast material(s) symptoms began more than 1 year ago, Medications were given for this diagnosis 1 2023 2023 75-633 Computed tomographic angiography, abdominal aorts and bilateral illiofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if in	4/1/2023 -				_		Apr-Jun
75635 Computed tomographic angiography, addominal a part and bilateral illofemoral lower extremity runoff, with contrast materials), including noncontrast images, if procedure is being requested for pre-procedural evaluation 1 2023 2023 2023 2023 2023 2023 2023 20	1 1	/1/2023	6/30/2023 Surgery	Approval			•
angiography, abdominal aorta and bilateral lilidemoral lower extremity runoff, with contrast material(s), including noncontrast images, if procedure is being requested for pre-procedural evaluation 1 2023 2023 2023 4/1/2023 6/30/2023 Surgery Approval performed, and image postprocessing procedure is being requested for pre-procedural evaluation 1 2023 2023 2023 2023 2023 2023 2023 20	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-,	2,20,202				
angiography, abdominal aorta and bilateral lilidemoral lower extremity runoff, with contrast material(s), including noncontrast images, if procedure is being requested for pre-procedural evaluation 1 2023 2023 2023 4/1/2023 6/30/2023 Surgery Approval performed, and image postprocessing procedure is being requested for pre-procedural evaluation 1 2023 2023 2023 2023 2023 2023 2023 20					75635 Computed tomographic		
bilateral illofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing procedure is being requested for pre-procedural evaluation 1 2023 2023 2023 2023 2023 2023 2023 20							
4/1/2023 4/1/2023 6/30/2023 Surgery Approval performed, and image postprocessing procedure is being requested for pre-procedural evaluation 1 2023 2023 4/1/2023 6/30/2023 Surgery Approval performed, and image postprocessing procedure is being requested for pre-procedural evaluation 1 2023 2023 4/1/2023 6/30/2023 Surgery Approval performed, and image postprocessing procedure is being requested for pre-procedural evaluation procedure is being requested for pre-procedural evaluation of vascular disease in the stomach or legs; The patient had a Doppler Ultrasound; The study Apr-Jun of vascular disease in the stomach or legs; The patient had a Doppler Ultrasound; The study Apr-Jun of vascular disease in the stomach or legs; The patient had a Doppler Ultrasound; The study Apr-Jun of vascular disease in the stomach or legs; The patient had a Doppler Ultrasound; The study Apr-Jun disease in the stomach or legs; The patient had a Doppler Ultrasound; The study Apr-Jun disease in the stomach or legs; The patient had a Doppler Ultrasound; The study is being requested for evaluation of vascular disease in the stomach or legs; The patient had a Doppler Ultrasound; The study is being requested for evaluation of vascular disease in the stomach or legs; The patient had a Doppler Ultrasound; The study is being requested for evaluation of vascular disease in the stomach or legs; The patient had a Anale Barchial Index (ABI); The Apr-Jun discussed (AI/2023 4/1/2023 6/30/2023 Surgery Approval performed, and image postprocessing study was abnormal of vascular disease in the stomach or legs; The patient had a Anale Barchial Index (ABI); The Apr-Jun discussed (AI/2023 6/30/2023 Surgery Approval unilateral contrast material; care; it is not known the study is being ordered for known history of breast care; it is not known the study is being ordered for known history of breast care; it is not known the study is being ordered for known horeast lesions; There are NOT beingin lesions in the Drast AMRI; This study is being ordered for know							
including noncontrast images, if This case was created via RadMD; Agree, The ordering provider's specialty is Surgery; This Ap-Jun Performed, and image postprocessing procedure is being requested for pre-procedural evaluation 1 2023 2023 2023 2023 2023 2023 2023 20					· · · · · · · · · · · · · · · · · · ·		
6/30/2023 4/1/2023 6/30/2023 Surgery Approval performed, and image postprocessing procedure is being requested for pre-procedural evaluation 1 2023 2023 4/1/2023 6/30/2023 Surgery Approval performed, and image postprocessing procedure is being requested for pre-procedural evaluation and bilateral iliofemoral lower extremity runoff, with contrast materials, of vascular disease in the stomach or legs; The patient had a Doppler Ultrasound; The study Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Surgery Approval performed, and image postprocessing was abnormal 2 2023 2023 2023 2023 2023 2023 2023 2	4/1/2023 -					This case was created via RadMD · Agree: The ordering provider's specialty is Surgery: This	Δnr-lun
75635 Computed tomographic angiography, abdominal aorta and bilateral lilofemoral lower extremity runoff, with contrast materials), including noncontrast images, if of vascular disease in the stomach or legs; The patient had a Doppler Ultrasound; The study Apr-Jun days abnormal of vascular disease in the stomach or legs; The patient had a Doppler Ultrasound; The study Apr-Jun days abnormal of vascular disease in the stomach or legs; The patient had a Doppler Ultrasound; The study Apr-Jun days abnormal of vascular disease in the stomach or legs; The patient had a Doppler Ultrasound; The study of vascular disease in the stomach or legs; The patient had a Doppler Ultrasound; The study of vascular disease in the stomach or legs; The patient had an Ankle Brachial Index (ABI); The Apr-Jun days abnormal of vascular disease in the stomach or legs; The patient had an Ankle Brachial Index (ABI); The Apr-Jun days abnormal of vascular disease in the stomach or legs; The patient had an Ankle Brachial Index (ABI); The Apr-Jun days abnormal of vascular disease in the stomach or legs; The patient had an Ankle Brachial Index (ABI); The Apr-Jun days abnormal of vascular disease in the stomach or legs; The patient had an Ankle Brachial Index (ABI); The Apr-Jun days abnormal of vascular disease in the stomach or legs; The patient had an Ankle Brachial Index (ABI); The Apr-Jun days abnormal of vascular disease in the stomach or legs; The patient had an Ankle Brachial Index (ABI); The Apr-Jun days abnormal of vascular disease in the stomach or legs; The patient had an Ankle Brachial Index (ABI); The Apr-Jun days abnormal of vascular disease in the stomach or legs; The patient had an Ankle Brachial Index (ABI); The Apr-Jun days abnormal of vascular disease in the stomach or legs; The patient had an Ankle Brachial Index (ABI); The Apr-Jun days abnormal of vascular disease in the stomach or legs; The patient had an Ankle Brachial Index (ABI); The Apr-Jun days abnormal vascular disease in the stomach or legs; The patient had an Ankle Br		/1/2023	6/30/2023 Surgery	Annroval			•
angiography, abdominal aorta and bilateral lilofemoral lower extremity runoff, with contrast materials), including noncontrast images, if of vascular disease in the stomach or legs; The patient had a Doppler Ultrasound; The study Apr-Jun (Ay-Jun	0/30/2023 4/.	1/2023	0/30/2023 Suigery	Approvai	performed, and image postprocessing	procedure is being requested for pre-procedural evaluation	1 2023 2023
angiography, abdominal aorta and bilateral lilofemoral lower extremity runoff, with contrast materials), including noncontrast images, if of vascular disease in the stomach or legs; The patient had a Doppler Ultrasound; The study Apr-Jun (Ay-Jun					75635 Computed tomographic		
bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if of vascular disease in the stomach or legs; The patient had a Doppler Ultrasound; The study Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Surgery Approval performed, and image postprocessing was abnormal 2 2 2023 2023 2023 2023 2023 2023 2023							
runoff, with contrast material(s), including noncontrast images, if of vascular disease in the stomach or legs; The patient had a Doppler Ultrasound; The study Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Surgery Aproval performed, and image postprocessing was abnormal 2 2 2023 2023 2023 2023 2023 2023 2023							
4/1/2023 - 6/30/2023 Surgery Approval performed, and image postprocessing was abnormal or legs; The patient had a Doppler Ultrasound; The study Apr-Jun (and jung postprocessing was abnormal or was abnormal or legs; The patient had a Doppler Ultrasound; The study of Apr-Jun (and jung postprocessing was abnormal or legs; The patient had an Ankle Brachial Index (ABI); The Apr-Jun (and jung postprocessing study was abnormal or varied sease in the stomach or legs; The patient had an Ankle Brachial Index (ABI); The Apr-Jun (and jung postprocessing study was abnormal or varied sease in the stomach or legs; The patient had an Ankle Brachial Index (ABI); The Apr-Jun (and jung postprocessing study was abnormal or varied sease in the stomach or legs; The patient had an Ankle Brachial Index (ABI); The Apr-Jun (and jung postprocessing study was abnormal or varied sease in the stomach or legs; The patient had an Ankle Brachial Index (ABI); The Apr-Jun (and jung postprocessing study was abnormal or varied sease in the stomach or legs; The patient had an Ankle Brachial Index (ABI); The Apr-Jun (and jung postprocessing study was abnormal or varied sease in the stomach or legs; The patient had an Ankle Brachial Index (ABI); The Apr-Jun (and jung postprocessing study was abnormal or varied sease in the stomach or legs; The patient had an Ankle Brachial Index (ABI); The Apr-Jun (and jung postprocessing study was abnormal or varied sease in the stomach or legs; The patient had an Ankle Brachial Index (ABI); The Apr-Jun (and jung postprocessing study was abnormal or varied sease in the stomach or legs; The patient had an Ankle Brachial Index (ABI); The Apr-Jun (and jung postprocessing study was abnormal or varied sease in the stomach or legs; The patient had an Ankle Brachial Index (ABI); The Apr-Jun (and jung postprocessing study was abnormal or varied sease in the stomach or legs; The patient had an Ankle Brachial Index (ABI); The Apr-Jun (and jung postprocessing study was abnormal or varied sease in the stomach or legs; The patie					•	This case was created via RadMD : Agree: This procedure is being requested for evaluation	
6/30/2023 4/1/2023 6/30/2023 Surgery Approval performed, and image postprocessing was abnormal 2 2023 2023 75635 Computed tomographic angiography, abdominal aorta and bilateral illofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if of vascular disease in the stomach or legs; The patient had an Ankle Brachial Index (ABI); The Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Surgery Approval performed, and image postprocessing study was abnormal study was abnormal 1 2023 2023 4/1/2023 - 6/30/2023 4/1/2023 6/30/2023 Surgery Approval unilateral contralateral (contralateral (other) breast. 4/1/2023 - 6/30/2023 Surgery Approval unilateral contrast material; Enter answer here - or Type In Unknown If No Info Given. This is a request for Breast MRI.; This study is being ordered for known breast cancer risk. 1 2023 2023 2023 2023 2023 2023 2023 20	4/1/2022						Apr.lup
75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast materials), runoff, with contrast materials), runoff, with contrast materials), runoff, with contrast materials), runoff, with contrast materials, runoff, without contrast materials, runoff, with		/1 /2022	6/20/2022 Surgory	Approval		÷ , , , , , , , , , , , , , , , , , , ,	•
anglography, abdominal aorta and bilateral lilofemoral lower extremity runoff, with contrast material(s), rof wascular disease in the stomach or legs; The patient had an Ankle Brachial Index (ABI); The Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Surgery Approval performed, and image postprocessing study was abnormal study is being ordered for a known history of breast 4/1/2023 breast, without contrast material; cancer.; It is not known if this is an individual who has known breast cancer in the Apr-Jun contralateral (other) breast. This study is being ordered for a known history of breast without contrast material; cancer.; It is not known if this is an individual who has known breast cancer in the Apr-Jun contralateral (other) breast. This study is being ordered for known breast seasons; There are NOT benign lesions in the breast without contrast material; breast without contrast material; breast without contrast material; breast associated with an increased cancer risk. 1 2023 2023 2023 2024 2024 2025 2025 2025 2025 2025 2025	0/30/2023 4/.	1/2023	0/30/2023 Surgery	Арргочаг	performed, and image postprocessing	was apriorinal	2 2023 2023
anglography, abdominal aorta and bilateral lilofemoral lower extremity runoff, with contrast material(s), rof wascular disease in the stomach or legs; The patient had an Ankle Brachial Index (ABI); The Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Surgery Approval performed, and image postprocessing study was abnormal study is being ordered for a known history of breast 4/1/2023 breast, without contrast material; cancer.; It is not known if this is an individual who has known breast cancer in the Apr-Jun contralateral (other) breast. This study is being ordered for a known history of breast without contrast material; cancer.; It is not known if this is an individual who has known breast cancer in the Apr-Jun contralateral (other) breast. This study is being ordered for known breast seasons; There are NOT benign lesions in the breast without contrast material; breast without contrast material; breast without contrast material; breast associated with an increased cancer risk. 1 2023 2023 2023 2024 2024 2025 2025 2025 2025 2025 2025					75625 Computed tomographic		
bilateral iliofemoral lower extremity runoff, with contrast material(s), This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the stomach or legs; The patient had an Ankle Brachial Index (ABI); The Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Surgery Approval performed, and image postprocessing study was abnormal study was abnormal study was abnormal for a known history of breast for Breast MRI.; This study is being ordered for a known history of breast contrast material; cancer; It is not known if this is an individual who has known breast cancer in the Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Surgery Approval unilateral contrast material; cancer; It is not known if this is an individual who has known breast cancer in the Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Surgery Approval unilateral contrast material; breast associated with an increased cancer risk. 4/1/2023 4/1/2023 6/30/2023 Surgery Approval unilateral breast associated with an increased cancer risk. 5/7046 Magnetic resonance imaging, breast associated with an increased cancer risk. 6/30/2023 4/1/2023 6/30/2023 Surgery Approval unilateral breast, without contrast material; breast associated with an increased cancer risk. 6/30/2023 4/1/2023 6/30/2023 Surgery Approval unilateral lesions in the breast associated with an increased cancer risk. 6/30/2023 4/1/2023 6/30/2023 Surgery Approval unilateral lesions in the breast associated with an increased cancer risk. 6/30/2023 4/1/2023 6/30/2023 Surgery Approval unilateral lesions in the breast associated with an increased cancer risk. 7/7046 Magnetic resonance imaging, breast associated with an increased cancer risk. 7/7046 Magnetic resonance imaging, breast associated with an increased cancer risk. 7/7046 Magnetic resonance imaging, breast material; lesions in the breast associated with an increased cancer risk. 7/7046 Magnetic resonance imaging, breast material; lesions in the breast associated with an increased cancer risk. 7/7046 Magnetic resonance im							
4/1/2023 - 4/1/2023 - 6/30/2023 Surgery Approval performed, and miage postprocessing study was abnormal stud							
4/1/2023 - 6/30/2023 Surgery Approval performed, and image postprocessing study was abnormal study is being ordered for a known history of breast 4/1/2023 - 6/30/2023 Surgery Approval unilateral contrast material; cancer; it is not known if this is an individual who has known breast cancer in the breast, without contrast material; cancer; it is not known if this is an individual who has known breast cancer in the Apr-Jun contralateral (other) breast. 4/1/2023 - 6/30/2023 Surgery Approval unilateral contrast material; cancer; it is not known if this is an individual who has known breast cancer in the Apr-Jun contralateral (other) breast. 4/1/2023 - 6/30/2023 Surgery Approval unilateral contrast material; cancer; it is not known if No Info Given. This is a request for Breast MRI.; This study is being ordered for known breast lesions; There are NOT benign lesions in the breast associated with an increased cancer risk. 4/1/2023 - 6/30/2023 Surgery Approval unilateral breast, without contrast material; This study is being ordered for known or suspected breast lesions.; There are NOT benign Apr-Jun Apr-J						This case was greated via RadMD - Agree. This procedure is being requested for evaluation	
6/30/2023 4/1/2023 6/30/2023 Surgery Approval performed, and image postprocessing study was abnormal 1 2023 2023 77046 Magnetic resonance imaging, 77046 Magnetic resonance ima	4/1/2022						Anr lun
4/1/2023 - 6/30/2023 Surgery Approval unilateral contrast material; cancer.; it is not known if this is an individual who has known breast cancer in the Apr-Jun contralateral (other) breast. 4/1/2023 - 6/30/2023 Surgery Approval unilateral contrast material; cancer.; it is not known if this is an individual who has known breast cancer in the Apr-Jun contralateral (other) breast. 4/1/2023 - 77046 Magnetic resonance imaging, breat material; This study is being ordered for known breast lesions.; There are NOT benign lesions in the Apr-Jun breast sascoiated with an increased cancer risk. 4/1/2023 - 77046 Magnetic resonance imaging, breast material; This study is being ordered for known breast lesions.; There are NOT benign lesions in the Apr-Jun breast associated with an increased cancer risk. 1 2023 2023 2023 2023 2023 2023 2023 202		/1 /2022	6/20/2022 Surgary	Annroyal			•
4/1/2023 - 6/30/2023 Surgery Approval unilateral contrast material; cancer.; It is not known if this is an individual who has known breast cancer in the 6/30/2023 4/1/2023 6/30/2023 Surgery Approval unilateral contrast material; contralateral (other) breast. 4/1/2023 - 6/30/2023 Surgery Approval unilateral contrast material; breast, without contrast material; This study is being ordered for known breast lesions.; There are NOT benign lesions in the 6/30/2023 4/1/2023 6/30/2023 Surgery Approval unilateral breast, without contrast material; This study is being ordered for known or suspected breast lesions.; There are NOT benign lesions in the 6/30/2023 4/1/2023 6/30/2023 Surgery Approval unilateral Esions in the breast associated with an increased cancer risk. 4/1/2023 - 77046 Magnetic resonance imaging, breast, without contrast material; This study is being ordered for known or suspected breast lesions.; There are NOT benign Apr-Jun 1/2023 2023 2023 2023 2023 2023 2023 2023	0/30/2023 4/.	1/2023	0/30/2023 Surgery	Арргочаг		,	1 2023 2023
6/30/2023 Surgery Approval unilateral contralateral (other) breast. 1 2023 2023 4/1/2023 - 4/1/2023 - 4/1/2023 - 6/30/2023 Surgery Approval unilateral contrast material; 5 Enter answer here - or Type In Unknown If No Info Given. This is a request for Breast MRI.; 4/1/2023 - 6/30/2023 Surgery Approval unilateral breast expense imaging, breast, without contrast material; 5 Enter answer here - or Type In Unknown If No Info Given. This is a request for Breast MRI.; 4/1/2023 - 6/30/2023 Surgery Approval unilateral breast expense imaging, breast, without contrast material; 6/30/2023 Surgery Approval unilateral lesions in the breast associated with an increased cancer risk. 1 2023 2023 4/1/2023 - 6/30/2023 Surgery Approval unilateral lesions in the breast associated with an increased cancer risk. 1 2023 2023 4/1/2023 - 6/30/2023 Surgery Approval unilateral lesions in the breast associated with an increased cancer risk. 1 2023 2023 4/1/2023 - 6/30/2023 Surgery Approval unilateral lesions in the breast associated with an increased cancer risk. 1 2023 2023 4/1/2023 - 6/30/2023 Surgery Approval unilateral lesions in the breast associated with an increased cancer risk. 1 2023 2023 4/1/2023 - 6/30/2023 Surgery Approval unilateral lesions in the breast associated with an increased cancer risk. 1 2023 2023 4/1/2023 - 6/30/2023 Surgery Approval unilateral lesions in the breast associated with an increased cancer risk. 1 2023 2023 4/1/2023 - 6/30/2023 Surgery Approval unilateral lesions in the breast associated with an increased cancer risk. 1 2023 2023 4/1/2023 - 6/30/2023 Surgery Approval unilateral lesions in the breast associated with an increased cancer risk. 1 2023 2023 4/1/2023 - 7/046 Magnetic resonance imaging, This study is being ordered for known from Info Given. This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There are NOT being lesions in the breast Apr-Jun suspected implant rupture. 1 2023 2023 4/1/2023 - 6/30/2023 Surgery Approval unilateral lesions in the br	4/1/2022						A mar Ivon
4/1/2023 - 6/30/2023 Surgery Approval unilateral breast, without contrast material; This study is being ordered for known breast lesions.; There are NOT benign lesions in the Apr-Jun breast associated with an increased cancer risk. 1 2023 2023 2023 2023 2023 2023 2023 20		/1 /2022	C/20/2022 C	A			•
4/1/2023 - 6/30/2023 Surgery Approval unilateral breast, without contrast material; This study is being ordered for known breast lesions.; There are NOT benign lesions in the Apr-Jun breast associated with an increased cancer risk. 1 2023 2023 77046 Magnetic resonance imaging, breast, without contrast material; This study is being ordered for known or suspected breast lesions.; There are NOT benign Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Surgery Approval unilateral lesions in the breast associated with an increased cancer risk. 1 2023 2023 8	6/30/2023 4/.	1/2023	6/30/2023 Surgery	Approvai		· ·	1 2023 2023
6/30/2023 Surgery Approval unilateral breast associated with an increased cancer risk. 1 2023 2023 4/1/2023 - First answer here - or Type In Unknown If No Info Given. This is a request for Breast MRI.; 4/1/2023 - First answer here - or Type In Unknown If No Info Given. This is a request for Breast MRI.; 5/30/2023 Surgery Approval unilateral lesions in the breast associated with an increased cancer risk. 1 2023 2023 6/30/2023 Surgery Approval unilateral lesions in the breast associated with an increased cancer risk. 1 2023 2023 6/30/2023 Surgery Approval unilateral lesions in the breast associated with an increased cancer risk. 1 2023 2023 6/30/2023 Surgery Approval unilateral lesions, screening for known family history, screening for known breast cancer, known breast lesions, screening for known family history, screening for known family history, screening for known family history, screening for Breast MRI.; This study is being ordered for known breast lesions.; There are NOT benign lesions in the breast Apr-Jun is being ordered for known breast lesions.; There are NOT benign lesions in the breast Apr-Jun is being ordered for known breast lesions.; There are NOT benign lesions in the breast Apr-Jun is being ordered for known breast lesions.; There are NOT benign lesions in the breast Apr-Jun is being ordered for known breast lesions.; There are NOT benign lesions in the breast Apr-Jun in the breast in	4/1/2022					·	A 1
77046 Magnetic resonance imaging, Enter answer here - or Type In Unknown If No Info Given. This is a request for Breast MRI.; 4/1/2023 -	1 1	/1 /2022	C/20/2022 C	A			•
4/1/2023 - 6/30/2023 Surgery Approval unilateral breast, without contrast material; This study is being ordered for known or suspected breast lesions.; There are NOT benign Apr-Jun lesions in the breast associated with an increased cancer risk. 1 2023 2023 Enter answer here - or Type In Unknown If No Info Given. This is a request for Breast MRI.; 77046 Magnetic resonance imaging, This study is being ordered for something other than known breast cancer, known breast 4/1/2023 breast, without contrast material; lesions, screening for known family history, screening following genetric testing or Apr-Jun suspected breast lesions.; There are NOT benign lesions in the breast MRI.; This study is being ordered for known breast lesions.; There are NOT benign lesions in the breast Apr-Jun is being ordered for known breast lesions.; There are NOT benign lesions in the breast Apr-Jun is being ordered for known breast lesions.; There are NOT benign lesions in the breast Apr-Jun is being ordered for known breast lesions.	0/30/2023 4/3	1/2023	6/30/2023 Surgery	Approval			1 2023 2023
6/30/2023 Vargery Approval unilateral lesions in the breast associated with an increased cancer risk. 1 2023 2023 Enter answer here - or Type In Unknown If No Info Given. This is a request for Breast MRI.; 77046 Magnetic resonance imaging, This study is being ordered for something other than known breast cancer, known breast 4/1/2023 -	4/1/2022						A 1
Enter answer here - or Type In Unknown If No Info Given. This is a request for Breast MRI.; 77046 Magnetic resonance imaging, This study is being ordered for something other than known breast cancer, known breast 4/1/2023 -	1 1	14 12022	6/20/2022 5			· · · · · · · · · · · · · · · · · · ·	
77046 Magnetic resonance imaging, This study is being ordered for something other than known breast cancer, known breast 4/1/2023 - 4/1/2023 6/30/2023 Surgery Approval unilateral suspected implant rupture. 1 2023 2023 2023 2023 2023 2023 2023 20	6/30/2023 4/3	1/2023	6/30/2023 Surgery	Approval	uniiaterai		1 2023 2023
4/1/2023 - breast, without contrast material; lesions, screening for known family history, screening following genetric testing or a Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Surgery Approval unilateral suspected implant rupture. 1 2023 2023 2023 2023 2024 2023 2023 2024 2023 2023					7704614		
6/30/2023 Surgery Approval unilateral suspected implant rupture. 1 2023 2023 77046 Magnetic resonance imaging, PT HAS BREAST CANCER AND IS ERPR POSITIVE.; This is a request for Breast MRI.; This study 4/1/2023 - breast, without contrast material; is being ordered for known breast lesions.; There are NOT benign lesions in the breast Apr-Jun	4/4/2022					, ,	
77046 Magnetic resonance imaging, PT HAS BREAST CANCER AND IS ERPR POSITIVE.; This is a request for Breast MRI.; This study 4/1/2023 - breast, without contrast material; is being ordered for known breast lesions.; There are NOT benign lesions in the breast Apr-Jun		1. 1	- / /				•
4/1/2023 - breast, without contrast material; is being ordered for known breast lesions.; There are NOT benign lesions in the breast Apr-Jun	6/30/2023 4/3	/1/2023	6/30/2023 Surgery	Approval			1 2023 2023
6/30/2023 4/1/2023 6/30/2023 Surgery Approval unilateral associated with an increased cancer risk. 1 2023 2023							•
	6/30/2023 4/3	/1/2023	6/30/2023 Surgery	Approval	unilateral	associated with an increased cancer risk.	1 2023 2023

			77046 Magnetic resonance imaging,	PT HAS BREAST CANCER AND IS ERPR POSITIVE.; This is a request for Breast MRI.; This study	
4/1/2023 -	- / /		breast, without contrast material;	is being ordered for known or suspected breast lesions.; There are NOT benign lesions in the	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery	Approval	unilateral	breast associated with an increased cancer risk.	1 2023 2023
4/4/2022			77046 Magnetic resonance imaging,	This is a request for Breast MRI.; This study is being ordered as a screening examination	A mar I mar
4/1/2023 -	6/20/2022 6	A	breast, without contrast material;	following genetic testing for breast cancer.; The patient has a lifetime risk score of greater	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery	Approval	unilateral	than 20. This is a request for Breast MRI.; This study is being ordered as a screening examination	1 2023 2023
			7704C Magnetic reconnections		
4/1/2023 -			77046 Magnetic resonance imaging,	following genetic testing for breast cancer.; Yes, the patient have a known mutation such as BRCA1, BRCA2, PTEN or TP53.; The patient does NOT have a lifetime risk score of greater	Anr lun
6/30/2023 4/1/2023	6/30/2023 Surgery	Approval	breast, without contrast material; unilateral	than 20.	Apr-Jun 1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Surgery	Арргочаг	uillaterai	This is a request for Breast MRI.; This study is being ordered for a known history of breast	1 2023 2023
			77046 Magnetic resonance imaging,	cancer.; No, this is not an individual who has known breast cancer in the contralateral	
4/1/2023 -			breast, without contrast material;	(other) breast.; Yes, this is a confirmed breast cancer.; Yes, the results of this MRI (size and	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery	Approval	unilateral	shape of tumor) affect the patient's further management.	4 2023 2023
0/30/2023 4/1/2023	0/30/2023 Surgery	Арргочаг	77046 Magnetic resonance imaging,	This is a request for Breast MRI.; This study is being ordered for a known history of breast	4 2023 2023
4/1/2023 -			breast, without contrast material;	cancer.; Yes, this is an individual who has known breast cancer in the contralateral (other)	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery	Approval	unilateral	breast.	2 2023 2023
0/30/2023 4/1/2023	0/30/2023 Surgery	Арргочаг	uilliaterai	This is a request for Breast MRI.; This study is being ordered for known breast lesions.; No,	2 2023 2023
				this is not an individual who has known breast cancer in the contralateral (other) breast.; No,	
				this is not a confirmed breast cancer.; No, this patient does not have axillary node	
			77046 Magnetic resonance imaging,	adenocarcinoma.; Yes, there are anatomic factors (deformity or extreme density) that make	
4/1/2023 -			breast, without contrast material;	a simple mammogram impossible.; It is unknown if there are benign lesions in the breast	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery	Approval	unilateral	associated with an increased cancer risk.	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Surgery	Арріочаі	77046 Magnetic resonance imaging,	associated with an increased cancer risk.	1 2023 2023
4/1/2023 -			breast, without contrast material;	This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery	Approval	unilateral	are benign lesions in the breast associated with an increased cancer risk.	4 2023 2023
0,00,2020 1,2,2020	0/00/2020 0a.gc. y	, ippiorai	dimutera.	This is a request for Breast MRI.; This study is being ordered for known or suspected breast	1 2023 2023
				lesions.; No, this is not an individual who has known breast cancer in the contralateral	
				(other) breast.; No, this is not a confirmed breast cancer.; No, this patient does not have	
			77046 Magnetic resonance imaging,	axillary node adenocarcinoma.; Yes, there are anatomic factors (deformity or extreme	
4/1/2023 -			breast, without contrast material;	density) that make a simple mammogram impossible.; It is unknown if there are benign	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery	Approval	unilateral	lesions in the breast associated with an increased cancer risk.	1 2023 2023
			77046 Magnetic resonance imaging,		
4/1/2023 -			breast, without contrast material;	This is a request for Breast MRI.; This study is being ordered for known or suspected breast	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery	Approval	unilateral	lesions.; There are benign lesions in the breast associated with an increased cancer risk.	4 2023 2023
				,	
			78816 Positron emission tomography		
			(PET) with concurrently acquired	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or	
			computed tomography (CT) for	Known Cancer; This study is being requested for Colo-rectal Cancer.; This PET Scan is being	
4/1/2023 -			attenuation correction and anatomical	requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery	Approval	localization imaging; whole body	(fluorodeoxyglucose)	2 2023 2023
			78816 Positron emission tomography	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial	
			(PET) with concurrently acquired	Staging; This would be the first PET Scan performed on this patient for this cancer.; This	
			computed tomography (CT) for	study is being requested for Breast Cancer.; This is a Medicare member.; A sentinel biopsy	
4/1/2023 -			attenuation correction and anatomical	was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery	Approval	localization imaging; whole body	FDG (fluorodeoxyglucose)	2 2023 2023
			78816 Positron emission tomography	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for	
			(PET) with concurrently acquired	Surveillance following the completion of therapy or treatment without new signs or	
			computed tomography (CT) for	symptoms; 1 PET Scans has already been performed on this patient for this cancer.; This	
4/1/2023 -			attenuation correction and anatomical	study is being requested for Lung Cancer.; This is for a Routine/Standard PET Scan using FDG	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery	Approval	localization imaging; whole body	(fluorodeoxyglucose)	1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Surgery	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.	Apr-Jun 1 2023 2023
	. ,	, , , , , ,	••	, , , , , , , , , , , , , , , , , , ,		G//	
4/1/2023 - 6/30/2023	A/1/2022	6/30/2023 Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for Chest pain of suspected cardiac etiology; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram; The health carrier is NOT HealthNet of California	Apr-Jun 2 2023 2023
0/30/2023	4/1/2023	0/30/2023 Suigely	Арргочаг	or color poppler echocardiography		Echocardiogram, The health carrier is NOT fleathinet of Camornia	2 2023 2023
4/1/2023 -				93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Approval	or color Doppler echocardiography		This study is being ordered for Evaluation of Pulmonary Hypertension.	1 2023 2023
						CT Scan revealed interval development of mild intrahepatic and extrahepatic bile duct	
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Surgery	Approval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY		dilatation as well as mild prominence of the proximal pancreatic duct; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	Apr-Jun 1 2023 2023
			•			This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; The patient does not require evaluation for a	
4/1/2023 -				S8037 MAGNETIC RESONANCE		congenital defect of the pancreatic or biliary tract.; The MRCP will be used to identify a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Approval	CHOLANGIOPANCREATOGRAPHY		pancreatic or biliary system obstruction that cannot be opened by ERCP.	1 2023 2023
						This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The	
4/1/2023 -				S8037 MAGNETIC RESONANCE		patient has not undergone an unsuccessful ERCP.; The patient does not have an altered biliary tract anatomy that precludes ERCP.; The patient requires evaluation for a congenital	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Approval	CHOLANGIOPANCREATOGRAPHY		defect of the pancreatic or biliary tract.	1 2023 2023
0,00,000	,, _,	0,00,000				This is a request for MRCP.; There is a reason why the patient cannot have an ERCP.; The	
4/1/2023 -				S8037 MAGNETIC RESONANCE		patient has not undergone an unsuccessful ERCP.; The patient has an altered biliary tract	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Approval	CHOLANGIOPANCREATOGRAPHY		anatomy that precludes ERCP.	1 2023 2023
						This study is being ordered for something other than: known trauma or injury, metastatic	
						disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
					Radiology Services	vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
4/1/2023 -				70450 Computed tomography, head or	Denied Not	Radiation Oncology; This case was created via BBI.; The primary symptoms began less than 6	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Disapproval	brain; without contrast material		months ago; Medications were given for this diagnosis	1 2023 2023
					Radiology Services		
4/1/2023 -	4/4/2022	s /20 /2022 s	B:	70490 Computed tomography, soft	Denied Not	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; It is not	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Disapproval	tissue neck; without contrast material 70498 Computed tomographic	Medically Necessary	known if there is a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT	1 2023 2023
4/1/2023 -	1/4 /0000	c (00 (0000 c	.	angiography, neck, with contrast material(s), including noncontrast images, if performed, and image	Radiology Services Denied Not	This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Symptomatic with abnormal ultrasound showing moderate stenosis	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Disapproval	postprocessing	iviedically Necessary	(50% or more) best describes the clinical indication for requesting this procedure	1 2023 2023
				70540 Magnetic resonance (eg, proton)	Radiology Services	; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT	
4/1/2023 -				imaging, orbit, face, and/or neck;	Denied Not	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Disapproval	without contrast material(s)		Oncology; This case was created via RadMD.	3 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Surgery	Disapproval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	Denied Not	It is not known if there has been any treatment or conservative therapy.; This study is being ordered for Other not listed; It is unknown when the primary symptoms began	Apr-Jun 1 2023 2023
					5 11 1 6 1		
4/1/2023 -				71250 Computed tomography, thorax;	Radiology Services Denied Not	A Chest/Thorax CT is being ordered.; This study is being ordered for non of the above.; Yes	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Disapproval	without contrast material		this is a request for a Diagnostic CT; The study is being ordered for none of the above.	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Surgery	ызарргочаг	without contrast material	Wiedically Wecessary	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is	1 2023 2023
					Radiology Services	being ordered for work-up for suspicious mass.; It is unknown if there is radiographic	
4/1/2023 -				71250 Computed tomography, thorax;	Denied Not	evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Disapproval	without contrast material	Medically Necessary	90 days	1 2023 2023
					5 11 1 6 1		
4/1/2023 -				712E0 Computed tomography theray	Radiology Services Denied Not	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason	Apr lup
6/30/2023	4/1/2023	6/30/2023 Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material		for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
0/30/2023	4/1/2023	0/30/2023 3digery	ызарргочаг	without contrast material	Wiedicany Weeessury	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low	1 2023 2023
						Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient	
						is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The	
						patient has a 20 pack per year history of smoking.; The patient is NOT presenting with	
				71271 Computed tomography, thorax,	Radiology Services	pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive	
4/1/2023 -				low dose for lung cancer screening,	Denied Not	of lung cancer.; The patient has not quit smoking.; The health carrier is NOT Virginia Premier	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Disapproval	without contrast material(s)	Medically Necessary		1 2023 2023
						This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
						vascular disease.; There has been treatment or conservative therapy.; The ordering MDs	
					Radiology Services	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
4/1/2023 -				72125 Computed tomography, cervical	Denied Not	Radiation Oncology; This case was created via BBI.; The primary symptoms began less than 6	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Disapproval	spine; without contrast material	Medically Necessary	months ago; Medications were given for this diagnosis	1 2023 2023
				72141 Magnetic resonance (eg, proton)			
4/1/2023 -	4/4/2022	C/20/2022 C	Disamenal	imaging, spinal canal and contents,	Denied Not	It is not known if there has been any treatment or conservative therapy.; This study is being	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Disapproval	cervical; without contrast material	Medically Necessary	ordered for Other not listed; It is unknown when the primary symptoms began Patient was involved in a MVA recently has worsening pain.; This case was created via	1 2023 2023
				72141 Magnetic resonance (eg, proton)	Radiology Services	RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Disapproval	cervical; without contrast material		patient is demonstrating unilateral muscle wasting/weakness	1 2023 2023
						Has tried physical therapy but exacerbates symptoms; There has been treatment or	
				72146 Magnetic resonance (eg, proton)		conservative therapy.; This case was created via RadMD.; This study is being ordered for	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	Other; The primary symptoms began more than 1 year ago; Medications were given for this	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Disapproval	thoracic; without contrast material	Medically Necessary		1 2023 2023
				72149 Magnetic reconnect (co. marter)	Radiology Convises	Patient was involved in a MVA recently has worsening pain.; This case was created via	
4/1/2023 -				72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not	RadMD.; This study is being ordered for Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Disapproval	lumbar; without contrast material		patient is demonstrating unilateral muscle wasting/weakness	1 2023 2023
3,00,2023	., _, _525	5,50,2025 Suigery	2.00ppi ovui	gar, manage contract material	Darcany recessary	parameter and the second secon	1 2020 2020
				72148 Magnetic resonance (eg, proton)	Radiology Services	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	This study is being requested for an Abnormal x-ray indicating a complex fracture or severe	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Disapproval	lumbar; without contrast material	Medically Necessary	anatomic derangement of the lumbar spine; This is NOT a Medicare member.	2 2023 2023
						INGUINAL LYPHADENOPATHY - RIGHT- EXAM IS SUSPICIOUS; This study is being ordered	
					Dadialass Comite	because of a suspicious mass/ tumor.; "The patient has NOT had a pelvic ultrasound, barium,	
4/1/2023 -				72192 Computed tomography, pelvis;	Radiology Services Denied Not	CT, or MR study."; This is a request for a Pelvis CT.; There are NO documented physical findings (painless hematuria, etc.) consistent with an abdominal mass or tumor.; Yes this is a	Apr-Jun
	4/1/2023	6/30/2023 Surgery	Disapproval	without contrast material		request for a Diagnostic CT	1 2023 2023
h/30/7073					curcury INCCC3301 V	. equestion a singinosii oi	

				7240C Magnetia re	Dadialam, Carrier	This is a request for a Pelvis MRI.; The study is being ordered for suspicion of tumor, mass,	
4/1/2022				72196 Magnetic resonance (eg, proton)		neoplasm, or metastatic disease.; An abnormality was found in something other than the	A I
4/1/2023 - 6/30/2023	4/1/2022	6/20/2022 Surgery	Disapproval	imaging, pelvis; with contrast	Denied Not	bladder, uterus or ovary.; The patient had previous abnormal imaging including a CT, MRI or	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Disapproval	material(s)	Medically Necessary	Ottrasound.	1 2023 2023
				72196 Magnetic resonance (eg, proton)	Radiology Services	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT	
4/1/2023 -				imaging, pelvis; with contrast	Denied Not	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Disapproval	material(s)		Oncology; This case was created via BBI.	1 2023 2023
		, , , , , ,	••	.,		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	
						described as chronic; The physician has directed conservative treatment for the past 4	
						weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been	
						treated with medication.; The patient has not completed 4 weeks or more of Chiropractic	
				73221 Magnetic resonance (eg, proton)	Radiology Services	care.; The physician has directed a home exercise program for at least 4 weeks.; The home	
4/1/2023 -				imaging, any joint of upper extremity;	Denied Not	treatment did include exercise, prescription medication and follow-up office visits.; ; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Disapproval	without contrast material(s)	Medically Necessary	patient received oral analgesics.	1 2023 2023
						This is a request for a hip CT.; This study is being ordered in conjunction with a pelvic CT.;	
						There is a suspected infection of the hip.; The patient has been treated with and failed a	
						course of supervised physical therapy.; There is a mass adjacent to or near the hip.; "There is	
						a history (within the last six months) of significant trauma, dislocation, or injury to the hip.";	
						There is a suspicion of AVN.; The patient had an abnormal plain film study of the hip other	
						than arthritis.; The patient has used a cane or crutches for greater than four weeks.; The	
					Dadialam, Camiasa	patient has a documented limitation of their range of motion.; The patient has not been	
4/1/2023 -				73700 Computed tomography, lower	Radiology Services Denied Not	treated with anti-inflammatory medication in conjunction with this complaint.; This study is not being ordered by an operating surgeon for pre-operative planning.; Yes this is a request	Apr-Jun
6/30/2023	4/1/2022	6/30/2023 Surgery	Disapproval	extremity; without contrast material	Medically Necessary		1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Surgery	Disapprovai	extremity, without contrast material	Wiedically Weeessary	Tot a blagnostic Ci	1 2023 2023
						Allen, Julius presents for Chronic Pain Lower Back and Leg Pain, Multiple Joint Pain	
						evaluation and;management. He is an established patient. He complains of exacerbation of	
				73720 Magnetic resonance (eg, proton)		Chronic Pain for more than six; weeks, not being managed with activity modificat; This study	
				imaging, lower extremity other than		is being ordered for a neurological disorder.; There has been treatment or conservative	
				joint; without contrast material(s),	Radiology Services	therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery,	
4/1/2023 -				followed by contrast material(s) and	Denied Not	Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Disapproval	further sequences	Medically Necessary	primary symptoms began more than 1 year ago; Medications were given for this diagnosis	2 2023 2023
				73720 Magnetic resonance (eg, proton)			
				imaging, lower extremity other than			
				joint; without contrast material(s),		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
4/1/2023 -				followed by contrast material(s) and	Denied Not	an indication for knee imaging; Locking was noted on the physical examination; The ordering	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Disapproval	further sequences	Medically Necessary	MDs specialty is NOT Orthopedics.	1 2023 2023
				73720 Magnetic resonance (eg, proton)			
				imaging, lower extremity other than joint; without contrast material(s),	Radiology Services	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO	
4/1/2023 -				followed by contrast material(s) and	Denied Not	suspicion of a tendon or ligament injury.; There is a suspicion of fracture not adequately	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Disapproval	further sequences		determined by x-ray.	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Surgery	ызарргочаг	rurtier sequences	Wiedically Wecessary	; This study is being ordered for something other than: known trauma or injury, metastatic	1 2023 2023
						disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
						vascular disease.; It is not known if there has been any treatment or conservative therapy.;	
						There are 2 exams are being ordered.; The ordering MDs specialty is NOT	
					Radiology Services	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -				74150 Computed tomography,	Denied Not	Oncology; This case was created via RadMD.; The primary symptoms began less than 6	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Disapproval	abdomen; without contrast material	Medically Necessary		1 2023 2023
					Radiology Services	This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op	
4/1/2023 -				74150 Computed tomography,	Denied Not	evaluation.; The requested study is for post-operative evaluation.; Yes this is a request for a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Disapproval	abdomen; without contrast material	Medically Necessary	Diagnostic CT ; This is NOT a Medicare member.	1 2023 2023

						This is a request for an Abdomen CT.; This study is being ordered for another reason besides	
						Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or	
					Radiology Services	Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc; There	
4/1/2023 -				74150 Computed tomography,	Denied Not	are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Disapproval	abdomen; without contrast material	Medically Necessary	with gastroparesis; Yes this is a request for a Diagnostic CT	1 2023 2023
						This study is being ordered for something other than: known trauma or injury, metastatic	
						disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
						vascular disease.; There has been treatment or conservative therapy.; The ordering MDs	
					Radiology Services	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
4/1/2023 -				74150 Computed tomography,	Denied Not	Radiation Oncology; This case was created via BBI.; The primary symptoms began more than	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Disapproval	abdomen; without contrast material	Medically Necessary	1 year ago; Other not listed was done for this diagnosis	1 2023 2023
						; This study is being ordered for Inflammatory/ Infectious Disease.; There has been	
						treatment or conservative therapy.; The ordering MDs specialty is NOT	
. /. /2022				74176 Computed tomography,	Radiology Services	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -	4/4/2022	C /20 /2022 C	Discourse	abdomen and pelvis; without contrast	Denied Not	Oncology; This case was created via RadMD.; The primary symptoms began less than 6	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Disapproval	material	Medically Necessary	months ago; Other not listed was done for this diagnosis	1 2023 2023
				74176 Computed tomography,	Radiology Services	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is	
4/1/2023 -				abdomen and pelvis; without contrast	Denied Not	acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase	Anr lun
6/30/2023	4/1/2022	6/20/2022 Surgary	Disapproval	material		or lipase lab test.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
0/30/2023	4/1/2023	6/30/2023 Surgery	Disapprovai	Illaterial	ivieuically necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This	1 2023 2023
				74176 Computed tomography,	Radiology Services	study is being requested for abdominal and/or pelvic pain.; The study is being ordered for	
4/1/2023 -				abdomen and pelvis; without contrast	Denied Not	chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Disapproval	material		Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2023 2023
0,00,2020	., 1, 2020	0/00/2020 builder 4	Бізарріота	material	medically recessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This	1 2020 2020
				74176 Computed tomography,	Radiology Services	study is being requested for abdominal and/or pelvic pain.; The study is being ordered for	
4/1/2023 -				abdomen and pelvis; without contrast	Denied Not	chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Disapproval	material	Medically Necessary	lipase lab test.; Yes this is a request for a Diagnostic CT	1 2023 2023
						<u> </u>	
						This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This	
				74176 Computed tomography,	Radiology Services	study is being requested for abdominal and/or pelvic pain.; The study is being ordered for	
4/1/2023 -				abdomen and pelvis; without contrast	Denied Not	chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Disapproval	material	Medically Necessary	results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1 2023 2023
						This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been	
				74176 Computed tomography,	Radiology Services	completed.; This study is being requested for abdominal and/or pelvic pain.; The study is	
4/1/2023 -				abdomen and pelvis; without contrast	Denied Not	being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Disapproval	material	Medically Necessary	have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2023 2023
						This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post	
. /. /				74176 Computed tomography,	Radiology Services	op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The	
4/1/2023 -				abdomen and pelvis; without contrast	Denied Not	study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Disapproval	material	Medically Necessary	NOT being ordered for a concern of cancer such as for diagnosis or treatment.	2 2023 2023
				74760		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
4/4/2022				74176 Computed tomography,	Radiology Services	and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical	A mar barr
4/1/2023 - 6/30/2023	4/4/2022	C/20/2022 C	Disamenarial	abdomen and pelvis; without contrast	Denied Not	exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were	Apr-Jun 1 2023 2023
6/30/2023	4/1/2023	6/30/2023 Surgery	Disapproval	material	iviedically necessary	abnormal.; Yes this is a request for a Diagnostic CT	1 2023 2023
				74176 Computed tomography,	Radiology Services	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical	
4/1/2023 -				abdomen and pelvis; without contrast	Denied Not	exam.; The patient is female.; It is not known if a pelvic exam was performed.; Yes this is a	Apr-Jun
		C /20 /2022 C	Disapproval	material		request for a Diagnostic CT	Apr-Jun 1 2023 2023
	4/1/2022					request for a pragnostic CT	1 2023 2023
6/30/2023	4/1/2023	6/30/2023 Surgery	Disappiovai	material	, , , , , , , , ,	This is a request for an Abdomen and Pelvis CT: This study is being requested for abdominal	
	4/1/2023	6/30/2023 Surgery	ызарргочаг		,	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.: The study is being ordered for chronic pain.: This is not the first visit for	
	4/1/2023	6/30/2023 Surgery	Бізаррі Ovai	74176 Computed tomography, abdomen and pelvis; without contrast	Radiology Services Denied Not	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was	Apr-Jun

						This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
				74176 Computed tomography,	Radiology Services	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/1/2023 -				abdomen and pelvis; without contrast	Denied Not	this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Disapproval	material	Medically Necessary	performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2023 2023
						This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
				74176 Computed tomography,	Radiology Services	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/1/2023 -				abdomen and pelvis; without contrast	Denied Not	this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Disapproval	material	Medically Necessary	performed.; Yes this is a request for a Diagnostic CT	2 2023 2023
				74476 6	Dadislam Carden	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
4/4/2022				74176 Computed tomography,	Radiology Services	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	A mar barr
4/1/2023 -	4/1/2022	6/20/2022 Surgary	Dicapproval	abdomen and pelvis; without contrast	Denied Not	this complaint.; There has been a physical exam.; The patient is male.; It is not known if a	Apr-Jun 2 2023 2023
6/30/2023	4/1/2023	6/30/2023 Surgery	Disapproval	material	iviedically necessary	rectal exam was performed.; Yes this is a request for a Diagnostic CT This study is being ordered for something other than: known trauma or injury, metastatic	2 2023 2023
						disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
						vascular disease.; There has been treatment or conservative therapy.; The ordering MDs	
				74176 Computed tomography,	Radiology Services	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
4/1/2023 -				abdomen and pelvis; without contrast	Denied Not	Radiation Oncology; This case was created via BBI.; The primary symptoms began more than	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Disapproval	material		1 year ago; Other not listed was done for this diagnosis	1 2023 2023
		. ,	•••			<u> </u>	
				74181 Magnetic resonance (eg, proton)	Radiology Services	This request is for an Abdomen MRI.; This study is being ordered for known or suspected	
4/1/2023 -				imaging, abdomen; without contrast	Denied Not	infection.; There are physical findings or abnormal blood work consistent with appendicitis.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Disapproval	material(s)	Medically Necessary	A white blood cell count was completed.; The white blood cell count was high.	1 2023 2023
				74181 Magnetic resonance (eg, proton)	Radiology Services	This request is for an Abdomen MRI.; This study is being ordered for known or suspected	
4/1/2023 -				imaging, abdomen; without contrast	Denied Not	infection.; There are physical findings or abnormal blood work consistent with peritonitis.; A	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Disapproval	material(s)	Medically Necessary	white blood cell count was completed.; The white blood cell count was high.	1 2023 2023
. /. /				74181 Magnetic resonance (eg, proton)		This request is for an Abdomen MRI.; This study is being ordered for organ enlargement.;	
4/1/2023 -	. /. /2022	s /20 /2022 s	B: 1	imaging, abdomen; without contrast	Denied Not	The patient had previous abnormal imaging including a CT, MRI or Ultrasound.; A	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Disapproval	material(s)	Medically Necessary	abnormality was found on the pancreas during a previous CT, MRI or Ultrasound.	1 2023 2023
				74181 Magnetic resonance (eg, proton)	Radiology Services	This request is for an Abdomon MDL. This study is not being ordered for known tumor	
4/1/2023 -				imaging, abdomen; without contrast	Denied Not	This request is for an Abdomen MRI.; This study is not being ordered for known tumor, suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Disapproval	material(s)		vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 Surgery	Disappiovai	material(s)	ivieuically ivecessary	vascular disease, nematuria, follow-up trauffia, or a pre-operative evaluation.	1 2023 2023
				77046 Magnetic resonance imaging,	Radiology Services		
4/1/2023 -				breast, without contrast material;	Denied Not	This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Disapproval	unilateral		are benign lesions in the breast associated with an increased cancer risk.	1 2023 2023
		, , , , ,	••			Ŭ.	
				77046 Magnetic resonance imaging,	Radiology Services		
4/1/2023 -				breast, without contrast material;	Denied Not	This is a request for Breast MRI.; This study is being ordered for known or suspected breast	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Disapproval	unilateral	Medically Necessary	lesions.; There are benign lesions in the breast associated with an increased cancer risk.	1 2023 2023
				78451 Myocardial perfusion imaging,			
				tomographic (SPECT) (including			
				attenuation correction, qualitative or			
				quantitative wall motion, ejection			
				fraction by first pass or gated	5 11 5 .	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New	
. /. /				technique, additional quantification,	Radiology Services	symptoms suspicious of cardiac ischemia or coronary artery disease best describes the	
4/1/2023 -	. /. /2022	5/20/2022 5	B	when performed); single study, at rest	Denied Not	patients clinical presentation.; The ordering MDs specialty is not Cardiology or Cardiac	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Disapproval	or stress (exercise or pharmacologic)	Medically Necessary	Surgery; Ambulates using assistive device such as crutches, cane, walker, or wheelchair	1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Surgery	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; It is unknown if there been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur.	Apr-Jun 1 2023 2023
				• • • • • • • • • • • • • • • • • • • •			
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Surgery	Disapproval	S8037 MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY	Radiology Services Denied Not Medically Necessary	RUQ PAIN FOR 1 PLUS YEAR; This is a request for MRCP.; There is no reason why the patient cannot have an ERCP.	Apr-Jun 1 2023 2023
						This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a	
4/1/2023 -		Surgical		70490 Computed tomography, soft		palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was done.; The patient has NOT been diagnosed with cancer.; Yes this is a request for a	Apr-Jun
	4/1/2023	6/30/2023 Oncology	Approval	tissue neck; without contrast material		Diagnostic CT	1 2023 2023
		, ,		·			
4/1/2023 -		Surgical		70490 Computed tomography, soft		This is a request for neck soft tissue CT.; The study is being ordered as a pre-operative	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Oncology	Approval	tissue neck; without contrast material		evaluation.; Yes this is a request for a Diagnostic CT	1 2023 2023
				70540 Magnetic resonance (eg, proton)			
4/1/2023 -		Surgical		imaging, orbit, face, and/or neck;		"This is a request for orbit, face, or neck soft tissue MRI.239.8"; The study is ordered for the	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Oncology	Approval	without contrast material(s)		evaluation of lymphadenopathy or mass	1 2023 2023
				70551 Magnetic resonance (eg, proton)		This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/1/2023 -	. /. /2022	Surgical		imaging, brain (including brain stem);		headache.; This study is being ordered for staging.; This study is being ordered for a tumor.;	Apr-Jun
6/30/2023 4/1/2023 -	4/1/2023	6/30/2023 Oncology Surgical	Approval	without contrast material 71250 Computed tomography, thorax;		The patient has a biopsy proven cancer A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is	3 2023 2023 Apr-Jun
1 ' '	4/1/2023	6/30/2023 Oncology	Approval	without contrast material		being ordered for known tumor.	3 2023 2023
0,00,000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0,00,000					7 2020 2020
4/1/2023 -		Surgical		71250 Computed tomography, thorax;		Abnormal finding on examination of the chest, chest wall and or lungs describes the reason	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Oncology	Approval	without contrast material		for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1 2023 2023
4/4/2022		Constant		71250 Committee disconnection the array		The ordering MDs specialty is Surgical Oncology; This is a request for CT of the	A man Islam
4/1/2023 - 6/30/2023	4/1/2022	Surgical 6/30/2023 Oncology	Approval	71250 Computed tomography, thorax; without contrast material		Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Known diagnosis of Cancer, Metastatic disease, Malignancy	Apr-Jun 3 2023 2023
0/30/2023	4/1/2023	6/30/2023 Officiology	Арргочаг	without contrast material		The ordering MDs specialty is Surgical Oncology; This is a request for CT of the	3 2023 2023
4/1/2023 -		Surgical		71250 Computed tomography, thorax;		Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Staging or	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Oncology	Approval	without contrast material		Restaging of Cancer, Metastatic disease, Malignancy	4 2023 2023
4/1/2023 -		Surgical		71250 Computed tomography, thorax;			Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Oncology	Approval	without contrast material		There are 2 exams are being ordered.; The ordering MDs specialty is Surgical Oncology	1 2023 2023
						This request is for a Low Dose CT for Lung Cancer Screening,; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient	
						is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The	
						patient has a 20 pack per year history of smoking.; The patient is NOT presenting with	
				71271 Computed tomography, thorax,		pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive	
4/1/2023 -		Surgical		low dose for lung cancer screening,		of lung cancer.; The patient has not quit smoking.; The health carrier is NOT Virginia Premier	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Oncology	Approval	without contrast material(s)		Health Plan	2 2023 2023
						This request is for a Low Dose CT for Lung Cancer Screening,; This patient has NOT had a Low Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient	
						is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The	
						patient has a 20 pack per year history of smoking.; The patient is NOT presenting with	
				71271 Computed tomography, thorax,		pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive	
4/1/2023 -	. /. /2	Surgical		low dose for lung cancer screening,		of lung cancer.; The patient quit smoking less than 15 years ago.; The health carrier is NOT	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Oncology	Approval	without contrast material(s)		Virginia Premier Health Plan	3 2023 2023

			7455044 11 / 1		
			71550 Magnetic resonance (eg, proton)		
			imaging, chest (eg, for evaluation of	This should be had an and an all force has an action of the analysis and action who at the description to	
4/4/2022	Constant		hilar and mediastinal	This study is being ordered for a known tumor.; The ordering physician is an oncologist,	A man days
4/1/2023 -	Surgical	A	lymphadenopathy); without contrast	surgeon, pulmonologist, or cardiologist.; This study is being ordered for follow-up.; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Oncology	Approval	material(s)	patient is undergoing active treatment for cancer.; This is a request for a chest MRI.	1 2023 2023
4/4/2022	Constant		72196 Magnetic resonance (eg, proton)		A and I am
4/1/2023 -	Surgical	A	imaging, pelvis; with contrast	The matient is female. Other not listed heat describes the reason for this presenting	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Oncology	Approval	material(s)	The patient is female.; Other not listed best describes the reason for this procedure	1 2023 2023
4/1/2023 -	Curaical		72196 Magnetic resonance (eg, proton)	This is a request for a Pelvis MRI.; The study is being ordered for something other than	Apr lup
	Surgical	A	imaging, pelvis; with contrast	suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Oncology	Approval	material(s) 73220 Magnetic resonance (eg, proton)	pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect	1 2023 2023
			imaging, upper extremity, other than joint; without contrast material(s),		
4/1/2023 -	Cumatani				American
	Surgical	A	followed by contrast material(s) and	There are 2 arrange are being and ared. The andering MADs and sight, in Counited Openium	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Oncology	Approval	further sequences	There are 2 exams are being ordered.; The ordering MDs specialty is Surgical Oncology	1 2023 2023
4/4/2022	Cumatani		74176 Computed tomography,	The ordering MDs specialty is Surgical Oncology; This is a request for CT of the	Amm I
4/1/2023 -	Surgical	A	abdomen and pelvis; without contrast	Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Known	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Oncology	Approval	material	diagnosis of Cancer, Metastatic disease, Malignancy	3 2023 2023
4/4/2022	Constant		74176 Computed tomography,	The ordering MDs specialty is Surgical Oncology; This is a request for CT of the	A man days
4/1/2023 -	Surgical		abdomen and pelvis; without contrast	Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Staging or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Oncology	Approval	material	Restaging of Cancer, Metastatic disease, Malignancy	3 2023 2023
			74760	This is a request for an Abdomen and Pelvis CT.; It is not known if this study is being	
. /. /			74176 Computed tomography,	requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT; There	
4/1/2023 -	Surgical		abdomen and pelvis; without contrast	is documentation of a known tumor or a known diagnosis of cancer; This is study being	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Oncology	Approval	material	ordered for a concern of cancer such as for diagnosis or treatment.	1 2023 2023
. /. /			74176 Computed tomography,	This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.; It	
4/1/2023 -	Surgical		abdomen and pelvis; without contrast	is not known if this study is being requested for abdominal and/or pelvic pain.; The study is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Oncology	Approval	material	not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2023 2023
				This is a request for an Abdomen and Pelvis CT.; This study is not being requested for	
			74176 Computed tomography,	abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT; There is	
4/1/2023 -	Surgical		abdomen and pelvis; without contrast	documentation of a known tumor or a known diagnosis of cancer; This is study being	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Oncology	Approval	material	ordered for a concern of cancer such as for diagnosis or treatment.	3 2023 2023
				This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This	
			74181 Magnetic resonance (eg, proton)	study is being ordered for follow-up.; The patient did NOT have chemotherapy, radiation	
4/1/2023 -	Surgical		imaging, abdomen; without contrast	therapy or surgery in the last 3 months.; They did NOT have an Abdomen MRI in the last 10	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Oncology	Approval	material(s)	months.	1 2023 2023
				This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This	
			74181 Magnetic resonance (eg, proton)	study is being ordered for follow-up.; The patient did NOT have chemotherapy, radiation	
4/1/2023 -	Surgical		imaging, abdomen; without contrast	therapy or surgery in the last 3 months.; They had an Abdomen MRI in the last 10 months.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Oncology	Approval	material(s)	The patient is presenting new signs or symptoms.	1 2023 2023
			74181 Magnetic resonance (eg, proton)	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This	
4/1/2023 -	Surgical		imaging, abdomen; without contrast	study is being ordered for follow-up.; The patient had chemotherapy, radiation therapy or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Oncology	Approval	material(s)	surgery in the last 3 months.	1 2023 2023
				This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or	
			74181 Magnetic resonance (eg, proton)	suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT,	
4/1/2023 -	Surgical		imaging, abdomen; without contrast	MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Oncology	Approval	material(s)	There is NO suspicion of metastasis.	1 2023 2023
				This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or	
			74181 Magnetic resonance (eg, proton)	suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT,	
4/1/2023 -	Surgical		imaging, abdomen; without contrast	MRI or Ultrasound.; The abnormality found on a previous CT, MRI or Ultrasound was not in	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Oncology	Approval	material(s)	the liver, kidney, pancreas or spleen.	1 2023 2023
				Ductal dilitation, spontaneous nipple discharge, left nipple tenderness; This is a request for	
			77046 Magnetic resonance imaging,	Breast MRI.; This study is being ordered for something other than known breast cancer,	
4/1/2023 -	Surgical		breast, without contrast material;	known breast lesions, screening for known family history, screening following genetric	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Oncology	Approval	unilateral	testing or a suspected implant rupture.	1 2023 2023

				77046 Managhia ann ann an iomraig	This is a request for Breast MRI.; This study is being ordered as a screening examination for	
4/4/2022		Constant		77046 Magnetic resonance imaging,	known family history of breast cancer.; There are benign lesions in the breast associated	A I
4/1/2023 -	4 /4 /2022	Surgical	A	breast, without contrast material;	with an increased cancer risk.; There is NOT a pattern of breast cancer history in at least two	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Oncology	Approval	unilateral	first-degree relatives (parent, sister, brother, or children).	1 2023 2023
4/1/2022		Countinal		77046 Magnetic resonance imaging,	This is a request for Breast MRI.; This study is being ordered as a screening examination for	Amm Iron
4/1/2023 -	. /. /2022	Surgical		breast, without contrast material;	known family history of breast cancer.; There is a pattern of breast cancer history in at least	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Oncology	Approval	unilateral	two first-degree relatives (parent, sister, brother, or children).	1 2023 2023
. /. /2022				77046 Magnetic resonance imaging,		
4/1/2023 -	. /. /2022	Surgical		breast, without contrast material;	This is a request for Breast MRI.; This study is being ordered for a known history of breast	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Oncology	Approval	unilateral	cancer.	2 2023 2023
					This is a request for Breast MRI.; This study is being ordered for a known history of breast	
				77046 Magnetic resonance imaging,	cancer.; No, this is not an individual who has known breast cancer in the contralateral	
4/1/2023 -		Surgical		breast, without contrast material;	(other) breast.; Yes, this is a confirmed breast cancer.; Yes, the results of this MRI (size and	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Oncology	Approval	unilateral	shape of tumor) affect the patient's further management.	1 2023 2023
				77046 Magnetic resonance imaging,	This is a request for Breast MRI.; This study is being ordered for a known history of breast	
4/1/2023 -		Surgical		breast, without contrast material;	cancer.; Yes, this is an individual who has known breast cancer in the contralateral (other)	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Oncology	Approval	unilateral	breast.	2 2023 2023
				77046 Magnetic resonance imaging,		
4/1/2023 -		Surgical		breast, without contrast material;	This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Oncology	Approval	unilateral	are benign lesions in the breast associated with an increased cancer risk.	2 2023 2023
				77046 Magnetic resonance imaging,		
4/1/2023 -		Surgical		breast, without contrast material;	This is a request for Breast MRI.; This study is being ordered for known or suspected breast	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Oncology	Approval	unilateral	lesions.; There are benign lesions in the breast associated with an increased cancer risk.	2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Surgical 6/30/2023 Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Breast Cancer; This PET Scan is being requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Surgical 6/30/2023 Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Lung Cancer.; This PET Scan is being requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Surgical 6/30/2023 Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Melanoma.; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Surgical 6/30/2023 Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Breast Cancer.; This is a Medicare member.; A sentinel biopsy was performed on the axillary lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Surgical 6/30/2023 Oncology	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Ovarian or Esophageal Cancer.; This is a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Surgical 6/30/2023 Oncology	Approval	93307 Echocardiography, transthoracic real-time with image documentation (2D), includes M-mode recording, wher performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	Apr-Jun 1 2023 2023
					Radiology Services		
4/1/2023 - 6/30/2023	4/1/2023	Surgical 6/30/2023 Oncology	Disapproval	71250 Computed tomography, thorax; without contrast material	Denied Not Medically Necessary	Post-operative evaluation describes the reason for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 -	,,	Surgical		74176 Computed tomography, abdomen and pelvis; without contrast	Radiology Services Denied Not	The ordering MDs specialty is Surgical Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This is being requested for Staging or	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Oncology	Disapproval	material		Restaging of Cancer, Metastatic disease, Malignancy	1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Surgical 6/30/2023 Oncology	Disapproval	77046 Magnetic resonance imaging, breast, without contrast material; unilateral	Radiology Services Denied Not Medically Necessary	HYPERPLASIA unresolved right breast/nipple pain, high risk, family hx breast cancer, clinically dense breast tissue; This is a request for Breast MRI.; This study is being ordered for something other than known breast cancer, known breast lesions, screening for known family history, screening following genetric testing or a suspected implant rupture.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Surgical 6/30/2023 Oncology	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Ovarian or Esophageal Cancer.; This PET Scan is being requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Thoracic 6/30/2023 Surgery	Approval	71250 Computed tomography, thorax; without contrast material		"There is no radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is radiologic evidence of a lung abscess or empyema.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for known or suspected inflammatory disease or pneumonia.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		Thoracic 6/30/2023 Surgery	Approval	71250 Computed tomography, thorax; without contrast material		A Chest/Thorax CT is being ordered.; The patient had a Low Dose CT for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT; This study is being ordered for screening of lung cancer.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		Thoracic 6/30/2023 Surgery	Approval	71250 Computed tomography, thorax; without contrast material		A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for known tumor.	Apr-Jun 1 2023 2023
4/1/2023 -		Thoracic	•	71250 Computed tomography, thorax;		It is unknown if they had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for work-up for suspicious mass.; There is radiographic evidence of lung, mediastinal mass, or physical evidence of	Apr-Jun
6/30/2023 4/1/2023 -	4/1/2023	6/30/2023 Surgery Thoracic	Approval	without contrast material 71250 Computed tomography, thorax;		chest wall mass noted in the last 90 days	1 2023 2023 Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Approval	without contrast material		There are 2 exams are being ordered.; The ordering MDs specialty is Thoracic Surgery This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The	1 2023 2023
4/1/2023 -		Thoracic		72146 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	1	patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Approval	thoracic; without contrast material 73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s),		weeks.; The patient has completed 6 weeks of physical therapy? This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a	1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Thoracic 6/30/2023 Surgery	Approval	followed by contrast material(s) and further sequences		suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next 4 weeks.	Apr-Jun 1 2023 2023
4/1/2023 -	., 1, 2023	Thoracic	, .ppi 0 vai	74150 Computed tomography,			Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Approval	abdomen; without contrast material		There are 2 exams are being ordered.; The ordering MDs specialty is Thoracic Surgery	1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Thoracic 6/30/2023 Surgery	Approval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This is a request for CT Angiography of the Abdomen and Pelvis.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Thoracic 6/30/2023 Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via BBI.; This procedure is being requested for evaluation of vascular disease in the stomach or legs; The patient had an Ankle Brachial Index (ABI); The study was abnormal	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Thoracic 6/30/2023 Surgery	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body		This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Ovarian or Esophageal Cancer.; This is a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Thoracic 6/30/2023 Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of Pericardial Disease.; This is for the initial evaluation of a pericardial disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Thoracic 6/30/2023 Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, wher performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Thoracic 6/30/2023 Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, wher performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; This case was created via RadMD.; Agree; The onset or change in symptoms 6 months or less ago.; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed; New or changing symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study.; A previous TTE (Transthoracic Echocardiogram) has not been completed	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	•	Thoracic 6/30/2023 Surgery	Disapproval	70490 Computed tomography, soft tissue neck; without contrast material	Radiology Services Denied Not Medically Necessary	There are 3 exams are being ordered.; The ordering MDs specialty is Thoracic Surgery	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Thoracic 6/30/2023 Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	There are 3 exams are being ordered.; The ordering MDs specialty is Thoracic Surgery	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Thoracic 6/30/2023 Surgery	Disapproval	73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	Denied Not	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4 weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 4 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; ; The patient recevied medication other than joint injections(s) or oral analgesics.; MELOXICAM	Apr-Jun 1 2023 2023

					Padialana Candara		
4/1/2023 -		Thoracic		74150 Computed tomography,	Radiology Services Denied Not		Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Disapproval	abdomen; without contrast material	Medically Necessary	There are 3 exams are being ordered.; The ordering MDs specialty is Thoracic Surgery	1 2023 2023
				70454.4			
				78451 Myocardial perfusion imaging,			
				tomographic (SPECT) (including attenuation correction, qualitative or			
				quantitative wall motion, ejection			
				fraction by first pass or gated			
				technique, additional quantification,	Radiology Services		
4/1/2023 -		Thoracic		when performed); single study, at rest	Denied Not	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Disapproval	or stress (exercise or pharmacologic)	Medically Necessary	requested for evaluation of the heart prior to non cardiac surgery.	1 2023 2023
						This is a request for a brain/head CT.; 'None of the above' best describes the reason that I	
4/1/2023 -				70450 Computed tomography, head or		have requested this test.; None of the above best describes the reason that I have requested	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	brain; without contrast material		this test.	2 2023 2023
. /. /2022				70450 0		TI:	
4/1/2023 - 6/30/2023	4/1/2022	6/30/2023 Unknown	Approval	70450 Computed tomography, head or brain; without contrast material		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	Apr-Jun 3 2023 2023
6/30/2023	4/1/2023	6/30/2023 UNKNOWN	Approval	brain; without contrast material		reason that I have requested this test.	3 2023 2023
4/1/2023 -				70450 Computed tomography, head or		This is a request for a brain/head CT.; Changing neurologic symptoms best describes the	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	brain; without contrast material		reason that I have requested this test.	4 2023 2023
		· ·		·		This is a request for a brain/head CT.; Evaluation of known or suspected CSF (cerebrospinal	
4/1/2023 -				70450 Computed tomography, head or		fluid) leak best describes the reason that I have requested this test.; None of the above best	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	brain; without contrast material		describes the reason that I have requested this test.	1 2023 2023
						This is a request for a brain/head CT.; Evaluation of known or suspected subarachnoid	
4/1/2023 -				70450 Computed tomography, head or		hemorrhagebest describes the reason that I have requested this test.; None of the above	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	brain; without contrast material		best describes the reason that I have requested this test.	1 2023 2023
						This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is NOT on anticoagulation or blood thinner treatments; There are NO recent neurological	
						symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision	
4/1/2023 -				70450 Computed tomography, head or		defects, speech impairments or sudden onset of severe dizziness; This is NOT a follow up	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	brain; without contrast material		request for a known hemorrhage/hematoma or vascular abnormality	2 2023 2023
, , , , , , ,	, ,	.,,	1.1.	,		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is	
						NOT on anticoagulation or blood thinner treatments; There are recent neurological	
4/1/2023 -				70450 Computed tomography, head or		symptoms or deficits such as one-sided weakness, abnormal reflexes, numbness, vision	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	brain; without contrast material		defects, speech impairments or sudden onset of severe dizziness	4 2023 2023
4/1/2023 -	4/4/2022	6/20/2022	A	70450 Computed tomography, head or		This is a request for a brain/head CT.; Recent (in the past month) head trauma; The patient is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	brain; without contrast material		on anticoagulation or blood thinner treatments	1 2023 2023
4/1/2023 -				70450 Computed tomography, head or		This is a request for a brain/head CT.; The patient has a chronic headache, longer than one	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	brain; without contrast material		month; Headache best describes the reason that I have requested this test.	2 2023 2023
				,			
4/1/2023 -				70450 Computed tomography, head or		This is a request for a brain/head CT.; The patient has a new onset of a headhache within the	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	brain; without contrast material		past month; Headache best describes the reason that I have requested this test.	1 2023 2023
						This is a request for a brain/head CT.; The patient has the worst headache of patient's life	
4/1/2023 -				70450 Computed tomography, head or		with onset in the past 5 days; This is NOT a Medicare member.; Headache best describes the	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	brain; without contrast material		reason that I have requested this test.	2 2023 2023
4/1/2023 -				70450 Computed tomography, head or		This is a request for a brain/head CT.; This is a Medicare member.; Known or suspected TIA (stroke) with documented new or changing neurologic signs and or symptoms best describes	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	brain; without contrast material		the reason that I have requested this test.	1 2023 2023
3,30,2023	., _, _025	5,50,2025 OHKHOWH	pp. 0701	The state of the s		This is a request for a brain/head CT.; This is NOT a Medicare member.; Known or suspected	1 2023 2023
4/1/2023 -				70450 Computed tomography, head or		blood vessel abnormality (AVM, aneurysm) with documented new or changing signs and or	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	brain; without contrast material		symptoms best describes the reason that I have requested this test.	1 2023 2023

				UNKNOWN; This study is being ordered for something other than: known trauma or injury,	
				metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital	
				anomaly, or vascular disease.; There has been treatment or conservative therapy.; The	
				ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,	
4/1/2023 -			70450 Computed tomography, head or	Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	brain; without contrast material	symptoms began more than 1 year ago; Medications were given for this diagnosis	1 2023 2023
0,00,000	0,00,000		70480 Computed tomography, orbit,	-,	
			sella, or posterior fossa or outer,	"This request is for orbit, sella, int. auditory canal, temporal bone, mastoid, CT.239.8"; "There	
4/1/2023 -			middle, or inner ear; without contrast	is suspicion of bone infection, cholesteatoma, or inflammatory disease.ostct"; Yes this is a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	material	request for a Diagnostic CT	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 UTIKITOWIT	Approvai	Illaterial	· •	1 2023 2023
				new patient to clinic for concerns for chronic otitis. Has had recurrent infections as a child.	
				No ear tubes or ear surgery in the past. Fluctuating etd concerns, has episodes of aural	
				fullness and hearing loss. Most recently started a few months ago, was; This study is being	
			70480 Computed tomography, orbit,	ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative	
			sella, or posterior fossa or outer,	therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery,	
4/1/2023 -			middle, or inner ear; without contrast	Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	material	primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1 2023 2023
				; "This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial	
			70486 Computed tomography,	bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or	
4/1/2023 -			maxillofacial area; without contrast	metastasis.fct"; "There is not a suspicion of bone infection, [osteomyelitis].fct"; This is not a	Apr-Jun
6/30/2023 4/1/2023	6/20/2022 Unknown	Annroyal	material		1 2023 2023
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	Illaterial	preoperative or recent postoperative evaluation.; Yes this is a request for a Diagnostic CT	1 2023 2023
			70406.0	"This request is for face, jaw, mandible CT.239.8"; "There is not a history of serious facial	
			70486 Computed tomography,	bone or skull, trauma or injury.fct"; "There is not a suspicion of neoplasm, tumor or	
4/1/2023 -			maxillofacial area; without contrast	metastasis.fct"; "There is suspicion of bone infection, [osteomyelitis].fct"; Yes this is a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	material	request for a Diagnostic CT	1 2023 2023
-,, , ,	-,,	пррготаг		requestror a plagnostic er	1 2023 2023
	0,00,000	прргочи	70486 Computed tomography,	requestion a Diagnostic Ci	1 2023 2023
4/1/2023 -	5,55,2525	приочи		This is a request for a Sinus CT.; This study is being ordered for a known or suspected tumor.;	Apr-Jun
	6/30/2023 Unknown	Approval	70486 Computed tomography,		
4/1/2023 -		•••	70486 Computed tomography, maxillofacial area; without contrast	This is a request for a Sinus CT.; This study is being ordered for a known or suspected tumor.;	Apr-Jun
4/1/2023 -		•••	70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for a known or suspected tumor.;	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 -	6/30/2023 Unknown	Approval	70486 Computed tomography, maxillofacial area; without contrast material 70486 Computed tomography, maxillofacial area; without contrast	This is a request for a Sinus CT.; This study is being ordered for a known or suspected tumor.; Yes this is a request for a Diagnostic CT This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is	Apr-Jun 1 2023 2023 Apr-Jun
4/1/2023 - 6/30/2023 4/1/2023		•••	70486 Computed tomography, maxillofacial area; without contrast material 70486 Computed tomography,	This is a request for a Sinus CT.; This study is being ordered for a known or suspected tumor.; Yes this is a request for a Diagnostic CT This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 -	6/30/2023 Unknown	Approval	70486 Computed tomography, maxillofacial area; without contrast material 70486 Computed tomography, maxillofacial area; without contrast	This is a request for a Sinus CT.; This study is being ordered for a known or suspected tumor.; Yes this is a request for a Diagnostic CT This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT	Apr-Jun 1 2023 2023 Apr-Jun
4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 -	6/30/2023 Unknown	Approval	70486 Computed tomography, maxillofacial area; without contrast material 70486 Computed tomography, maxillofacial area; without contrast	This is a request for a Sinus CT.; This study is being ordered for a known or suspected tumor.; Yes this is a request for a Diagnostic CT This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as	Apr-Jun 1 2023 2023 Apr-Jun
4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 -	6/30/2023 Unknown	Approval	70486 Computed tomography, maxillofacial area; without contrast material 70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for a known or suspected tumor.; Yes this is a request for a Diagnostic CT This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial	Apr-Jun 1 2023 2023 Apr-Jun
4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	70486 Computed tomography, maxillofacial area; without contrast material 70486 Computed tomography, maxillofacial area; without contrast material 70486 Computed tomography,	This is a request for a Sinus CT.; This study is being ordered for a known or suspected tumor.; Yes this is a request for a Diagnostic CT This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in	Apr-Jun 1 2023 2023 Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 -	6/30/2023 Unknown 6/30/2023 Unknown	Approval Approval	70486 Computed tomography, maxillofacial area; without contrast material 70486 Computed tomography, maxillofacial area; without contrast material 70486 Computed tomography, maxillofacial area; without contrast	This is a request for a Sinus CT.; This study is being ordered for a known or suspected tumor.; Yes this is a request for a Diagnostic CT This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of	Apr-Jun 1 2023 2023 Apr-Jun 2 2023 2023 Apr-Jun
4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	70486 Computed tomography, maxillofacial area; without contrast material 70486 Computed tomography, maxillofacial area; without contrast material 70486 Computed tomography,	This is a request for a Sinus CT.; This study is being ordered for a known or suspected tumor.; Yes this is a request for a Diagnostic CT This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023 Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 -	6/30/2023 Unknown 6/30/2023 Unknown	Approval Approval	70486 Computed tomography, maxillofacial area; without contrast material 70486 Computed tomography, maxillofacial area; without contrast material 70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for a known or suspected tumor.; Yes this is a request for a Diagnostic CT This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment; Yes this is a request for a Diagnostic CT This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT	Apr-Jun 1 2023 2023 Apr-Jun 2 2023 2023 Apr-Jun
4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Unknown 6/30/2023 Unknown	Approval Approval	70486 Computed tomography, maxillofacial area; without contrast material 70486 Computed tomography, maxillofacial area; without contrast material 70486 Computed tomography, maxillofacial area; without contrast material 70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for a known or suspected tumor.; Yes this is a request for a Diagnostic CT This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment; Yes this is a request for a Diagnostic CT This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as	Apr-Jun 1 2023 2023 Apr-Jun 2 2023 2023 Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 -	6/30/2023 Unknown 6/30/2023 Unknown	Approval Approval	70486 Computed tomography, maxillofacial area; without contrast material 70486 Computed tomography, maxillofacial area; without contrast material 70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for a known or suspected tumor.; Yes this is a request for a Diagnostic CT This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment; Yes this is a request for a Diagnostic CT This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT	Apr-Jun 1 2023 2023 Apr-Jun 2 2023 2023 Apr-Jun
4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Unknown 6/30/2023 Unknown	Approval Approval	70486 Computed tomography, maxillofacial area; without contrast material 70486 Computed tomography, maxillofacial area; without contrast material 70486 Computed tomography, maxillofacial area; without contrast material 70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for a known or suspected tumor.; Yes this is a request for a Diagnostic CT This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment; Yes this is a request for a Diagnostic CT This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as	Apr-Jun 1 2023 2023 Apr-Jun 2 2023 2023 Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 -	6/30/2023 Unknown 6/30/2023 Unknown 6/30/2023 Unknown	Approval Approval	70486 Computed tomography, maxillofacial area; without contrast material 70486 Computed tomography, maxillofacial area; without contrast material 70486 Computed tomography, maxillofacial area; without contrast material 70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for a known or suspected tumor.; Yes this is a request for a Diagnostic CT This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment; Yes this is a request for a Diagnostic CT This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a	Apr-Jun 1 2023 2023 Apr-Jun 2 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 Apr-Jun
4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 -	6/30/2023 Unknown 6/30/2023 Unknown 6/30/2023 Unknown	Approval Approval	70486 Computed tomography, maxillofacial area; without contrast material 70486 Computed tomography, maxillofacial area; without contrast material 70486 Computed tomography, maxillofacial area; without contrast material 70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for a known or suspected tumor.; Yes this is a request for a Diagnostic CT This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment; Yes this is a request for a Diagnostic CT This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023 Apr-Jun 2 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 Apr-Jun
4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Unknown 6/30/2023 Unknown 6/30/2023 Unknown	Approval Approval Approval	70486 Computed tomography, maxillofacial area; without contrast material 70486 Computed tomography, maxillofacial area; without contrast material 70486 Computed tomography, maxillofacial area; without contrast material 70486 Computed tomography, maxillofacial area; without contrast material	This is a request for a Sinus CT.; This study is being ordered for a known or suspected tumor.; Yes this is a request for a Diagnostic CT This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment; Yes this is a request for a Diagnostic CT This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT ; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	Apr-Jun 1 2023 2023 Apr-Jun 2 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Unknown 6/30/2023 Unknown 6/30/2023 Unknown	Approval Approval	70486 Computed tomography, maxillofacial area; without contrast material 70486 Computed tomography, maxillofacial area; without contrast material 70486 Computed tomography, maxillofacial area; without contrast material 70486 Computed tomography, maxillofacial area; without contrast material 70490 Computed tomography, soft	This is a request for a Sinus CT.; This study is being ordered for a known or suspected tumor.; Yes this is a request for a Diagnostic CT This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment; Yes this is a request for a Diagnostic CT This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT ; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	Apr-Jun 1 2023 2023 Apr-Jun 2 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Unknown 6/30/2023 Unknown 6/30/2023 Unknown	Approval Approval Approval	70486 Computed tomography, maxillofacial area; without contrast material 70486 Computed tomography, maxillofacial area; without contrast material 70486 Computed tomography, maxillofacial area; without contrast material 70486 Computed tomography, maxillofacial area; without contrast material 70490 Computed tomography, soft	This is a request for a Sinus CT.; This study is being ordered for a known or suspected tumor.; Yes this is a request for a Diagnostic CT This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment; Yes this is a request for a Diagnostic CT This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT ; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD. He does have a spot on the Left cervical area; with a little bit higher SUV and which we can	Apr-Jun 1 2023 2023 Apr-Jun 2 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Unknown 6/30/2023 Unknown 6/30/2023 Unknown	Approval Approval Approval	70486 Computed tomography, maxillofacial area; without contrast material 70486 Computed tomography, maxillofacial area; without contrast material 70486 Computed tomography, maxillofacial area; without contrast material 70486 Computed tomography, maxillofacial area; without contrast material 70490 Computed tomography, soft	This is a request for a Sinus CT.; This study is being ordered for a known or suspected tumor.; Yes this is a request for a Diagnostic CT This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment; Yes this is a request for a Diagnostic CT This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT ; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD. He does have a spot on the Left cervical area; with a little bit higher SUV and which we can observe this for now.; A left cervical level 2A lymph node demonstrates increased mild FDG	Apr-Jun 1 2023 2023 Apr-Jun 2 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 4/1/2023 4/1/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/202 - 6/30/202 - 6/30/202 - 6/2020 - 6/2020 - 6/2020 - 6/2020 - 6/2020 - 6/2020 - 6/2020 - 6/2020	6/30/2023 Unknown 6/30/2023 Unknown 6/30/2023 Unknown	Approval Approval Approval	70486 Computed tomography, maxillofacial area; without contrast material 70486 Computed tomography, maxillofacial area; without contrast material 70486 Computed tomography, maxillofacial area; without contrast material 70486 Computed tomography, maxillofacial area; without contrast material 70490 Computed tomography, soft	This is a request for a Sinus CT.; This study is being ordered for a known or suspected tumor.; Yes this is a request for a Diagnostic CT This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment; Yes this is a request for a Diagnostic CT This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT ; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD. He does have a spot on the Left cervical area; with a little bit higher SUV and which we can observe this for now.; A left cervical level 2A lymph node demonstrates increased mild FDG avidity with only minimal increase in size, may be reactive however it;; This study is being	Apr-Jun 1 2023 2023 Apr-Jun 2 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Unknown 6/30/2023 Unknown 6/30/2023 Unknown	Approval Approval Approval	70486 Computed tomography, maxillofacial area; without contrast material 70486 Computed tomography, maxillofacial area; without contrast material 70486 Computed tomography, maxillofacial area; without contrast material 70486 Computed tomography, maxillofacial area; without contrast material 70490 Computed tomography, soft tissue neck; without contrast material	This is a request for a Sinus CT.; This study is being ordered for a known or suspected tumor.; Yes this is a request for a Diagnostic CT This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment; Yes this is a request for a Diagnostic CT This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT ; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD. He does have a spot on the Left cervical level 2A lymph node demonstrates increased mild FDG avidity with only minimal increase in size, may be reactive however it;; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT	Apr-Jun 1 2023 2023 Apr-Jun 2 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	6/30/2023 Unknown 6/30/2023 Unknown 6/30/2023 Unknown	Approval Approval Approval	70486 Computed tomography, maxillofacial area; without contrast material 70486 Computed tomography, maxillofacial area; without contrast material 70486 Computed tomography, maxillofacial area; without contrast material 70486 Computed tomography, maxillofacial area; without contrast material 70490 Computed tomography, soft	This is a request for a Sinus CT.; This study is being ordered for a known or suspected tumor.; Yes this is a request for a Diagnostic CT This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is immune-compromised.; Yes this is a request for a Diagnostic CT This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 12 wks in duration); It has been 14 or more days since onset AND the patient failed a course of antibiotic treatment; Yes this is a request for a Diagnostic CT This is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are described as Chronic Rhinosinusitis (episode is greater than 12 weeks); Yes this is a request for a Diagnostic CT ; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD. He does have a spot on the Left cervical area; with a little bit higher SUV and which we can observe this for now.; A left cervical level 2A lymph node demonstrates increased mild FDG avidity with only minimal increase in size, may be reactive however it;; This study is being	Apr-Jun 1 2023 2023 Apr-Jun 2 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023

				new patient to clinic for concerns for chronic otitis. Has had recurrent infections as a child.	
				No ear tubes or ear surgery in the past. Fluctuating etd concerns, has episodes of aural	
				fullness and hearing loss. Most recently started a few months ago, was; This study is being	
				ordered for Inflammatory/ Infectious Disease.; There has been treatment or conservative	
				therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery,	
4/1/2023 -			70490 Computed tomography, soft	Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	tissue neck; without contrast material	primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1 2023 2023
4/4/0000			704000		
4/1/2023 -	C /20 /2022		70490 Computed tomography, soft	This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	tissue neck; without contrast material	neck.; Yes this is a request for a Diagnostic CT	7 2023 2023
				This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a	
				palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has been	
4/1/2023 -			70490 Computed tomography, soft	examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	tissue neck; without contrast material	was NOT done.; Yes this is a request for a Diagnostic CT	1 2023 2023
				This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a	
4/1/2023 -			70490 Computed tomography, soft	palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	tissue neck; without contrast material	NOT done.; Yes this is a request for a Diagnostic CT	1 2023 2023
				This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a	
				palpable neck mass or lump.; The size of the neck mass is unknown.; The neck mass has	
4/1/2023 -			70490 Computed tomography, soft	been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	tissue neck; without contrast material	aspirate was NOT done.; Yes this is a request for a Diagnostic CT	3 2023 2023
4/1/2023 -			70490 Computed tomography, soft	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	tissue neck; without contrast material	a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT	1 2023 2023
				This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.; It	
4/1/2023 -			70490 Computed tomography, soft	is unknown if surgery is scheduled in the next 30 days.; Yes this is a request for a Diagnostic	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	tissue neck; without contrast material	CT	1 2023 2023
4/1/2023 -			70490 Computed tomography, soft	This is a request for neck soft tissue CT.; The patient has a suspicious infection or abscess.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	A	tissue neck; without contrast material	Surgery is NOT scheduled in the next 30 days.; Yes this is a request for a Diagnostic CT	
	0/30/2023 UTKTOWIT	Approval	tissue neck, without contrast material	Surgery is NOT scrieduled in the flext 30 days., Tes this is a request for a Diagnostic Cr	1 2023 2023
	0/30/2023 OTIKITOWIT	Approvai	tissue neck, without contrast material	Surgery is NOT Scheduled in the next 30 days., Tes this is a request for a Diagnostic Ci	1 2023 2023
	0/30/2023 UTIKITOWIT	Approvai	tissue neck, without contrast material	This is a request for neck soft tissue CT.; The study is being ordered for something other than	1 2023 2023
4/1/2023 -	6/30/2023 OHKHOWII	Approvai	70490 Computed tomography, soft		1 2023 2023 Apr-Jun
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	·	This is a request for neck soft tissue CT.; The study is being ordered for something other than	
			70490 Computed tomography, soft	This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious	Apr-Jun
			70490 Computed tomography, soft	This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious	Apr-Jun
			70490 Computed tomography, soft	This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT	Apr-Jun
			70490 Computed tomography, soft tissue neck; without contrast material	This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT; This study is being ordered for something other than: known trauma or injury, metastatic	Apr-Jun
			70490 Computed tomography, soft tissue neck; without contrast material 70496 Computed tomographic	This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	Apr-Jun
			70490 Computed tomography, soft tissue neck; without contrast material 70496 Computed tomographic angiography, head, with contrast	This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 3	Apr-Jun
6/30/2023 4/1/2023			70490 Computed tomography, soft tissue neck; without contrast material 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast	This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist,	Apr-Jun 1 2023 2023
6/30/2023 4/1/2023 4/1/2023 -	6/30/2023 Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image	This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created	Apr-Jun 1 2023 2023 Apr-Jun
6/30/2023 4/1/2023 4/1/2023 -	6/30/2023 Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created	Apr-Jun 1 2023 2023 Apr-Jun
6/30/2023 4/1/2023 4/1/2023 -	6/30/2023 Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing 70496 Computed tomographic	This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago	Apr-Jun 1 2023 2023 Apr-Jun
6/30/2023 4/1/2023 4/1/2023 -	6/30/2023 Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing 70496 Computed tomographic angiography, head, with contrast	This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago ; This study is being ordered for Vascular Disease.; There has been treatment or conservative	Apr-Jun 1 2023 2023 Apr-Jun
6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Unknown	Approval Approval	70490 Computed tomography, soft tissue neck; without contrast material 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast	This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago ; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The	Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023
6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 -	6/30/2023 Unknown	Approval	70490 Computed tomography, soft tissue neck; without contrast material 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image	This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago ; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery,	Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023
6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 -	6/30/2023 Unknown	Approval Approval	70490 Computed tomography, soft tissue neck; without contrast material 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago ; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The	Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023
6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 -	6/30/2023 Unknown	Approval Approval	70490 Computed tomography, soft tissue neck; without contrast material 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing 70496 Computed tomographic	This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago ; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The	Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023
6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 -	6/30/2023 Unknown	Approval Approval	70490 Computed tomography, soft tissue neck; without contrast material 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast material(s), including noncontrast material(s), including noncontrast	This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago ; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis This case was created via RadMD.; Agree; This procedure is being requested for evaluation	Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023
6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Unknown 6/30/2023 Unknown	Approval Approval	70490 Computed tomography, soft tissue neck; without contrast material 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing 70496 Computed tomographic angiography, head, with contrast image, if performed, and image postprocessing	This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago ; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Recent ischemic stroke (TIA) best describes the clinical indication for	Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023
6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Unknown	Approval Approval	70490 Computed tomography, soft tissue neck; without contrast material 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago ; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis This case was created via RadMD.; Agree; This procedure is being requested for evaluation	Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023
6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Unknown 6/30/2023 Unknown	Approval Approval	70490 Computed tomography, soft tissue neck; without contrast material 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing 70496 Computed tomographic and image postprocessing 70496 Computed tomographic	This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago ; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Recent ischemic stroke (TIA) best describes the clinical indication for	Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023
6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Unknown 6/30/2023 Unknown	Approval Approval	70490 Computed tomography, soft tissue neck; without contrast material 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing 70496 Computed tomographic angiography, head, with contrast image, if performed, and image postprocessing	This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago ; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Recent ischemic stroke (TIA) best describes the clinical indication for requesting this procedure	Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023
6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Unknown 6/30/2023 Unknown	Approval Approval	70490 Computed tomography, soft tissue neck; without contrast material 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast angiography, head, with contrast material(s), including noncontrast material(s), including noncontrast	This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT ; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago ; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis This case was created via RadMD.; Agree; This procedure is being requested for evaluation for requesting this procedure	Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023
6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Unknown 6/30/2023 Unknown	Approval Approval	70490 Computed tomography, soft tissue neck; without contrast material 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing 70496 Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing 70496 Computed tomographic angiography, head, with contrast image, if performed, and image postprocessing	This is a request for neck soft tissue CT.; The study is being ordered for something other than Trauma or other injury, Neck lump/mass, Known tumor or metastasis in the neck, suspicious infection/abcess or a pre-operative evaluation.; Yes this is a request for a Diagnostic CT; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago ; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis This case was created via RadMD.; Agree; This procedure is being requested for evaluation for vascular disease; Recent ischemic stroke (TIA) best describes the clinical indication for requesting this procedure	Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023

			70105.0		
			70496 Computed tomographic		
			angiography, head, with contrast		
			material(s), including noncontrast		
4/1/2023 -			images, if performed, and image	This procedure is being requested for evaluation for vascular disease; Other best describes	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	postprocessing	the clinical indication for requesting this procedure	1 2023 2023
			70496 Computed tomographic	throbbing headaches, blurred vision; This study is being ordered for Vascular Disease.; There	
			angiography, head, with contrast	has been treatment or conservative therapy.; The ordering MDs specialty is NOT	
			material(s), including noncontrast	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -			images, if performed, and image	Oncology; This case was created via RadMD.; The primary symptoms began less than 6	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	postprocessing	months ago; Medications were given for this diagnosis	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 0111110111	прргочи	postprocessing	months ago, medications were given for this diagnosis	1 2023 2023
				; This study is being ordered for something other than: known trauma or injury, metastatic	
			70400 Commented to accomplish		
			70498 Computed tomographic	disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
			angiography, neck, with contrast	vascular disease.; There has not been any treatment or conservative therapy.; There are 3	
			material(s), including noncontrast	exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist,	
4/1/2023 -			images, if performed, and image	Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	postprocessing	via RadMD.; The primary symptoms began more than 1 year ago	1 2023 2023
			70498 Computed tomographic		
			angiography, neck, with contrast	; This study is being ordered for Vascular Disease.; There has been treatment or conservative	
			material(s), including noncontrast	therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery,	
4/1/2023 -			images, if performed, and image	Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	postprocessing	primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1 2023 2023
0,00,2020 1,2,2020	0,00,2020 01111101111	7.pp.014.	70498 Computed tomographic	primary symptoms seguin more than 2 year ago, medications here given to this diagnosis	1 2023 2023
			angiography, neck, with contrast		
				This case was greated via PadMD. Agrees The procedure is planted in 6 months or loss. This	
4/4/2022			material(s), including noncontrast	This case was created via RadMD.; Agree; The procedure is planned in 6 months or less; This	A I
4/1/2023 -			images, if performed, and image	procedure is being requested for pre-procedural evaluation; The ordering provider's	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	postprocessing	specialty is NOT Vascular Surgery, Neurological Surgery or Surgery	1 2023 2023
			70498 Computed tomographic		
			angiography, neck, with contrast		
			material(s), including noncontrast	This case was created via RadMD.; Agree; This procedure is being requested for evaluation	
4/1/2023 -			images, if performed, and image	for vascular disease; Other best describes the clinical indication for requesting this	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	postprocessing	procedure	1 2023 2023
			70498 Computed tomographic		
			angiography, neck, with contrast		
			material(s), including noncontrast	This case was created via RadMD.; Agree; This procedure is being requested for evaluation	
4/1/2023 -			images, if performed, and image	for vascular disease; Recent stroke or TIA (transient ischemic attack) best describes the	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	postprocessing	clinical indication for requesting this procedure	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 OTIKITOWIT	Approvar	70498 Computed tomographic	clinical indication for requesting this procedure	1 2023 2023
			angiography, neck, with contrast	This case was greated via BadAAD , Agreed This areas done in heira was wested for such that	
4/4/2022			material(s), including noncontrast	This case was created via RadMD.; Agree; This procedure is being requested for evaluation	
4/1/2023 -			images, if performed, and image	for vascular disease; Symptomatic with abnormal ultrasound showing moderate stenosis	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	postprocessing	(50% or more) best describes the clinical indication for requesting this procedure	1 2023 2023
			70498 Computed tomographic	throbbing headaches, blurred vision; This study is being ordered for Vascular Disease.; There	
			angiography, neck, with contrast	has been treatment or conservative therapy.; The ordering MDs specialty is NOT	
			material(s), including noncontrast	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -			images, if performed, and image	Oncology; This case was created via RadMD.; The primary symptoms began less than 6	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	postprocessing	months ago; Medications were given for this diagnosis	1 2023 2023
			.	<u> </u>	
			70540 Magnetic resonance (eg, proton)		
4/1/2023 -			imaging, orbit, face, and/or neck;		Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	without contrast material(s)	This is a request for an Orbit MRI.; There is a history of orbit or face trauma or injury.	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 UNKNOWN	Approval	without contrast material(s)	this is a request for an Orbit wikit; there is a history of orbit or face trauma or injury.	1 2023 2023

4/1/2023 - 6/30/2023 4/1/2023 - 6/30/2023	•	6/30/2023 Unknown	Approval Approval	70540 Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s) 70544 Magnetic resonance angiography, head; without contrast material(s)	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began more than 1 year ago fax in clinicals; There is not an immediate family history of aneurysm.; The patient does not have a known aneurysm.; The patient has not had a recent MRI or CT for these symptoms.; There has not been a stroke or TIA within the past two weeks.; This is a request for a Brain MRA.	Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		6/30/2023 Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	There has not been any treatment or conservative therapy.; This study is being ordered for Other not listed; The primary symptoms began less than 6 months ago	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Changing neurologic symptoms best describes the reason that I have requested this test.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; Known or suspected TIA (stroke) best describes the reason that I have requested this test.; There are documented localizing neurologic findings.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient had a thunderclap headache or worst headache of the patient's life (within the last 3 months).	Apr-Jun 4 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	Apr-Jun 10 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a chronic or recurring headache.	Apr-Jun 11 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is being requested for evaluation of a headache.; The patient has a sudden and severe headache. This request is for a Brain MRI; The study is NOT being requested for evaluation of a	Apr-Jun 5 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	headache.; It is unknown why this study is being ordered.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo. This request is for a Brain MRI; The study is NOT being requested for evaluation of a	Apr-Jun 4 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	headache;; It is unknown why this study is being ordered.; The patient does not have dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital abnormality, loss of smell, hearing loss or vertigo.	Apr-Jun 5 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has a sudden change in mental status.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has fatigue or malaise	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	imaging, brain (including brain stem); without contrast material	ordered for a tumor.; The last Brain MRI was performed more than 12 months ago; The patient has a biopsy proven cancer	Apr-Jun 1 2023 2023
				70551 Magnetic resonance (eg, proton)	headache.; This study is being ordered for follow-up.; The patient has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.; This study is being	
6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	without contrast material	tumor.; The patient has a biopsy proven cancer This request is for a Brain MRI; The study is NOT being requested for evaluation of a	1 2023 2023
4/1/2023 -				70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	headache.; This study is being ordered for follow-up.; The patient completed a course of chemotherapy or radiation therapy within the past 90 days.; This study is being ordered for a	Apr-Jun
.,,	, _,	.,,	leler a car		This request is for a Brain MRI; The study is NOT being requested for evaluation of a	. 2523 2523
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for and infection or inflammation.	Apr-Jun 4 2023 2023
6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	without contrast material	screening for an aneurysm or AVM (arteriovenous malformation).	1 2023 2023
4/1/2023 -				70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for an aneurysm.; This study is being ordered as a	Apr-Jun
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; This study is being ordered for a tumor.; The patient does NOT have a biopsy proven cancer	Apr-Jun 2 2023 2023
6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	without contrast material	(transient ischemic attack).	2 2023 2023
4/1/2023 -	7 1 2023	5,55,2525 OHNIOWII	Αργιοναι	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has the inability to speak.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA	Apr-Jun
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient has one sided arm or leg weakness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for Multiple Sclerosis.; The patient has new symptoms.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	headache.; The patient has dizziness.; The patient had a recent onset (within the last 4 weeks) of neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient had an audiogram.; The results of the audiogram were abnormal.; It is unknown why this study is being ordered.; The patient has hearing loss. This request is for a Brain MRI; The study is NOT being requested for evaluation of a	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; The patient did not have an audiogram.; It is unknown why this study is being ordered.; The patient has hearing loss.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is a new/initial evaluation; The patient had a memory assessment for cognitive impairment completed; The cognitive assessment score was less than 26	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This request is for a Brain MRI; The study is NOT being requested for evaluation of a headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.; This is a new/initial evaluation; The patient had a memory assessment for cognitive impairment completed; The cognitive assessment score is unknown	Apr-Jun 1 2023 2023

				This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
				headache.; This study is being ordered for follow-up.; The patient has NOT completed a	
			70551 Magnetic resonance (eg, proton)	course of chemotherapy or radiation therapy within the past 90 days.; This study is being	
4/1/2023 -			imaging, brain (including brain stem);	ordered for a tumor.; The last Brain MRI was performed within the last 12 months; The	Apr-Jun
6/30/2023 4/1/2	2023 6/30/2023 l	Jnknown Approval	without contrast material	patient has a biopsy proven cancer	1 2023 2023
			70551 Magnetic resonance (eg, proton)	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/1/2023 -			imaging, brain (including brain stem);	headache.; This study is being ordered for Multiple Sclerosis.; This study is being ordered as	Apr-Jun
6/30/2023 4/1/2	2023 6/30/2023 l	Jnknown Approval	without contrast material	a 12 month annual follow up.; This is a routine follow up.	1 2023 2023
			7055444		
. /. /2022			70551 Magnetic resonance (eg, proton)	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/1/2023 -	2022 6/20/2022 1	Indonesia America	imaging, brain (including brain stem);	headache.; This study is being ordered for Parkinson's disease.; This study is being ordered	Apr-Jun
6/30/2023 4/1/2	2023 6/30/2023 L	Jnknown Approval	without contrast material	for new neurological symptoms.; The neurologic symptoms include acute vision changes.	1 2023 2023
			70554 Manustin managed (as muchan)	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/1/2022			70551 Magnetic resonance (eg, proton)	headache.; This study is being ordered for Parkinson's disease.; This study is being ordered	A 1
4/1/2023 -	2022 6/20/2022 1	Indiana Amazana I	imaging, brain (including brain stem);	for new neurological symptoms.; The neurologic symptoms include worsening Parkinson's	Apr-Jun
6/30/2023 4/1/2	2023 6/30/2023 L	Jnknown Approval	without contrast material	symptoms.	1 2023 2023
			70551 Magnetic reconance (eg. proten)	This request is for a Brain MDI: The study is NOT being requested for evaluation of a	
4/1/2022			70551 Magnetic resonance (eg, proton)	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	Ame Inc.
4/1/2023 -	2022 6/20/2022	Inknown Assess	imaging, brain (including brain stem);	headache.; This study is being ordered for seizures.; There has been a change in seizure	Apr-Jun 5 2023 2023
6/30/2023 4/1/2	2023 6/30/2023 L	Jnknown Approval	without contrast material	pattern or a new seizure.	5 2023 2023
			70EE1 Magnetic reconance (eg. proten)	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/1/2023 -			70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	headache.; This study is being ordered for seizures.; There has NOT been a change in seizure	Apr lup
6/30/2023 4/1/2	2023 6/30/2023 l	Jnknown Approval	without contrast material		Apr-Jun 1 2023 2023
0/30/2023 4/1/2	2023 0/30/2023 (JIKIIOWII Appiovai	WILLIOUT COILL AST HIGHERIAL	pattern or a new seizure.	1 2023 2023
			70551 Magnetic resonance (eg, proton)	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/1/2023 -			imaging, brain (including brain stem);	headache.; This study is being ordered for staging.; This study is being ordered for a tumor.;	Apr-Jun
7 7					· ·
			without contract material	The nationt has a highest proven cancer	5 2022 2022
6/30/2023 4/1/2	2023 6/30/2023 L	Jnknown Approval	without contrast material	The patient has a biopsy proven cancer	5 2023 2023
6/30/2023 4/1/2	2023 6/30/2023 (Jnknown Approval	without contrast material		5 2023 2023
6/30/2023 4/1/2	2023 6/30/2023 (Jnknown Approval	without contrast material	This study is being ordered for something other than: known trauma or injury, metastatic	5 2023 2023
6/30/2023 4/1/2	2023 6/30/2023 (Jnknown Approval	without contrast material	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	5 2023 2023
0/30/2023 4/1/2	2023 6/30/2023 (Jnknown Approval		This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2	5 2023 2023
	2023 6/30/2023 (Jnknown Approval	70551 Magnetic resonance (eg, proton)	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist,	
4/1/2023 -			70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created	Apr-Jun
			70551 Magnetic resonance (eg, proton)	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began more than 1 year ago	
4/1/2023 - 6/30/2023 4/1/2			70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began more than 1 year ago; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2 4/1/2023 -	2023 6/30/2023 t	Jnknown Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material 71250 Computed tomography, thorax;	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began more than 1 year ago ; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	Apr-Jun 1 2023 2023 Apr-Jun
4/1/2023 - 6/30/2023 4/1/2	2023 6/30/2023 t	Jnknown Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began more than 1 year ago ; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2 4/1/2023 -	2023 6/30/2023 t	Jnknown Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material 71250 Computed tomography, thorax;	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began more than 1 year ago ; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD. 'None of the above' describes the reason for this request.; Abnormal imaging (xray) finding	Apr-Jun 1 2023 2023 Apr-Jun
4/1/2023 - 6/30/2023 4/1/2 4/1/2023 -	2023 6/30/2023 t	Jnknown Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material 71250 Computed tomography, thorax;	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began more than 1 year ago; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD. 'None of the above' describes the reason for this request.; Abnormal imaging (xray) finding was relevant in the diagnosis or suspicion of inflammatory lung disease; This study is being	Apr-Jun 1 2023 2023 Apr-Jun
4/1/2023 - 6/30/2023 4/1/2 4/1/2023 - 6/30/2023 4/1/2	2023 6/30/2023 t	Jnknown Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material 71250 Computed tomography, thorax; without contrast material	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began more than 1 year ago; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD. 'None of the above' describes the reason for this request.; Abnormal imaging (xray) finding was relevant in the diagnosis or suspicion of inflammatory lung disease; This study is being requested for known or suspected inflammatory disease such as sarcoidosis,	Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	2023 6/30/2023 U	Jnknown Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material 71250 Computed tomography, thorax; without contrast material	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began more than 1 year ago; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD. 'None of the above' describes the reason for this request.; Abnormal imaging (xray) finding was relevant in the diagnosis or suspicion of inflammatory lung disease; This study is being requested for known or suspected inflammatory disease such as sarcoidosis, pneumoconiosis, asbestosis, silicosis; This is a request for a Chest CT.; This study is being	Apr-Jun 1 2023 2023 Apr-Jun
4/1/2023 - 6/30/2023 4/1/2 4/1/2023 - 6/30/2023 4/1/2	2023 6/30/2023 U	Jnknown Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material 71250 Computed tomography, thorax; without contrast material	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began more than 1 year ago; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD. 'None of the above' describes the reason for this request.; Abnormal imaging (xray) finding was relevant in the diagnosis or suspicion of inflammatory lung disease; This study is being requested for known or suspected inflammatory disease such as sarcoidosis,	Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun
4/1/2023 - 6/30/2023	2023 6/30/2023 U	Jnknown Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material 71250 Computed tomography, thorax; without contrast material	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began more than 1 year ago ; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD. 'None of the above' describes the reason for this request.; Abnormal imaging (xray) finding was relevant in the diagnosis or suspicion of inflammatory lung disease; This study is being requested for known or suspected inflammatory disease such as sarcoidosis, pneumoconiosis, asbestosis, silicosis; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun
4/1/2023 - 6/30/2023	2023 6/30/2023 U	Jnknown Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material 71250 Computed tomography, thorax; without contrast material	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began more than 1 year ago ; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD. 'None of the above' describes the reason for this request.; Abnormal imaging (xray) finding was relevant in the diagnosis or suspicion of inflammatory lung disease; This study is being requested for known or suspected inflammatory disease such as sarcoidosis, pneumoconiosis, asbestosis, silicosis; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT 'None of the above' describes the reason for this request.; Restaging during ongoing	Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun
4/1/2023 - 6/30/2023 4/1/2 4/1/2023 - 6/30/2023 4/1/2 4/1/2023 - 6/30/2023 4/1/2	2023 6/30/2023 U 2023 6/30/2023 U 2023 6/30/2023 U	Jnknown Approval Jnknown Approval Jnknown Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material 71250 Computed tomography, thorax; without contrast material 71250 Computed tomography, thorax; without contrast material	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began more than 1 year ago ; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD. 'None of the above' describes the reason for this request.; Abnormal imaging (xray) finding was relevant in the diagnosis or suspicion of inflammatory lung disease; This study is being requested for known or suspected inflammatory disease such as sarcoidosis, pneumoconiosis, asbestosis, silicosis; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT 'None of the above' describes the reason for this request.; Restaging during ongoing treatment is related to this request for imaging of a known cancer or tumor; This is a request	Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2 4/1/2023 - 6/30/2023 4/1/2 4/1/2023 - 6/30/2023 4/1/2 4/1/2023 -	2023 6/30/2023 U 2023 6/30/2023 U 2023 6/30/2023 U	Jnknown Approval Jnknown Approval Jnknown Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material 71250 Computed tomography, thorax; without contrast material 71250 Computed tomography, thorax; without contrast material	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began more than 1 year ago ; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD. 'None of the above' describes the reason for this request.; Abnormal imaging (xray) finding was relevant in the diagnosis or suspicion of inflammatory lung disease; This study is being requested for known or suspected inflammatory disease such as sarcoidosis, pneumoconiosis, asbestosis, silicosis; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT 'None of the above' describes the reason for this request.; Restaging during ongoing treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is beign requested for known cancer or tumor; Yes this is a	Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun
4/1/2023 - 6/30/2023 4/1/2 4/1/2023 - 6/30/2023 4/1/2 4/1/2023 - 6/30/2023 4/1/2 4/1/2023 -	2023 6/30/2023 U 2023 6/30/2023 U 2023 6/30/2023 U	Jnknown Approval Jnknown Approval Jnknown Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material 71250 Computed tomography, thorax; without contrast material 71250 Computed tomography, thorax; without contrast material	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began more than 1 year ago; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD. 'None of the above' describes the reason for this request.; Abnormal imaging (xray) finding was relevant in the diagnosis or suspicion of inflammatory lung disease; This study is being requested for known or suspected inflammatory disease such as sarcoidosis, pneumoconiosis, asbestosis, silicosis; This is a request for a Chest CT.; This study is being requested for none of the above; Yes this is a request for a Diagnostic CT 'None of the above' describes the reason for this request.; Restaging during ongoing treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is beign requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun
4/1/2023 - 6/30/2023 4/1/2 4/1/2023 - 6/30/2023 4/1/2 4/1/2023 - 6/30/2023 4/1/2 4/1/2023 -	2023 6/30/2023 U 2023 6/30/2023 U 2023 6/30/2023 U	Jnknown Approval Jnknown Approval Jnknown Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material 71250 Computed tomography, thorax; without contrast material 71250 Computed tomography, thorax; without contrast material	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began more than 1 year ago; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD. 'None of the above' describes the reason for this request.; Abnormal imaging (xray) finding was relevant in the diagnosis or suspicion of inflammatory lung disease; This study is being requested for known or suspected inflammatory disease such as sarcoidosis, pneumoconiosis, asbestosis, silicosis; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT 'None of the above' describes the reason for this request.; Restaging during ongoing treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is beign requested for known cancer or tumor; Yes this is a request for a Diagnostic CT 'None of the above' describes the reason for this request.; This is a request for a Chest CT.;	Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun
4/1/2023 - 6/30/2023 4/1/2 4/1/2023 - 6/30/2023 4/1/2 4/1/2023 - 6/30/2023 4/1/2 4/1/2023 -	2023 6/30/2023 U 2023 6/30/2023 U 2023 6/30/2023 U	Jnknown Approval Jnknown Approval Jnknown Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material 71250 Computed tomography, thorax; without contrast material 71250 Computed tomography, thorax; without contrast material	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began more than 1 year ago ; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD. 'None of the above' describes the reason for this request.; Abnormal imaging (xray) finding was relevant in the diagnosis or suspicion of inflammatory lung disease; This study is being requested for known or suspected inflammatory disease such as sarcoidosis, pneumoconiosis, asbestosis, silicosis; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT 'None of the above' describes the reason for this request.; Restaging during ongoing treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is beign requested for known cancer or tumor; Yes this is a request for a Diagnostic CT 'None of the above' describes the reason for this request.; This is a request for a Chest CT.; This study is beign requested for known cancer or tumor; Yes this is a request for a Diagnostic CT 'None of the above' describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient did	Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun
4/1/2023 - 6/30/2023 4/1/2 4/1/2023 - 6/30/2023 4/1/2 4/1/2023 - 6/30/2023 4/1/2 4/1/2023 -	2023 6/30/2023 U 2023 6/30/2023 U 2023 6/30/2023 U	Jnknown Approval Jnknown Approval Jnknown Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material 71250 Computed tomography, thorax; without contrast material 71250 Computed tomography, thorax; without contrast material	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began more than 1 year ago ; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD. 'None of the above' describes the reason for this request.; Abnormal imaging (xray) finding was relevant in the diagnosis or suspicion of inflammatory lung disease; This study is being requested for known or suspected inflammatory disease such as sarcoidosis, pneumoconiosis, asbestosis, silicosis; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT 'None of the above' describes the reason for this request.; Restaging during ongoing treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is beign requested for known cancer or tumor; Yes this is a request for a Diagnostic CT 'None of the above' describes the reason for this request.; This is a request for a Chest CT.; This study is beign requested for Known cancer or tumor; Yes this is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; This patient is a smoker or has a	Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun
4/1/2023 - 6/30/2023 4/1/2 4/1/2023 - 6/30/2023 4/1/2 4/1/2023 - 6/30/2023 4/1/2	2023 6/30/2023 U 2023 6/30/2023 U 2023 6/30/2023 U	Jnknown Approval Jnknown Approval Jnknown Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material 71250 Computed tomography, thorax; without contrast material 71250 Computed tomography, thorax; without contrast material	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began more than 1 year ago ; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD. 'None of the above' describes the reason for this request.; Abnormal imaging (xray) finding was relevant in the diagnosis or suspicion of inflammatory lung disease; This study is being requested for known or suspected inflammatory disease such as sarcoidosis, pneumoconiosis, asbestosis, silicosis; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT 'None of the above' describes the reason for this request.; Restaging during ongoing treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor; Yes this is a request for a Diagnostic CT 'None of the above' describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; It is unknown if the patient has signs or symptoms	Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun
4/1/2023 - 6/30/2023 4/1/2 4/1/2023 - 6/30/2023 4/1/2 4/1/2023 - 6/30/2023 4/1/2	2023 6/30/2023 U 2023 6/30/2023 U 2023 6/30/2023 U	Jnknown Approval Jnknown Approval Jnknown Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material 71250 Computed tomography, thorax; without contrast material 71250 Computed tomography, thorax; without contrast material 71250 Computed tomography, thorax; without contrast material	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began more than 1 year ago; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD. 'None of the above' describes the reason for this request.; Abnormal imaging (xray) finding was relevant in the diagnosis or suspicion of inflammatory lung disease; This study is being requested for known or suspected inflammatory disease such as sarcoidosis, pneumoconiosis, asbestosis, silicosis; This is a request for a Chest CT.; This study is being requested for none of the above; Yes this is a request for a Diagnostic CT 'None of the above' describes the reason for this request.; Restaging during ongoing treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is beign requested for known cancer or tumor; Yes this is a request for a Diagnostic CT 'None of the above' describes the reason for this request.; This is a request for a Chest CT.; This study is beign requested for Screening of Lung Cancer.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; It is unknown if the patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer	Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun
4/1/2023 - 6/30/2023 4/1/2 4/1/2023 - 6/30/2023 4/1/2 4/1/2023 - 6/30/2023 4/1/2 4/1/2023 - 6/30/2023 4/1/2	6/30/2023 U 2023 6/30/2023 U 2023 6/30/2023 U 2023 6/30/2023 U	Jnknown Approval Jnknown Approval Jnknown Approval	70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material 71250 Computed tomography, thorax; without contrast material 71250 Computed tomography, thorax; without contrast material	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began more than 1 year ago ; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD. 'None of the above' describes the reason for this request.; Abnormal imaging (xray) finding was relevant in the diagnosis or suspicion of inflammatory lung disease; This study is being requested for known or suspected inflammatory disease such as sarcoidosis, pneumoconiosis, asbestosis, silicosis; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT 'None of the above' describes the reason for this request.; Restaging during ongoing treatment is related to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This study is being requested for known cancer or tumor; Yes this is a request for a Diagnostic CT 'None of the above' describes the reason for this request.; This is a request for a Chest CT.; This study is being requested for Screening of Lung Cancer.; This patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of smoking.; The patient did NOT quit smoking in the past 15 years.; It is unknown if the patient has signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained	Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023

				'None of the above' describes the reason for this request.; This study is being requested for	
4/1/2023 -			71250 Computed tomography, thorax;	'none of the above'.; This is a request for a Chest CT.; This study is being requested for none	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	without contrast material	of the above.; Yes this is a request for a Diagnostic CT	1 2023 2023
				A Chest/Thorax CT is being ordered.; The patient is between 50 and 80 years old.; This	
				patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of	
				smoking.; The patient did NOT quit smoking in the past 15 years.; The patient does NOT have	
				signs or symptoms suggestive of lung cancer such as an unexplained cough, coughing up	
				blood, unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT	
4/1/2023 -			71250 Computed tomography, thorax;	for Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	without contrast material	Diagnostic CT; This study is being ordered for screening of lung cancer.	3 2023 2023
				A Chest/Thorax CT is being ordered.; The patient is between 50 and 80 years old.; This	
				patient is a smoker or has a history of smoking.; The patient has a 20 pack per year history of	
				smoking.; The patient did NOT quit smoking in the past 15 years.; The patient has signs or	
				symptoms suggestive of lung cancer such as an unexplained cough, coughing up blood,	
				unexplained weight loss or other condition.; The patient has NOT had a Low Dose CT for	
4/1/2023 -			71250 Computed tomography, thorax;	Lung Cancer Screening or a Chest CT in the past 11 months.; Yes this is a request for a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	without contrast material	Diagnostic CT; This study is being ordered for screening of lung cancer.	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 OTIKITOWIT	Арргочаг	Without contrast material	A Chest/Thorax CT is being ordered.; The patient is between 50 and 80 years old.; This	1 2023 2023
				patient is a smoker or has a history of smoking; The patient has a 20 pack per year history of	
				smoking.; The patient quit smoking in the past 15 years.; The patient has signs or symptoms	
				suggestive of lung cancer such as an unexplained cough, coughing up blood, unexplained	
				weight loss or other condition.; The patient has NOT had a Low Dose CT for Lung Cancer	
4/1/2023 -			71250 Computed tomography, thorax;	Screening or a Chest CT in the past 11 months.; Yes this is a request for a Diagnostic CT; This	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	without contrast material	study is being ordered for screening of lung cancer.	1 2023 2023
4/1/2023 -			71250 Computed tomography, thorax;	A Chest/Thorax CT is being ordered.; This study is being ordered for non of the above.; Yes	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	without contrast material	this is a request for a Diagnostic CT; The study is being ordered for none of the above.	6 2023 2023
4/1/2023 -			71250 Computed tomography, thorax;	A Chest/Thorax CT is being ordered.; This study is being ordered for suspected pulmonary	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	without contrast material	Embolus.; Yes this is a request for a Diagnostic CT	1 2023 2023
				A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is	
4/1/2023 -			71250 Computed tomography, thorax;	being ordered for Interstitial Lung disease; A chest x-ray has been completed; Ths Interstitial	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	without contrast material	Lung Disease is suspected; The chest x-ray was abnormal	3 2023 2023
	, ,			A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is	
				being ordered for Interstitial Lung disease; A chest x-ray has been completed; Ths Interstitial	
4/1/2023 -			71250 Computed tomography, thorax;	Lung Disease is suspected; The chest x-ray was normal; A PFT (Pulmonary Function Test) has	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	without contrast material	been completed that shows restrictive lung disease	1 2023 2023
4/1/2023 -	0/30/2023 OTIKITOWIT	прргочи	71250 Computed tomography, thorax;	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	without contrast material	being ordered for Interstitial Lung disease; The Interstitial Lung Disease is known	2 2023 2023
4/1/2023 -	0/30/2023 OTIKITOWIT	Арргочаг	71250 Computed tomography, thorax;	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	A	without contrast material	being ordered for known tumor.	8 2023 2023
· · · · · · · · · · · · · · · · · · ·	0/30/2023 UTIKITOWIT	Approval			
4/1/2023 -	6/20/2022 11-1	A	71250 Computed tomography, thorax;	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	without contrast material	being ordered for suspected pulmonary Embolus.	4 2023 2023
. /. /2022			74050 0 4 14 4 4 4	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is	
4/1/2023 -	- / / :		71250 Computed tomography, thorax;	being ordered for Unresolved cough; A chest x-ray has been completed; The patient has	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	without contrast material	been treated for the cough	3 2023 2023
4/1/2023 -			71250 Computed tomography, thorax;	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	without contrast material	being ordered for Unresolved cough; A chest x-ray has NOT been completed	1 2023 2023
				A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is	
				being ordered for work-up for suspicious mass.; It is unknown if there is radiographic	
4/1/2023 -			71250 Computed tomography, thorax;	evidence of lung, mediastinal mass, or physical evidence of chest wall mass noted in the last	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	without contrast material	90 days	1 2023 2023
				A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is	
4/1/2023 -			71250 Computed tomography, thorax;	being ordered for work-up for suspicious mass.; There is NO radiographic evidence of lung,	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	without contrast material	mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	4 2023 2023
. , , , , . = -				, , ,	
4/1/2023 -			71250 Computed tomography, thorax;	Abnormal finding on examination of the chest, chest wall and or lungs describes the reason	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	without contrast material	for this request.; This is a request for a Chest CT.; Yes this is a request for a Diagnostic CT	1 2023 2023
0/20/2023 4/1/2023	0/30/2023 GTKTOWIT	Approvar	without contrast material	for any request, find it a request for a chest er, fes and it a request for a Diagnostic er	1 2023 2023

4/1/2023 -			71250 Computed tomography, thorax;	Abnormal imaging test describes the reason for this request.; This is a request for a Chest	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	without contrast material	CT.; Yes this is a request for a Diagnostic CT	5 2023 2023
				He does have a spot on the Left cervical area; with a little bit higher SUV and which we can	
				observe this for now.;A left cervical level 2A lymph node demonstrates increased mild FDG	
				avidity with only minimal increase in size, may be reactive however it;; This study is being	
				ordered for a metastatic disease.; The ordering MDs specialty is NOT	
4/1/2023 -			71250 Computed tomography, thorax;	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	without contrast material	Oncology; This case was created via RadMD.	1 2023 2023
				It is not known if there has been any treatment or conservative therapy.; The ordering MDs	
				specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
				Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in	
4/1/2023 -			71250 Computed tomography, thorax;	combination.; This study is being ordered for Other not listed; It is unknown when the	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	without contrast material	primary symptoms began	3 2023 2023
0,00,2020 1,2,2020	0/00/2020 01111101111	7.pp. 0 tu:	Without contract material	It is not known if there has been any treatment or conservative therapy.; The ordering MDs	5 2025 2025
				specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
				Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in	
4/1/2023 -			71250 Computed tomography, thorax;	combination.; This study is being ordered for Cancer/Tumor/ Metastatic Disease; The	Apr-Jun
6/30/2023 4/1/2023	C/20/2022 Halmann	A		· · · · · · · · · · · · · · · · · · ·	
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	without contrast material	primary symptoms began less than 6 months ago	2 2023 2023
				It is not known if there has been any treatment or conservative therapy.; The ordering MDs	
				specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
				Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in	
4/1/2023 -			71250 Computed tomography, thorax;	combination.; This study is being ordered for Cancer/Tumor/ Metastatic Disease; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	without contrast material	primary symptoms began more than 1 year ago	1 2023 2023
4/1/2023 -			71250 Computed tomography, thorax;	Pre-operative evaluation describes the reason for this request.; This is a request for a Chest	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	without contrast material	CT.; Yes this is a request for a Diagnostic CT	1 2023 2023
				Surgery is scheduled within the next 30 days.; A Chest/Thorax CT is being ordered.; The	
				patient is having an operation on the chest or lungs.; This study is being ordered for a pre-	
4/1/2023 -			71250 Computed tomography, thorax;	operative evaluation.; Yes this is a request for a Diagnostic CT; The study is being ordered	Apr-Jun
			, 1250 compared tomography, thorax,	operative evaluations, residing is a request for a biagnostic er, rife study is being ordered	Api-Juli
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	without contrast material	for none of the above.	1 2023 2023
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval			·
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval		for none of the above.	·
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval		for none of the above. The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is unknown if there is radiologic evidence of	·
	6/30/2023 Unknown	Approval	without contrast material	for none of the above. The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A	1 2023 2023
4/1/2023 -	· ·		without contrast material 71250 Computed tomography, thorax;	for none of the above. The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is	1 2023 2023 Apr-Jun
	6/30/2023 Unknown	Approval Approval	without contrast material	for none of the above. The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for known or suspected inflammatory disease or pneumonia.	1 2023 2023
4/1/2023 -	· ·		without contrast material 71250 Computed tomography, thorax;	for none of the above. The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for known or suspected inflammatory disease or pneumonia. The patient is presenting new signs or symptoms.; "There is radiologic evidence of	1 2023 2023 Apr-Jun
4/1/2023 -	· ·		without contrast material 71250 Computed tomography, thorax;	for none of the above. The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for known or suspected inflammatory disease or pneumonia. The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is NO radiologic evidence of non-	1 2023 2023 Apr-Jun
4/1/2023 - 6/30/2023 4/1/2023	· ·		without contrast material 71250 Computed tomography, thorax; without contrast material	for none of the above. The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for known or suspected inflammatory disease or pneumonia. The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax	1 2023 2023 Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 -	6/30/2023 Unknown	Approval	without contrast material 71250 Computed tomography, thorax; without contrast material 71250 Computed tomography, thorax;	for none of the above. The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for known or suspected inflammatory disease or pneumonia. The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for	1 2023 2023 Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	· ·		without contrast material 71250 Computed tomography, thorax; without contrast material	for none of the above. The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for known or suspected inflammatory disease or pneumonia. The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for known or suspected inflammatory disease or pneumonia.	1 2023 2023 Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 -	6/30/2023 Unknown	Approval	without contrast material 71250 Computed tomography, thorax; without contrast material 71250 Computed tomography, thorax;	for none of the above. The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for known or suspected inflammatory disease or pneumonia. The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for known or suspected inflammatory disease or pneumonia. There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	1 2023 2023 Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 -	6/30/2023 Unknown	Approval	without contrast material 71250 Computed tomography, thorax; without contrast material 71250 Computed tomography, thorax;	for none of the above. The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for known or suspected inflammatory disease or pneumonia. The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for known or suspected inflammatory disease or pneumonia. There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	1 2023 2023 Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	without contrast material 71250 Computed tomography, thorax; without contrast material 71250 Computed tomography, thorax; without contrast material	for none of the above. The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for known or suspected inflammatory disease or pneumonia. The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for known or suspected inflammatory disease or pneumonia. There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Unknown 6/30/2023 Unknown	Approval Approval	without contrast material 71250 Computed tomography, thorax; without contrast material 71250 Computed tomography, thorax; without contrast material 71250 Computed tomography, thorax;	for none of the above. The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for known or suspected inflammatory disease or pneumonia. The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for known or suspected inflammatory disease or pneumonia. There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms	1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	without contrast material 71250 Computed tomography, thorax; without contrast material 71250 Computed tomography, thorax; without contrast material	for none of the above. The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for known or suspected inflammatory disease or pneumonia. The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for known or suspected inflammatory disease or pneumonia. There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Unknown 6/30/2023 Unknown	Approval Approval	without contrast material 71250 Computed tomography, thorax; without contrast material 71250 Computed tomography, thorax; without contrast material 71250 Computed tomography, thorax;	for none of the above. The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for known or suspected inflammatory disease or pneumonia. The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for known or suspected inflammatory disease or pneumonia. There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; Chemotherapy was given for this diagnosis	1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Unknown 6/30/2023 Unknown	Approval Approval	without contrast material 71250 Computed tomography, thorax; without contrast material 71250 Computed tomography, thorax; without contrast material 71250 Computed tomography, thorax;	for none of the above. The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for known or suspected inflammatory disease or pneumonia. The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for known or suspected inflammatory disease or pneumonia. There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; Chemotherapy was given for this diagnosis There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Unknown 6/30/2023 Unknown	Approval Approval	without contrast material 71250 Computed tomography, thorax; without contrast material 71250 Computed tomography, thorax; without contrast material 71250 Computed tomography, thorax;	for none of the above. The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for known or suspected inflammatory disease or pneumonia. The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for known or suspected inflammatory disease or pneumonia. There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; Chemotherapy was given for this diagnosis	1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Unknown 6/30/2023 Unknown	Approval Approval	without contrast material 71250 Computed tomography, thorax; without contrast material 71250 Computed tomography, thorax; without contrast material 71250 Computed tomography, thorax;	for none of the above. The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for known or suspected inflammatory disease or pneumonia. The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for known or suspected inflammatory disease or pneumonia. There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; Chemotherapy was given for this diagnosis There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Unknown 6/30/2023 Unknown	Approval Approval	without contrast material 71250 Computed tomography, thorax; without contrast material 71250 Computed tomography, thorax; without contrast material 71250 Computed tomography, thorax;	for none of the above. The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for known or suspected inflammatory disease or pneumonia. The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for known or suspected inflammatory disease or pneumonia. There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; Chemotherapy was given for this diagnosis There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Unknown 6/30/2023 Unknown	Approval Approval	without contrast material 71250 Computed tomography, thorax; without contrast material 71250 Computed tomography, thorax; without contrast material 71250 Computed tomography, thorax; without contrast material	for none of the above. The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for known or suspected inflammatory disease or pneumonia. The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for known or suspected inflammatory disease or pneumonia. There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; Chemotherapy was given for this diagnosis There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 4/1/2023 4/1/2023 4/1/2023 - 6/30/2023 - 6/30/2023 - 4/1/2023 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2020 - 6/30/2020 - 6/30/2020 - 6/30/2020 - 6/30/2020 - 6/30/2020 - 6/30/2020 - 6/30/2000 - 6/30/2000 - 6/30/2000 - 6/30/2000 - 6/30/2000 - 6/30/2000 - 6/30/2000 - 6/30/2000 - 6/30/	6/30/2023 Unknown 6/30/2023 Unknown 6/30/2023 Unknown	Approval Approval	without contrast material 71250 Computed tomography, thorax; without contrast material 71250 Computed tomography, thorax; without contrast material 71250 Computed tomography, thorax; without contrast material	for none of the above. The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for known or suspected inflammatory disease or pneumonia. The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for known or suspected inflammatory disease or pneumonia. There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; Chemotherapy was given for this diagnosis There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms	Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 4/1/2023 4/1/2023 4/1/2023 - 6/30/2023 - 6/30/2023 - 4/1/2023 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2020 - 6/30/2020 - 6/30/2020 - 6/30/2020 - 6/30/2020 - 6/30/2020 - 6/30/2020 - 6/30/2000 - 6/30/2000 - 6/30/2000 - 6/30/2000 - 6/30/2000 - 6/30/2000 - 6/30/2000 - 6/30/2000 - 6/30/	6/30/2023 Unknown 6/30/2023 Unknown 6/30/2023 Unknown	Approval Approval	without contrast material 71250 Computed tomography, thorax; without contrast material 71250 Computed tomography, thorax; without contrast material 71250 Computed tomography, thorax; without contrast material	for none of the above. The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for known or suspected inflammatory disease or pneumonia. The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for known or suspected inflammatory disease or pneumonia. There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; Chemotherapy was given for this diagnosis There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms	Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 4/1/2023 4/1/2023 4/1/2023 - 6/30/2023 - 6/30/2023 - 4/1/2023 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2020 - 6/30/2020 - 6/30/2020 - 6/30/2020 - 6/30/2020 - 6/30/2020 - 6/30/2020 - 6/30/2000 - 6/30/2000 - 6/30/2000 - 6/30/2000 - 6/30/2000 - 6/30/2000 - 6/30/2000 - 6/30/2000 - 6/30/	6/30/2023 Unknown 6/30/2023 Unknown 6/30/2023 Unknown	Approval Approval	without contrast material 71250 Computed tomography, thorax; without contrast material 71250 Computed tomography, thorax; without contrast material 71250 Computed tomography, thorax; without contrast material	for none of the above. The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for known or suspected inflammatory disease or pneumonia. The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for known or suspected inflammatory disease or pneumonia. There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; Chemotherapy was given for this diagnosis There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago; Chemotherapy was given for this diagnosis	Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 4/1/2023 4/1/2023 4/1/2023 - 6/30/2023 - 6/30/2023 - 4/1/2023 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2022 - 6/30/2020 - 6/30/2020 - 6/30/2020 - 6/30/2020 - 6/30/2020 - 6/30/2020 - 6/30/2020 - 6/30/2000 - 6/30/2000 - 6/30/2000 - 6/30/2000 - 6/30/2000 - 6/30/2000 - 6/30/2000 - 6/30/2000 - 6/30/	6/30/2023 Unknown 6/30/2023 Unknown 6/30/2023 Unknown	Approval Approval	without contrast material 71250 Computed tomography, thorax; without contrast material 71250 Computed tomography, thorax; without contrast material 71250 Computed tomography, thorax; without contrast material	for none of the above. The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for known or suspected inflammatory disease or pneumonia. The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for known or suspected inflammatory disease or pneumonia. There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; Chemotherapy was given for this diagnosis There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago; Chemotherapy was given for this diagnosis	Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Unknown 6/30/2023 Unknown 6/30/2023 Unknown	Approval Approval	without contrast material 71250 Computed tomography, thorax; without contrast material	for none of the above. The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for known or suspected inflammatory disease or pneumonia. The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for known or suspected inflammatory disease or pneumonia. There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; Chemotherapy was given for this diagnosis There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago; Chemotherapy was given for this diagnosis There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023 4/1/2023 4/1/2023 4/1/2023 4/1/2023 4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Unknown 6/30/2023 Unknown 6/30/2023 Unknown	Approval Approval	without contrast material 71250 Computed tomography, thorax; without contrast material 71250 Computed tomography, thorax; without contrast material 71250 Computed tomography, thorax; without contrast material	for none of the above. The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; It is unknown if there is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for known or suspected inflammatory disease or pneumonia. The patient is presenting new signs or symptoms.; "There is radiologic evidence of sarcoidosis, tuberculosis or fungal infection."; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for known or suspected inflammatory disease or pneumonia. There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began 6 months to 1 year; Chemotherapy was given for this diagnosis There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began less than 6 months ago; Chemotherapy was given for this diagnosis	Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023

				There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	
				Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
				Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -			71250 Computed tomography, thorax;	This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	without contrast material	began more than 1 year ago; Chemotherapy was given for this diagnosis	4 2023 2023
0/30/2023 4/1/2023	0/30/2023 UTIKITOWIT	Арргочаг	without contrast material	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	4 2023 2023
				Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
				Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -			712E0 Computed tomography, thoray		Apr lup
' '	6/20/2022 11-1	A	71250 Computed tomography, thorax;	This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	without contrast material	began more than 1 year ago; Medications were given for this diagnosis	1 2023 2023
				There has not been any treatment or conservative therapy.; The ordering MDs specialty is	
				NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
. /. /				Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -	- / /		71250 Computed tomography, thorax;	This study is being ordered for Other not listed; It is unknown when the primary symptoms	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	without contrast material	began	1 2023 2023
				There has not been any treatment or conservative therapy.; The ordering MDs specialty is	
				NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
				Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -			71250 Computed tomography, thorax;	This study is being ordered for Cancer/Tumor/ Metastatic Disease; The primary symptoms	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	without contrast material	began 6 months to 1 year	1 2023 2023
				There has not been any treatment or conservative therapy.; The ordering MDs specialty is	
				NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
				Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -			71250 Computed tomography, thorax;	This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	without contrast material	began less than 6 months ago	3 2023 2023
				There has not been any treatment or conservative therapy.; The ordering MDs specialty is	
				NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
				Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -			71250 Computed tomography, thorax;	This study is being ordered for Cancer/Tumor/ Metastatic Disease; The primary symptoms	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	without contrast material	began more than 1 year ago	2 2023 2023
				There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of	
				sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung	
				abscess or empyema.; It is not known if there is radiologic evidence of pneumoconiosis e.g.	
				black lung disease or silicosis.; It is unknown if there is radiologic evidence of non-resolving	
				pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is	
4/1/2023 -			71250 Computed tomography, thorax;	being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	without contrast material	known or suspected inflammatory disease or pneumonia.	1 2023 2023
				There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of	
				sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung	
				abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung	
				disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks	
				after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a	
4/1/2023 -			71250 Computed tomography, thorax;	request for a Diagnostic CT; This study is being ordered for known or suspected	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	without contrast material	inflammatory disease or pneumonia.	1 2023 2023
				There is radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.;	
4/1/2023 -			71250 Computed tomography, thorax;	Yes this is a request for a Diagnostic CT; This study is being ordered for vascular disease	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	without contrast material	other than cardiac.	1 2023 2023
				There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic	
				treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a	
4/1/2023 -			71250 Computed tomography, thorax;	Diagnostic CT; This study is being ordered for known or suspected inflammatory disease or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	without contrast material	pneumonia.	3 2023 2023
, , , , , , , , , , , , , , , , , , , ,	,	P. P		They did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; Yes this is a	
				request for a Diagnostic CT; This study is being ordered for work-up for suspicious mass.;	
4/1/2023 -			71250 Computed tomography, thorax;	There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	without contrast material	mass noted in the last 90 days	1 2023 2023
0,00,2020 4,1,2020	5,50,2025 OTIMIOWII	ppiovai	manous contract material	mass noted in the last 50 days	1 2023 2023

6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	image postprocessing	is a request for a Chest CT Angiography.	1 2023 2023
4/1/2023 -				noncontrast images, if performed, and	whether there are signs or symptoms indicative of a progressive vascular stenosis.; Yes, this	Apr-Jun
				contrast material(s), including	no new signs or symptoms indicative of a dissecting aortic aneurysm.; It is not known	
				angiography, chest (noncoronary), with	Vascular Disease.; This is a Follow-up to a previous angiogram or MR angiogram.; There are	
				71275 Computed tomographic	not be performed in conjunction with a Chest CT.; This study is being ordered for Known	
0/30/2023	7/1/2023	0/30/2023 UTIKITOWIT	Αμμισναι	inage postprocessing	CAD; This study is not requested to evaluate suspected pulmonary embolus.; This study will	1 2023 2023
	4/1/2023	6/30/2023 Unknown	Approval	image postprocessing	another type of arch anomaly.; Yes, this is a request for a Chest CT Angiography.	Apr-Jun 1 2023 2023
4/1/2023 -				contrast material(s), including noncontrast images, if performed, and	Suspected Congenital Abnormality.; The abnormality is of a cardiac nature.; It is not known whether there is a known or suspected coarctation of the aorta.; It is not known if there is	Anr lun
				angiography, chest (noncoronary), with	be performed in conjunction with a Chest CT.; This study is being ordered for Known or	
				71275 Computed tomographic	; This study is not requested to evaluate suspected pulmonary embolus.; This study will not	
				7137F Committed towns are a bis	This should be not assumed to evaluate a constant and a constant a	
6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	without contrast material(s)	Virginia Premier Health Plan	8 2023 2023
4/1/2023 -				low dose for lung cancer screening,	of lung cancer.; The patient quit smoking less than 15 years ago.; The health carrier is NOT	Apr-Jun
				71271 Computed tomography, thorax,	pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive	
					patient has a 20 pack per year history of smoking.; The patient is NOT presenting with	
					is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The	
					Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient	
					This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low	
5/30/2023	4/1/2023	6/30/2023 Unknown	Approval	without contrast material(s)	Health Plan	41 2023 2023
4/1/2023 -				low dose for lung cancer screening,	of lung cancer.; The patient has not quit smoking.; The health carrier is NOT Virginia Premier	Apr-Jun
				71271 Computed tomography, thorax,	pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive	
					patient has a 20 pack per year history of smoking.; The patient is NOT presenting with	
					is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The	
					Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient	
				V-1	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low	
5/30/2023	4/1/2023	6/30/2023 Unknown	Approval	without contrast material(s)	Health Plan	40 2023 2023
4/1/2023 -				low dose for lung cancer screening,	of lung cancer.; The patient has not quit smoking.; The health carrier is NOT Virginia Premier	Apr-Jun
				71271 Computed tomography, thorax,	pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive	
					patient has a 20 pack per year history of smoking.; The patient is NOT presenting with	
			is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The			
					Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient	
3/30/2023	7/ 1/ 2023	0/30/2023 UTIKITOWIT	Αρριοναι	without contrast material(s)	This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low	3 2023 2023
6/30/2023	4/1/2022	6/30/2023 Unknown	Annroval	without contrast material(s)	Plan	3 2023 2023
4/1/2023 -				low dose for lung cancer screening,	diagnostic test suggestive of lung cancer.; The health carrier is NOT Virginia Premier Health	Apr-Jun
				71271 Computed tomography, thorax,	Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient is NOT presenting with pulmonary signs or symptoms of lung cancer nor are there other	
					This request is for a Low Dose CT for Lung Cancer Screening; This patient has had a Low	
0/30/2023	4/1/2023	6/30/2023 Unknown	Approval	without contrast material(s)	lung cancer.; The health carrier is NOT Virginia Premier Health Plan This request is for a low Pose CT for Jung Cancer Screening : This patient has had a low	1 2023 2023
4/1/2023 -	4/4/2025	s /20 /2022		low dose for lung cancer screening,	pulmonary signs or symptoms of lung cancer or there are other diagnostic test suggestive of	Apr-Jun
. /. /				71271 Computed tomography, thorax,	Chest CT instead of a Low Dose CT for Lung Cancer Screening.; The patient is presenting with	
					This request is for a Low Dose CT for Lung Cancer Screening.; No, I do not want to request a	
6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	without contrast material	being ordered for work-up for suspicious mass.; Yes this is a request for a Diagnostic CT	1 2023 2023
4/1/2023 -				71250 Computed tomography, thorax;	days."; They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; This study is	Apr-Jun
					Unknown; "There IS evidence of a lung, mediastinal or chest mass noted within the last 30	
5/30/2023	4/1/2023	6/30/2023 Unknown	Approval	without contrast material	request.; Yes this is a request for a Diagnostic CT	1 2023 2023
4/1/2023 -				71250 Computed tomography, thorax;	This is a request for a Thorax (Chest) CT.; Abnormal imaging test describes the reason for this	Apr-Jun
	4/1/2023	6/30/2023 Unknown	Approval	without contrast material	Diagnostic CT	1 2023 2023
1/1/2023 -				71250 Computed tomography, thorax;	chest wall and or lungs describes the reason for this request.; Yes this is a request for a	Apr-Jun
, ,	., _, _020	.,, 0	.p.p. 2 * 0.		This is a request for a Thorax (Chest) CT.; Abnormal finding on examination of the chest,	
	4/1/2023	6/30/2023 Unknown	Approval	without contrast material	noted in the last 90 days	16 2023 2023
1/1/2023 -				71250 Computed tomography, thorax;	radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass	Apr-Jun
					They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for work-up for suspicious mass.; There is	

			71275 Computed tomographic		
			angiography, chest (noncoronary), with contrast material(s), including	This study is being ordered for Other not listed; The ordering MDs specialty is something	
4/1/2023 -			noncontrast images, if performed, and	other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a request for an	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	image postprocessing	Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	1 2023 2023
5,00,2020 1,2,2020			8		
			71275 Computed tomographic		
			angiography, chest (noncoronary), with		
			contrast material(s), including		
4/1/2023 -			noncontrast images, if performed, and	This study is requested to evaluate suspected pulmonary embolus.; Yes, this is a request for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	image postprocessing	a Chest CT Angiography.	7 2023 2023
4/4/2022			724.25 Community of the second	; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT	A constitution
4/1/2023 -	6/20/2022 Unknown	Approval	72125 Computed tomography, cervical	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	Apr-Jun 1 2023 2023
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	spine; without contrast material	Oncology; This case was created via RadMD. The patient does not have any neurological deficits.; The patient has failed a course of anti-	1 2023 2023
				inflammatory medication or steroids.; This study is not to be part of a Myelogram.; This is a	
				request for a Cervical Spine CT; This study is being ordered for chronic neck pain or	
				suspected degenerative disease.; There has not been a supervised trial of conservative	
4/1/2023 -			72125 Computed tomography, cervical	management for at least 6 weeks.; There is a reason why the patient cannot have a Cervical	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	spine; without contrast material	Spine MRI.; The patient has had 3 or fewer follow-up Cervical Spine CTs.	1 2023 2023
				The patient does not have any neurological deficits.; This study is not to be part of a	
				Myelogram.; This is a request for a Cervical Spine CT; This study is being ordered for follow-	
				up surgery or fracture within the last 6 months.; There has been a supervised trial of	
				conservative management for at least 6 weeks.; This is a continuation or recurrence of	
				symptoms related to a previous surgery or fracture.; There is a reason why the patient	
4/1/2023 -			72125 Computed tomography, consists	cannot have a Cervical Spine MRI.; The ordering MDs specialty is NOT	Anr lun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	72125 Computed tomography, cervical spine; without contrast material	Hematologist/Oncologist, Oncology, Surgical Oncology, Radiation Oncology, Neurological Surgery, Neurology or Orthopedics	Apr-Jun 1 2023 2023
0/30/2023 4/1/2023	0/30/2023 OTIKITOWIT	Approvai	spine, without contrast material	; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT	1 2023 2023
4/1/2023 -			72128 Computed tomography, thoracic	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	spine; without contrast material	Oncology; This case was created via RadMD.	1 2023 2023
				looking for fusion; This is a request for a thoracic spine CT.; Caller does not know whether	
4/1/2023 -			72128 Computed tomography, thoracic	there is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this is a request	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	spine; without contrast material	for a Diagnostic CT	1 2023 2023
. /. /					
4/1/2023 -	s /20 /2022		72128 Computed tomography, thoracic	pain ;Sweling; This is a request for a thoracic spine CT.; There is no reason why the patient	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	spine; without contrast material	cannot undergo a thoracic spine MRI.; Yes this is a request for a Diagnostic CT	1 2023 2023
				This is a request for a thoracic spine CT.; The caller indicated the the study was not ordered	
				for: Chronic Back pain, Trauma, Known or suspected tumor with or without metastasis,	
				Follow up to or Pre-operative evalution, or Neurological deficits."; There is a reason why the	
4/1/2023 -			72128 Computed tomography, thoracic	patient cannot undergo a thoracic spine MRI.; There are documented clinical findings of	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	spine; without contrast material	immune system suppression or AIDS.; Yes this is a request for a Diagnostic CT	1 2023 2023
				This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have	
4/1/2023 -			72131 Computed tomography, lumbar	new or changing neurologic signs or symptoms.; The patient does have a new foot drop.; Yes	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	spine; without contrast material	this is a request for a Diagnostic CT	1 2023 2023
				This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have	
				new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.;	
4/1/2023 -			72131 Computed tomography, lumbar	The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is weakness.; ; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	spine; without contrast material	weakness.;; There is not x-ray evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
0,30,2023 4,1/2023	O/ 30/ 2023 CHRIOWII	πρριοναί	Spine, without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not	1 2023 2023
				have new or changing neurologic signs or symptoms.; The patient has had back pain for over	
				4 weeks.; The patient has seen the doctor more then once for these symptoms.; It is not	
4/1/2023 -			72131 Computed tomography, lumbar	known if the physician has directed conservative treatment for the past 6 weeks.; Yes this is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	spine; without contrast material	a request for a Diagnostic CT	1 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once for these symptoms.; The physician has directed conservative treatment for the past 6 weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been treated with medication.; The patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.; The home treatment did include exercise, prescription medication and follow-up office visits.; not currently being managed with activity modification, home exercise program, over the; counter NSAIDs and current pain medications regimen;; Patient has been participating in home exercises for at least a year; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	72131 Computed tomography, lumbar spine; without contrast material	This is a request for a lumbar spine CT.; Known Tumor with or without metastasis; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton)	; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease ; There has been treatment or conservative therapy.; This case was created via RadMD.; This	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	imaging, spinal canal and contents, cervical; without contrast material	study is being ordered for Other; It is unknown when the primary symptoms began; Home Exercise was done for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Due to continued issues with myelopathy that she reports are worsening will get MRI cervical and lumbar spine for additional review of this and her lumbar radiculopathy consistent with L5; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	I expect each pain problem will last at least more than one year and most likely this problem last until the death; of patient with potentially periodic exacerbation of this chronic problem. Exacerbation of each problem will; require additional specific d; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Other; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023		Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	Louque, Brenda presents for Chronic Pain Shoulder Pain, Lower Back Pain evaluation and management. She; is an established patient. She complains of exacerbation of Chronic Pain for more than six weeks, not being; managed with activity modification, home e; There has been treatment or conservative therapy; This case was created via RadMD.; This study is being ordered for Neurological Disorder; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	myelopathy with dexterity loss and grip weakness as well as ataxia. He has progressive limitations in his abilities based on his all over back and neck pain. He has radiation of pain through arms and legs. Bilateral shoulders and arms right greater than I; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Neurological Disorder; It is unknown when the primary symptoms began; Physical Therapy was completed for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material 72141 Magnetic resonance (eg, proton)	Neurofibromatosis, type 1; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; This study is being ordered for Cancer/Tumor/ Metastatic Disease patient has tried 9 sessions of PT. Gets no relief.Prescribed medication. They are having numbness and tingling.; There has been treatment or conservative therapy.; This case was	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	imaging, spinal canal and contents, cervical; without contrast material	created via RadMD.; This study is being ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	Apr-Jun 1 2023 2023

				Physical Examination;Constitutional: The patient is appropriate-looking for stated age.	
				Caucasian female in no acute distress.; Neurology - Mental Status: The patient is oriented to	
				person, place and time. Both recent and remote memory;appears to be nor; There has been	
			72141 Magnetic resonance (eg, proton)	treatment or conservative therapy.; This case was created via RadMD.; This study is being	
4/1/2023 -			imaging, spinal canal and contents,	ordered for Other; The primary symptoms began more than 1 year ago; Medications were	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	cervical; without contrast material	given for this diagnosis	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 OTIKNOWN	Approvar	cervical, without contrast material	given for this diagnosis	1 2023 2023
			724.44 Manustin annual (no martin)	along the first of the first base base base base base base base and the first base of the first base o	
. /. /			72141 Magnetic resonance (eg, proton)	please see clinicals; There has been treatment or conservative therapy.; This case was	
4/1/2023 -			imaging, spinal canal and contents,	created via RadMD.; This study is being ordered for Other; The primary symptoms began 6	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	cervical; without contrast material	months to 1 year; Physical Therapy was completed for this diagnosis	1 2023 2023
				please see clinicals; This case was created via RadMD.; This study is being ordered for	
			72141 Magnetic resonance (eg, proton)	Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics;	
4/1/2023 -			imaging, spinal canal and contents,	There are neurological deficits on physical exam; The patient is demonstrating unilateral	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	cervical; without contrast material	muscle wasting/weakness	1 2023 2023
0,00,2020 1,1,2020	0,00,2020 01111101111	7.66.010.	cerrical, mandae contract material	massic massing/ meaniness	1 2020 2020
			72141 Magnetic reconance (eg. proten)		
. /. /2022			72141 Magnetic resonance (eg, proton)		
4/1/2023 -			imaging, spinal canal and contents,	There has not been any treatment or conservative therapy.; This study is being ordered for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	cervical; without contrast material	Other not listed; The primary symptoms began less than 6 months ago	1 2023 2023
				There was concern for thoracic diskitis and osteomyelitis at T5 and T6 as well as possibly at	
				L2.; There has been treatment or conservative therapy.; This case was created via RadMD.;	
			72141 Magnetic resonance (eg, proton)	This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs	
4/1/2023 -			imaging, spinal canal and contents,	specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began less	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	cervical; without contrast material	than 6 months ago; Medications were given for this diagnosis	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 OTIKNOWN	Approvar	cervical, without contrast material	than o months ago, medications were given for this diagnosis	1 2023 2023
			724.44 Manustin annual (no martin)		
			72141 Magnetic resonance (eg, proton)		
4/1/2023 -			imaging, spinal canal and contents,	This is a request for cervical spine MRI; The reason for ordering this test is Known or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	cervical; without contrast material	suspected infection or abscess	5 2023 2023
			72141 Magnetic resonance (eg, proton)	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic	
4/1/2023 -			imaging, spinal canal and contents,	deficits; This is a Medicare member.; The patient has New symptoms of paresthesia	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	cervical; without contrast material	evaluated by a neurologist	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 OTIKNOWN	пррготаг	cervical, without contrast material	Crandition by a ficultotogist	1 2023 2023
			721.41 Magnetic reconance (eg. proton)		
4/4/2022			72141 Magnetic resonance (eg, proton)		
4/1/2023 -			imaging, spinal canal and contents,	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	cervical; without contrast material	deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	1 2023 2023
			72141 Magnetic resonance (eg, proton)	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic	
4/1/2023 -			imaging, spinal canal and contents,	deficits; This is NOT a Medicare member.; The patient has New symptoms of paresthesia	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	cervical; without contrast material	evaluated by a neurologist	1 2023 2023
1,20,2020 1,2,2020	-,,			This is a request for cervical spine MRI; This procedure is being requested for Acute / new	
			72141 Magnetic resonance (eg. proten)	neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient	
4/4/2022			72141 Magnetic resonance (eg, proton)		A 1:
4/1/2023 -	- / / :		imaging, spinal canal and contents,	completed or failed a trial of physical therapy, chiropractic or physician supervised home	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	cervical; without contrast material	exercise	2 2023 2023
			72141 Magnetic resonance (eg, proton)	This is a request for cervical spine MRI; This procedure is being requested for Acute / new	
4/1/2023 -			imaging, spinal canal and contents,	neck pain; The patient has a neurological deficit; The pain did NOT begin within the past 6	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	cervical; without contrast material	weeks.; This is a Medicare member.; The patient has Focal upper extremity weakness	1 2023 2023
., ., .,, ., ., ., ., ., ., .,	.,,	- Indiana		, , , , , , , , , , , , , , , , , , , ,	
			721/11 Magnetic reconance (eg. proten)		
4/1/2022			72141 Magnetic resonance (eg, proton)	This is a way west few cassing a MADI. This was a directly between the discount of the Charter	A 1:
4/1/2023 -			imaging, spinal canal and contents,	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	cervical; without contrast material	longstanding neck pain; The patient does not have any of the above listed items	1 2023 2023
			72141 Magnetic resonance (eg, proton)	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	
4/1/2023 -					Apr-Jun
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	imaging, spinal canal and contents, cervical; without contrast material	longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	Apr-Jun 2 2023 2023

			72141 Magnetic resonance (eg, proton)	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	
4/1/2023 -			imaging, spinal canal and contents,	longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	cervical; without contrast material	member.; The patient has Focal upper extremity weakness	1 2023 2023
			72141 Magnetic resonance (eg, proton)	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	
4/1/2023 -			imaging, spinal canal and contents,	longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	cervical; without contrast material	member.; The patient has New symptoms of paresthesia evaluated by a neurologist	1 2023 2023
			72141 Magnetic resonance (eg, proton)	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	
4/1/2023 -			imaging, spinal canal and contents,	longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	cervical; without contrast material	member.; The patient has Physical exam findings consistent with myelopathy	2 2023 2023
0/30/2023 4/1/2023	0/30/2023 OTIKTOWTI	Approvai	cervical, without contrast material	member, the patent has rhysical exam munigs consistent with myclopathy	2 2023 2023
			72141 Magnetic resonance (eg, proton)		
4/1/2023 -			imaging, spinal canal and contents,	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	cervical; without contrast material	longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	4 2023 2023
				This is a request for cervical spine MRI; This procedure is being requested for Chronic /	
			72141 Magnetic resonance (eg, proton)	longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or	
4/1/2023 -			imaging, spinal canal and contents,	failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	cervical; without contrast material	Medicare member.	1 2023 2023
				This is a request for cervical spine MRI; This procedure is being requested for Chronic /	
. /. /2022			72141 Magnetic resonance (eg, proton)	longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or	
4/1/2023 -	C/20/2022 Halmann	A	imaging, spinal canal and contents,	failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	cervical; without contrast material	NOT a Medicare member. This is a request for cervical spine MRI; This procedure is being requested for Chronic /	8 2023 2023
			72141 Magnetic resonance (eg, proton)	longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or	
4/1/2023 -			imaging, spinal canal and contents,	failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	cervical; without contrast material	NOT a Medicare member.	9 2023 2023
,,,,,	.,,	, , ,			
			72141 Magnetic resonance (eg, proton)		
4/1/2023 -			imaging, spinal canal and contents,	This is a request for cervical spine MRI; This procedure is being requested for Known tumor	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	cervical; without contrast material	with or without metastasis	1 2023 2023
4/4/2022			72141 Magnetic resonance (eg, proton)		
4/1/2023 -	C/20/2022 Halmann	A	imaging, spinal canal and contents,	This is a request for cervical spine MRI; This procedure is being requested for None of the	Apr-Jun 1 2023 2023
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	cervical; without contrast material	above; Multiple Sclerosis describes the reason for requesting this procedure.	1 2023 2023
			72141 Magnetic resonance (eg, proton)		
4/1/2023 -			imaging, spinal canal and contents,	This is a request for cervical spine MRI; This procedure is being requested for None of the	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	cervical; without contrast material	above; Pre-operative evaluation describes the reason for requesting this procedure.	2 2023 2023
	. ,	••	·	, , , , , , , , , , , , , , , , , , , ,	
			72141 Magnetic resonance (eg, proton)		
4/1/2023 -			imaging, spinal canal and contents,	This is a request for cervical spine MRI; This procedure is being requested for suspected	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	cervical; without contrast material	tumor	1 2023 2023
4/4/2022			72146 Magnetic resonance (eg, proton)	; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,	
4/1/2023 -	6/20/2022 11:-1:-	A	imaging, spinal canal and contents,	Surgical Oncology or Radiation Oncology; This case was created via RadMD.; This study is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	thoracic; without contrast material	being ordered for Cancer/ Tumor/ Metastatic Disease	1 2023 2023
			72146 Magnetic resonance (eg, proton)	; There has been treatment or conservative therapy.; This case was created via RadMD.; This	
4/1/2023 -			imaging, spinal canal and contents,	study is being ordered for Other; It is unknown when the primary symptoms began; Home	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	thoracic; without contrast material	Exercise was done for this diagnosis	1 2023 2023
5,55,2025 4,1,2025	5,50,2025 OTIKIOWII	Approvai	anonadio, without contrast material	Exercise was done for this diagnosis	1 2025 2025

				myelopathy with dexterity loss and grip weakness as well as ataxia. He has progressive	
				limitations in his abilities based on his all over back and neck pain. He has radiation of pain	
				through arms and legs. Bilateral shoulders and arms right greater than I; There has been	
4/4/2022			72146 Magnetic resonance (eg, proton)	treatment or conservative therapy.; This case was created via RadMD.; This study is being	A and I am
4/1/2023 -	6/20/2022 11-1	A	imaging, spinal canal and contents,	ordered for Neurological Disorder; It is unknown when the primary symptoms began;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	thoracic; without contrast material	Physical Therapy was completed for this diagnosis	1 2023 2023
			72146 Magnetic resonance (eg, proton)	Neurofibromatosis, type 1; The ordering MDs specialty is NOT Hematologist/Oncologist,	
4/1/2023 -			imaging, spinal canal and contents,	Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	thoracic; without contrast material	via RadMD.; This study is being ordered for Cancer/Tumor/ Metastatic Disease	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 UTIKTOWIT	Approvai	thoracic, without contrast material	There was concern for thoracic diskitis and osteomyelitis at T5 and T6 as well as possibly at	1 2025 2025
				L2.; There has been treatment or conservative therapy.; This case was created via RadMD.;	
			72146 Magnetic resonance (eg, proton)	This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs	
4/1/2023 -			imaging, spinal canal and contents,	specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began less	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	thoracic; without contrast material	than 6 months ago; Medications were given for this diagnosis	1 2023 2023
0/30/2023 4/1/2023	6/30/2023 UTIKTOWIT	Арргочаг	thoracic, without contrast material	than 6 months ago, ividucations were given for this diagnosis	1 2025 2025
			72146 Magnetic resonance (eg, proton)	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic	
4/1/2023 -			imaging, spinal canal and contents,	back pain; The patient does have new or changing neurologic signs or symptoms.; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	thoracic; without contrast material	patient does have a new foot drop.	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 OTKHOWN	Approvai	thoracic, without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Follow-up to	1 2023 2023
				Surgery or Fracture within the last 6 months; The patient does not have new or changing	
				neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.; The	
			72146 Magnetic resonance (eg, proton)	patient been not been seen by or is not the ordering physician an oncologist, neurologist,	
4/1/2023 -			imaging, spinal canal and contents,	neurosurgeon, or orthopedist.; There has not been a recurrence of symptoms following	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	thoracic; without contrast material	surgery.	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 OTKHOWN	Approvai	thoracic, without contrast material	Surgery.	1 2023 2023
			72146 Magnetic resonance (eg, proton)	This is a request for a thoracic spine MRI.; This study is being ordered for Known or	
4/1/2023 -			imaging, spinal canal and contents,	Suspected Infection or abscess; There is no laboratory or x-ray evidence of osteomyelitis.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	thoracic; without contrast material	There is laboratory or x-ray evidence of meningitis.	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 OTIKITOWIT	прргочи	thoracie, without contrast material	This is a request for a thoracic spine MRI.; This study is being ordered for Pre-Operative	1 2023 2023
			72146 Magnetic resonance (eg, proton)	Evaluation; The patient does have new or changing neurologic signs or symptoms.; The	
4/1/2023 -			imaging, spinal canal and contents,	patient does have a new foot drop.; Surgery is scheduled within the next 4 weeks.; Yes, the	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	thoracic; without contrast material	last Lumbar spine MRI was performed within the past two weeks.	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 OTIKNOWN	прргочи	thoracie, without contrast material	last Edition Spine with was performed within the past two weeks.	1 2023 2023
			72148 Magnetic resonance (eg, proton)	; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,	
4/1/2023 -			imaging, spinal canal and contents,	Surgical Oncology or Radiation Oncology; This case was created via RadMD.; This study is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	lumbar; without contrast material	being ordered for Cancer/ Tumor/ Metastatic Disease	1 2023 2023
0,00,2020 1,2,2020	0,00,2020 01111101111	7.66.014.	iambar, without contrast material	Some of defect of earliery fulloy metastatic siscase	1 2020 2020
				Due to continued issues with myelopathy that she reports are worsening will get MRI	
				cervical and lumbar spine for additional review of this and her lumbar radiculopathy	
				consistent with L5; There has been treatment or conservative therapy.; This case was	
			72148 Magnetic resonance (eg, proton)	created via RadMD.; This study is being ordered for Pre Operative or Post Operative	
4/1/2023 -			imaging, spinal canal and contents,	evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	lumbar; without contrast material	primary symptoms began more than 1 year ago; Home Exercise was done for this diagnosis	1 2023 2023
, , , _, _, _	.,,	1.1.	, , , , , , , , , , , , , , , , , , , ,	He currently takes Tramadol 50 mg - 1 tablet twice daily as neede; This study is being	
				ordered for trauma or injury.; There has been treatment or conservative therapy.; The	
			72148 Magnetic resonance (eg, proton)	ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,	
4/1/2023 -			imaging, spinal canal and contents,	Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	lumbar; without contrast material	symptoms began 6 months to 1 year; Medications were given for this diagnosis	1 2023 2023
, , , , , , ,				Louque, Brenda presents for Chronic Pain Shoulder Pain, Lower Back Pain evaluation and	
				management. She;is an established patient. She complains of exacerbation of Chronic Pain	
				for more than six weeks, not being; managed with activity modification, home e; There has	
			72148 Magnetic resonance (eg, proton)	been treatment or conservative therapy.; This case was created via RadMD.; This study is	
4/1/2023 -			imaging, spinal canal and contents,	being ordered for Neurological Disorder; The primary symptoms began more than 1 year	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	lumbar; without contrast material	ago; Medications were given for this diagnosis	1 2023 2023
, , , _ , , ,	.,,	, ,	. ,	0,	

					and length with doublit less and aris well as a well as about 11s has	
					myelopathy with dexterity loss and grip weakness as well as ataxia. He has progressive limitations in his abilities based on his all over back and neck pain. He has radiation of pain	
					through arms and legs. Bilateral shoulders and arms right greater than I; There has been	
				72148 Magnetic resonance (eg, proton)	treatment or conservative therapy.; This case was created via RadMD.; This study is being	
4/1/2023 -				imaging, spinal canal and contents,	ordered for Neurological Disorder; It is unknown when the primary symptoms began;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	lumbar; without contrast material	Physical Therapy was completed for this diagnosis	1 2023 2023
0,00,000	,, _,	0,00,000	- при		Patient had pain injections, pt, patient has taken medication.; There has been treatment or	
				72148 Magnetic resonance (eg, proton)	conservative therapy.; This case was created via RadMD.; This study is being ordered for	
4/1/2023 -				imaging, spinal canal and contents,	Other; The primary symptoms began more than 1 year ago; Medications were given for this	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	lumbar; without contrast material	diagnosis	1 2023 2023
					patient has been receiving chiropractic treatment as well as seeing an orthopedist, the pain	
					has not been alleviated. Orthopedist is requesting an MRI.; This study is being ordered for	
					trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs	
				72148 Magnetic resonance (eg, proton)	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
4/1/2023 -				imaging, spinal canal and contents,	Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	lumbar; without contrast material	months to 1 year; Medications were given for this diagnosis	1 2023 2023
					patient has tried 9 sessions of PT. Gets no relief.Prescribed medication. They are having	
				72148 Magnetic resonance (eg, proton)	numbness and tingling.; There has been treatment or conservative therapy.; This case was	
4/1/2023 -				imaging, spinal canal and contents,	created via RadMD.; This study is being ordered for Other; The primary symptoms began	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	lumbar; without contrast material	more than 1 year ago; Physical Therapy was completed for this diagnosis	1 2023 2023
					Physical Examination;Constitutional: The patient is appropriate-looking for stated age.	
					Caucasian female in no acute distress.; Neurology - Mental Status: The patient is oriented to	
					person, place and time. Both recent and remote memory; appears to be nor; There has been	
				72148 Magnetic resonance (eg, proton)	treatment or conservative therapy.; This case was created via RadMD.; This study is being	
4/1/2023 -				imaging, spinal canal and contents,	ordered for Other; The primary symptoms began more than 1 year ago; Medications were	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	lumbar; without contrast material	given for this diagnosis	1 2023 2023
				724 40 Margartia assessment (assessment)	allowed the ball of the section of t	
4/4/2022				72148 Magnetic resonance (eg, proton)	please see clinicals; There has been treatment or conservative therapy.; This case was	A I
4/1/2023 -	4/1/2022	C/20/2022 Halmania	A	imaging, spinal canal and contents,	created via RadMD.; This study is being ordered for Other; The primary symptoms began 6	Apr-Jun 1 2023 2023
6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	lumbar; without contrast material	months to 1 year; Physical Therapy was completed for this diagnosis please see clinicals; This case was created via RadMD.; This study is being ordered for	1 2023 2023
				72148 Magnetic resonance (eg, proton)	Trauma / Injury; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics;	
4/1/2023 -				imaging, spinal canal and contents,	There are neurological deficits on physical exam; The patient is demonstrating unilateral	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	lumbar; without contrast material	muscle wasting/weakness	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 OTIKITOWIT	Approvai	iumbar, without contrast material	muscle wasting/ weakitess	1 2023 2023
				72148 Magnetic resonance (eg, proton)		
4/1/2023 -				imaging, spinal canal and contents,	The study requested is a Lumbar Spine MRI.; None of the above has been completed for the	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	lumbar; without contrast material	patient's back pain; The procedure is being ordered for acute or chronic back pain	1 2023 2023
., ,	, ,	,,	11	,	, , , , , , , , , , , , , , , , , , ,	
				72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic	
4/1/2023 -				imaging, spinal canal and contents,	back pain.; This study is being requested for Follow-up to surgery or fracture within the last 6	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	lumbar; without contrast material	months	5 2023 2023
				72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic	
4/1/2023 -				imaging, spinal canal and contents,	back pain.; This study is being requested for Follow-up to surgery or fracture within the last 6	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	lumbar; without contrast material	months	6 2023 2023
				72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -				imaging, spinal canal and contents,	This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	lumbar; without contrast material	Unknown	5 2023 2023
				72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -				imaging, spinal canal and contents,	This study is being requested for 6 weeks of completed conservative care in the past 6	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	lumbar; without contrast material	months	26 2023 2023

72148 Magnetic resonance (eg, proton) The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; 4/1/2023 - imaging, spinal canal and contents, 6/30/2023 4/1/2023 6/30/2023 Unknown Approval lumbar; without contrast material This study is being requested for 6 weeks of completed conservative care in the past 6 months	_
4/1/2023 - imaging, spinal canal and contents, This study is being requested for 6 weeks of completed conservative care in the past 6	_
	Apr-Jun
	27 2023 2023
72148 Magnetic resonance (eg, proton) The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 - imaging, spinal canal and contents, This study is being requested for an Abnormal x-ray indicating a complex fracture or severe	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Unknown Approval lumbar; without contrast material anatomic derangement of the lumbar spine; This is NOT a Medicare member.	3 2023 2023
72148 Magnetic resonance (eg, proton)	
4/1/2023 - imaging, spinal canal and contents, The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Unknown Approval lumbar; without contrast material This study is being requested for Follow-up to spine injection in the past 6 months	3 2023 2023
72148 Magnetic resonance (eg, proton) The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
72148 Magnetic resonance (eg, proton) The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; 4/1/2023 - imaging, spinal canal and contents, This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Unknown Approval lumbar; without contrast material The patient has Abnormal Reflexes	1 2023 2023
0/30/2023 4/1/2023 0/30/2023 Officion Approval Influence in Internal Intern	1 2023 2023
72148 Magnetic resonance (eg, proton) The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 - imaging, spinal canal and contents, This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Unknown Approval lumbar; without contrast material The patient has Dermatomal sensory changes on physical examination	1 2023 2023
72148 Magnetic resonance (eg, proton) The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 - imaging, spinal canal and contents, This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Unknown Approval lumbar; without contrast material The patient has Focal extremity weakness	3 2023 2023
72148 Magnetic resonance (eg, proton) The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 - imaging, spinal canal and contents, This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Unknown Approval lumbar; without contrast material The patient has New symptoms of bowel or bladder dysfunction	1 2023 2023
72148 Magnetic resonance (eg, proton) The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 - imaging, spinal canal and contents, This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Unknown Approval lumbar; without contrast material The patient has New symptoms of paresthesia evaluated by a neurologist	1 2023 2023
7040 Mary 45 arranged (arranged)	
72148 Magnetic resonance (eg, proton)	A 1
4/1/2023 - imaging, spinal canal and contents, The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; 6/30/2023 4/1/2023 6/30/2023 Unknown Approval lumbar; without contrast material This study is being requested for None of the above	Apr-Jun 8 2023 2023
6/30/2023 4/1/2023 6/30/2023 Unknown Approval lumbar; without contrast material This study is being requested for None of the above	8 2023 2023
72148 Magnetic resonance (eg, proton) The study requested is a Lumbar Spine MRI.; This case was created via BBI.; Physical therapy	
4/1/2023 - imaging, spinal canal and contents, has been completed for the patient's back pain; The procedure is being ordered for acute or	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Unknown Approval lumbar; without contrast material chronic back pain	1 2023 2023
, , , , , , , , , , , , , , , , , , , ,	
72148 Magnetic resonance (eg, proton) The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; A	
4/1/2023 - imaging, spinal canal and contents, Physician supervised home exercise program has been completed for the patient's back	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Unknown Approval lumbar; without contrast material pain; The procedure is being ordered for acute or chronic back pain	7 2023 2023
72148 Magnetic resonance (eg, proton) The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree;	
4/1/2023 - imaging, spinal canal and contents, Medications have been taken for the patient's back pain; The procedure is being ordered for	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Unknown Approval lumbar; without contrast material acute or chronic back pain	10 2023 2023
72148 Magnetic resonance (eg, proton) The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree;	
4/1/2023 - imaging, spinal canal and contents, Physical therapy has been completed for the patient's back pain; The procedure is being	Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Unknown Approval lumbar; without contrast material ordered for acute or chronic back pain	8 2023 2023
72148 Magnetic resonance (eg, proton) The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; The	A mar I
4/1/2023 - imaging, spinal canal and contents, patient has Focal extremity weakness; This procedure is NOT being ordered for acute or 6/30/2023 4/1/2023 6/30/2023 Unknown Approval lumbar; without contrast material chronic back pain	Apr-Jun 1 2023 2023
6/30/2023 4/1/2023 6/30/2023 Unknown Approval lumbar; without contrast material chronic back pain	1 2023 2023

4/1/2023 -			72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	The study requested is a Lumbar Spine MRI.; This case was created via RadMD.; Agree; The patient has Physical exam findings consistent with myelopathy; This procedure is NOT being	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	lumbar; without contrast material	ordered for acute or chronic back pain	1 2023 2023
				There was concern for thoracic diskitis and osteomyelitis at T5 and T6 as well as possibly at	
				L2.; There has been treatment or conservative therapy.; This case was created via RadMD.;	
4/4/2022			72148 Magnetic resonance (eg, proton)	This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs	A Iv.
4/1/2023 -	C/20/2022 Halmann	A	imaging, spinal canal and contents,	specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began less	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	lumbar; without contrast material	than 6 months ago; Medications were given for this diagnosis ; This study is being ordered as pre-operative evaluation.; "The ordering physician is an	1 2023 2023
				oncologist, urologist, gynecologist, gastroenterologist or surgeon or PCP ordering on behalf	
4/1/2023 -			72192 Computed tomography, pelvis;	of a specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	without contrast material	request for a Diagnostic CT; The surgery being considered a hip replacement surgery.	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 OTIKITOWIT	Арріочаі	without contrast material	This study is being ordered as a follow-up to trauma.; "The ordering physician is a	1 2023 2023
				gastroenterologist, urologist, gynecologist, or surgeon or PCP ordering on behalf of a	
4/1/2023 -			72192 Computed tomography, pelvis;	specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	without contrast material	for a Diagnostic CT	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 OTIKITOWIT	прргочи	Without contrast material	Tot a Diagnostic Ci	1 2023 2023
				This study is being ordered for known tumor, cancer, mass, or rule-out metastasis.; "The	
				ordering physician is an oncologist, urologist, gynecologist, gastroenterologist or surgeon or	
4/1/2023 -			72192 Computed tomography, pelvis;	PCP ordering on behalf of a specialist who has seen the patient."; This study is being ordered	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	without contrast material	for initial staging.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2023 2023
,,,,,	.,,			; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a	
			72196 Magnetic resonance (eg, proton)	CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder,	
4/1/2023 -			imaging, pelvis; with contrast	uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	material(s)	metastatic disease.	1 2023 2023
		•••	· ·	Mass found on colonoscopy- protruding, friable, malignant appearing, 3 cm mass. There was	
				a stigmata of bleeding from the mass. Patient is likely going to start chemo and radiation.	
			72196 Magnetic resonance (eg, proton)	Need baseline images.; This is a request for a Pelvis MRI.; The patient has NOT had previous	
4/1/2023 -			imaging, pelvis; with contrast	abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	material(s)	suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2023 2023
				patient has been receiving chiropractic treatment as well as seeing an orthopedist, the pain	
				has not been alleviated. Orthopedist is requesting an MRI.; This study is being ordered for	
				trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs	
			72196 Magnetic resonance (eg, proton)	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
4/1/2023 -			imaging, pelvis; with contrast	Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	material(s)	months to 1 year; Medications were given for this diagnosis	1 2023 2023
				Please see notes and previous US.; This is a request for a Pelvis MRI.; The patient had	
			72196 Magnetic resonance (eg, proton)	previous abnormal imaging including a CT, MRI or Ultrasound.; An abnormality was found in	
4/1/2023 -			imaging, pelvis; with contrast	the uterus.; The study is being ordered for suspicion of tumor, mass, neoplasm, or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	material(s)	metastatic disease.	1 2023 2023
			72196 Magnetic resonance (eg, proton)		
4/1/2023 -			imaging, pelvis; with contrast	The patient is female.; Infection or inflammatory disease best describes the reason for this	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	material(s)	procedure; The known or suspected condition of the patient is unknown.	1 2023 2023
				The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the	
. /. /2022			72196 Magnetic resonance (eg, proton)	reason for this procedure; An ultrasound has been previously conducted.; Prior imaging was	
4/1/2023 -	- / /	_	imaging, pelvis; with contrast	abnormal; The ordering provider's is NOT Surgery, Surgical Oncology, Urology,	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	material(s)	Hematologist/Oncologist or Interventional Radiology.; The patient's cancer is suspected	1 2023 2023
4/4/2022			72196 Magnetic resonance (eg, proton)	The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the	
4/1/2023 -	6/20/2022		imaging, pelvis; with contrast	reason for this procedure; The patient's cancer is known; This is being requested for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	material(s)	suspected metastasis.	1 2023 2023
4/4/2022			72196 Magnetic resonance (eg, proton)	The contract founds. The contract was also as a contract to the contract of th	A *
4/1/2023 -	C/20/2022 Halina	A	imaging, pelvis; with contrast	The patient is female.; Tumor, mass, neoplasm, or metastatic disease best describes the	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	material(s)	reason for this procedure; The patient's cancer status is unknown	1 2023 2023
4/1/2022			72200 Computed tomography	This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.;	A mar June
4/1/2023 - 6/20/2023 - 4/1/2023	6/30/2023 Unknown	Annraual	73200 Computed tomography, upper	There is a history of upper extremity joint or long bone trauma or injury.; Yes this is a	Apr-Jun 7 2023 2023
6/30/2023 4/1/2023	0/3U/2U23 UNKNOWN	Approval	extremity; without contrast material	request for a Diagnostic CT	/ 2023 2023

					This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.; There is not a history of upper extremity joint or long bone trauma or injury.; This is not a	
4/1/2023 -				73200 Computed tomography, upper	preoperative or recent postoperative evaluation.; There is suspicion of upper extremity	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	extremity; without contrast material	neoplasm or tumor or metastasis.; Yes this is a request for a Diagnostic CT	1 2023 2023
0,00,2020	., 1, 2020	0,00,2020 01111101111	7 (pp. 0 vu	73220 Magnetic resonance (eg, proton)	neoplasm of tamor of metastasis) resitions a requestror a stagnostic of	1 2020 2020
				imaging, upper extremity, other than		
				joint; without contrast material(s),		
4/1/2023 -				followed by contrast material(s) and	The request is for an upper extremity non-joint MRI.; This is a preoperative or recent	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	further sequences	postoperative evaluation.	2 2023 2023
.,,	, ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	P.P.	73220 Magnetic resonance (eg, proton)		
				imaging, upper extremity, other than	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent	
				joint; without contrast material(s),	postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or	
4/1/2023 -				followed by contrast material(s) and	metastasis.; There is no suspicion of upper extremity bone or soft tissue infection.; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	further sequences	ordering physician is an orthopedist.	1 2023 2023
				73220 Magnetic resonance (eg, proton)		
				imaging, upper extremity, other than		
				joint; without contrast material(s),	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent	
4/1/2023 -				followed by contrast material(s) and	postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	further sequences	metastasis.; There is suspicion of upper extremity bone or soft tissue infection.	1 2023 2023
				73221 Magnetic resonance (eg, proton)	; The pain is from a recent injury.; It is not know if surgery or arthrscopy is scheduled in the	
4/1/2023 -				imaging, any joint of upper extremity;	next 4 weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	without contrast material(s)	MRI.; This study is requested for evalutation of wrist pain.	1 2023 2023
					He currently takes Tramadol 50 mg - 1 tablet twice daily as neede; This study is being	
					ordered for trauma or injury.; There has been treatment or conservative therapy.; The	
				73221 Magnetic resonance (eg, proton)	ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,	
4/1/2023 -				imaging, any joint of upper extremity;	Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	without contrast material(s)	symptoms began 6 months to 1 year; Medications were given for this diagnosis	1 2023 2023
				73221 Magnetic resonance (eg, proton)	Possible tear of of ulnar collateral ligament; The pain is from an old injury.; It is not known if	
4/1/2023 -	4/4/2022	C /20 /2022 Halan anna	A	imaging, any joint of upper extremity;	the member has failed a 4 week course of conservative management in the past 3 months.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	without contrast material(s)	This is a request for an elbow MRI; The study is requested for evaluation of elbow pain.	1 2023 2023
				73221 Magnetic resonance (eg, proton)	rule out right wrist scaphoid occult fracture.; The study is not requested for any of the	
4/1/2023 -				imaging, any joint of upper extremity;	standard indications for Knee MRI; This request is for a wrist MRI.; The reason for the study	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	without contrast material(s)	is not for evaluation of wrist pain.	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 OTIKITOWIT	Approvai	without contrast material(s)	is not for evaluation of whist paint.	1 2023 2023
				73221 Magnetic resonance (eg, proton)	The pain is described as chronic; The member has failed a 4 week course of conservative	
4/1/2023 -				imaging, any joint of upper extremity;	management in the past 3 months.; This is a request for an elbow MRI; The study is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	without contrast material(s)	requested for evaluation of elbow pain.	2 2023 2023
.,,	, ,	.,,		, , , , , , , , , , , , , , , , , , , ,		
				73221 Magnetic resonance (eg, proton)	The pain is from a recent injury.; Surgery or arthrscopy is scheduled in the next 4 weeks.;	
4/1/2023 -				imaging, any joint of upper extremity;	There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.; This study	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	without contrast material(s)	is requested for evalutation of wrist pain.	1 2023 2023
	. ,	, ,		`,	<u> </u>	
				73221 Magnetic resonance (eg, proton)	The pain is from an old injury.; The member has failed a 4 week course of conservative	
4/1/2023 -				imaging, any joint of upper extremity;	management in the past 3 months.; This request is for a wrist MRI.; This study is requested	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	without contrast material(s)	for evalutation of wrist pain.	1 2023 2023
					The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	
				73221 Magnetic resonance (eg, proton)	described as chronic; The physician has directed conservative treatment for the past 4	
4/1/2023 -				imaging, any joint of upper extremity;	weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	without contrast material(s)	patient has been treated with medication.; The patient recevied joint injection(s).	1 2023 2023
				73221 Magnetic resonance (eg, proton)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	
4/1/2023 -				imaging, any joint of upper extremity;	described as chronic; The physician has directed conservative treatment for the past 4	Apr-Jun
	4/1/2023	6/30/2023 Unknown	Approval	without contrast material(s)	weeks.; The patient has completed 4 weeks of physical therapy?; This is a Medicare member.	1 2023 2023

				The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	
. /. /0000			73221 Magnetic resonance (eg, proton)	described as chronic; The physician has directed conservative treatment for the past 4	
4/1/2023 -	6/20/2022 Unknown	Approval	imaging, any joint of upper extremity;	weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare member.	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	without contrast material(s)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	6 2023 2023
				described as chronic; The physician has directed conservative treatment for the past 4	
				weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been	
				treated with medication.; The patient has not completed 4 weeks or more of Chiropractic	
			73221 Magnetic resonance (eg, proton)	care.; The physician has directed a home exercise program for at least 4 weeks.; The home	
4/1/2023 -			imaging, any joint of upper extremity;	treatment did include exercise, prescription medication and follow-up office visits.; see	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	without contrast material(s)	clinicals; The patient received oral analgesics.	1 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,		ν	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	
				described as chronic; The physician has directed conservative treatment for the past 4	
				weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been	
			73221 Magnetic resonance (eg, proton)	treated with medication.; The patient has not completed 4 weeks or more of Chiropractic	
4/1/2023 -			imaging, any joint of upper extremity;	care.; The physician has not directed a home exercise program for at least 4 weeks.; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	without contrast material(s)	patient received oral analgesics.	1 2023 2023
				The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	
				described as chronic; The physician has directed conservative treatment for the past 4	
				weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been	
				treated with medication.; The patient has not completed 4 weeks or more of Chiropractic	
. /. /2022			73221 Magnetic resonance (eg, proton)	care.; The physician has not directed a home exercise program for at least 4 weeks.; The	
4/1/2023 -	c /20 /2022 !		imaging, any joint of upper extremity;	patient recevied medication other than joint injections(s) or oral analgesics.; VOLTAREN 1%	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	without contrast material(s)	GEL The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	1 2023 2023
			73221 Magnetic resonance (eg, proton)	described as chronic; The physician has directed conservative treatment for the past 4	
4/1/2023 -			imaging, any joint of upper extremity;	weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	without contrast material(s)	treated with medication.; The patient recevied joint injection(s).	1 2023 2023
0,00,2020 1,2,2020	0,00,2020 01111101111	7.pp.oru.	maio ac contrast material(s)	areated manned addition,) The patient received joint injection (5).	1 2020 2020
			73221 Magnetic resonance (eg, proton)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a	
4/1/2023 -			imaging, any joint of upper extremity;	recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	without contrast material(s)	not know if surgery or arthrscopy is scheduled in the next 4 weeks.	2 2023 2023
			73221 Magnetic resonance (eg, proton)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a	
4/1/2023 -			imaging, any joint of upper extremity;	recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	without contrast material(s)	Surgery or arthrscopy is not scheduled in the next 4 weeks.	7 2023 2023
			72224 Manustin assessment (assessment)	The annual of the late Cherolder MDL. The annual is found and decrease. The arise is found	
4/1/2023 -			73221 Magnetic resonance (eg, proton)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.;	Apr lup
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	imaging, any joint of upper extremity; without contrast material(s)	Surgery or arthrscopy is scheduled in the next 4 weeks.; This is a Medicare member.	Apr-Jun 1 2023 2023
0/30/2023 4/1/2023	0/30/2023 OTIKITOWIT	Арріочаі	without contrast material(s)	Surgery or artifiscopy is scrieduled in the next 4 weeks., This is a Medicare member.	1 2023 2023
			73221 Magnetic resonance (eg, proton)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a	
4/1/2023 -			imaging, any joint of upper extremity;	recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	without contrast material(s)	Surgery or arthrscopy is scheduled in the next 4 weeks.; This is NOT a Medicare member.	1 2023 2023
			73221 Magnetic resonance (eg, proton)	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a	
4/1/2023 -			imaging, any joint of upper extremity;	recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	without contrast material(s)	Surgery or arthrscopy is scheduled in the next 4 weeks.; This is NOT a Medicare member.	2 2023 2023
4/4/2022			73221 Magnetic resonance (eg, proton)	The requested study is a Shoulder MRI.; The study is not requested for shoulder pain.; There	
4/1/2023 -	6/20/2022		imaging, any joint of upper extremity;	is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is not know if surgery	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	without contrast material(s)	or arthrscopy is scheduled in the next 4 weeks.; The member has a recent injury.	1 2023 2023
				The study is for infection or inflammation.; There are physical exam findings, laboratory	
			73221 Magnetic resonance (eg, proton)	results, other imaging including bone scan or ultrasound confirming infection, inflammation	
4/1/2023 -			imaging, any joint of upper extremity;	and or aseptic necrosis.; Surgery or other intervention is planned in the next 4 weeks.; This	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	without contrast material(s)	request is for a wrist MRI.; The reason for the study is not for evaluation of wrist pain.	1 2023 2023
-,55,2525 4,1,2025	5,55,2525 OHKHOWH	pp. 0 vai			1 2023 2023

				This is a request for a foot CT.; "There is not a history (within the past six weeks) of	
				significant trauma, dislocation, or injury to the foot."; There is not a suspected tarsal	
				coalition.; There is not a history of new onset of severe pain in the foot within the last two	
				weeks.; The patient has an abnormal plain film study of the foot other than arthritis.; The	
4/1/2023 -			73700 Computed tomography, lower	patient has a documented limitation of their range of motion.; Yes this is a request for a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	extremity; without contrast material	Diagnostic CT	1 2023 2023
				This is a request for an Ankle CT.; Yes this is a request for a Diagnostic CT; There a history of	
				significant trauma, dislocation, or injury to the ankle within the last 6 weeks; There is a	
4/1/2023 -			73700 Computed tomography, lower	suspected tarsal coalition; There is a history of a new onset of severe pain in the ankle within	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	extremity; without contrast material	the last 2 weeks; The patient has documented limited range of motion	1 2023 2023
				This is a request for an Ankle CT.; Yes this is a request for a Diagnostic CT; There a history of	
				significant trauma, dislocation, or injury to the ankle within the last 6 weeks; There is not a	
4/1/2023 -			73700 Computed tomography, lower	suspected tarsal coalition; There is a history of a new onset of severe pain in the ankle within	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	extremity; without contrast material	the last 2 weeks; The patient has documented limited range of motion	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 OTIKITOWIT	прргочаг	extremity, without contrast material	This is Non-Diagnostic (to be used during surgery, to mold a joint replacement part, or for CT	1 2025 2025
4/1/2023 -			73700 Computed tomography, lower	Needle Guidance); This is NOT for CT Needle Guidance (77011, 77012 or 77013); This is for	Apr-Jun
6/30/2023 4/1/2023	C/20/2022 Halmann	A		· · · · · · · · · · · · · · · · · · ·	1 2023 2023
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	extremity; without contrast material	Makoplasty and/or TKA or other non-surgical planning	1 2023 2023
			72706 6		
			73706 Computed tomographic		
			angiography, lower extremity, with		
			contrast material(s), including		
4/1/2023 -			noncontrast images, if performed, and		Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	image postprocessing	Yes, this is a request for CT Angiography of the lower extremity.	1 2023 2023
			73720 Magnetic resonance (eg, proton)		
			imaging, lower extremity other than	"There is a history (within the past six weeks) of significant trauma, dislocation, or injury to	
			joint; without contrast material(s),	the foot."; There is not a suspected tarsal coalition.; There is a history of new onset of severe	
4/1/2023 -			followed by contrast material(s) and	pain in the foot within the last two weeks.; This is a request for bilateral foot MRI.; acute	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	further sequences	osteomyelitis of LEFT AND RIGHT foot	2 2023 2023
		• • • • • • • • • • • • • • • • • • • •	·	, , , , , , , , , , , , , , , , , , ,	
				On exam of the right lower extremity, patient has no erythema, edema, ecchymosis, or	
				obvious deformity. The skin and subcutaneous tissue are intact without scars, lesions, or	
			73720 Magnetic resonance (eg, proton)	masses. There is equal and symmetric distal pulses. Upon inspection there is no; This study	
			imaging, lower extremity other than	is being ordered for a neurological disorder.; There has been treatment or conservative	
. /. /			joint; without contrast material(s),	therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery,	
4/1/2023 -			followed by contrast material(s) and	Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	further sequences	primary symptoms began less than 6 months ago; Medications were given for this diagnosis	2 2023 2023
			73720 Magnetic resonance (eg, proton)		
			imaging, lower extremity other than		
			joint; without contrast material(s),		
4/1/2023 -			followed by contrast material(s) and	There is a pulsaitile mass.; "There is evidence of tumor or mass from a previous exam, plain	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	further sequences	film, ultrasound, or previous CT or MRI."; Non Joint is being requested.	1 2023 2023
			73720 Magnetic resonance (eg, proton)		
			imaging, lower extremity other than		
			joint; without contrast material(s),		
4/1/2023 -			followed by contrast material(s) and		Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	further sequences	This is a request for a foot MRI.; The study is being oordered for infection.	2 2023 2023
0/30/2023 4/1/2023	JJJUJ ZUZJ UHKHUWII	Αμμισναι	73720 Magnetic resonance (eg, proton)	mis is a request for a foot with, the study is being obtacted for infection.	2 2023 2023
				This is a request for a fact MDI. The study is being condered for infection. There are	
			imaging, lower extremity other than	This is a request for a foot MRI.; The study is being oordered for infection.; There are	
. /. /2022			joint; without contrast material(s),	physical exam findings, laboratory results, other imaging including bone scan or plain film	
4/1/2023 -	- / / :		followed by contrast material(s) and	confirming infection, inflammation and or aseptic necrosis.; Surgery or other intervention is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	further sequences	not planned for in the next 4 weeks.	2 2023 2023
			73720 Magnetic resonance (eg, proton)		
			imaging, lower extremity other than		
			joint; without contrast material(s),		
4/1/2023 -			followed by contrast material(s) and	This is a request for a foot MRI.; The study is being ordered for known fracture.; The study is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	further sequences	being ordered for routine follow up.	1 2023 2023
	•		•		

			73720 Magnetic resonance (eg, proton)		
			imaging, lower extremity other than		
			joint; without contrast material(s),	This is a request for a foot MRI.; The study is being ordered for suspected fracture.; They had	
4/1/2023 -			followed by contrast material(s) and	2 normal xrays at least 3 weeks apart that did not show a fracture.; The patient has been	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	further sequences	treated with a protective boot for at least 4 weeks.	1 2023 2023
			73720 Magnetic resonance (eg, proton)		
			imaging, lower extremity other than		
			joint; without contrast material(s),		
4/1/2023 -			followed by contrast material(s) and	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	further sequences	ordered for acute pain.	1 2023 2023
			73720 Magnetic resonance (eg, proton)		
			imaging, lower extremity other than		
			joint; without contrast material(s),		
4/1/2023 -			followed by contrast material(s) and	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	further sequences	ordered for chronic pain.; It is unknown if the patient has had foot pain for over 4 weeks.	1 2023 2023
			73720 Magnetic resonance (eg, proton)		
			imaging, lower extremity other than		
			joint; without contrast material(s),	This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being	
4/1/2023 -			followed by contrast material(s) and	ordered for chronic pain.; The patient has had foot pain for over 4 weeks.; The patient has	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	further sequences	been treated with a protective boot for at least 6 weeks.	1 2023 2023
			73720 Magnetic resonance (eg, proton)		
			imaging, lower extremity other than		
			joint; without contrast material(s),		
4/1/2023 -			followed by contrast material(s) and	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	further sequences	imaging.; 'None of the above' were noted as an indication for knee imaging.	1 2023 2023
			73720 Magnetic resonance (eg, proton)		
			imaging, lower extremity other than		
			joint; without contrast material(s),	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee	
4/1/2023 -			followed by contrast material(s) and	imaging.; Injection into the knee in the past 90 days for treatment and continued pain was	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	further sequences	noted as an indication for knee imaging	1 2023 2023
			73720 Magnetic resonance (eg, proton)		
			imaging, lower extremity other than		
			joint; without contrast material(s),		
4/1/2023 -			followed by contrast material(s) and	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	further sequences	imaging.; Suspicion of infection was noted as an indication for knee imaging	1 2023 2023
			73720 Magnetic resonance (eg, proton)		
			imaging, lower extremity other than		
			joint; without contrast material(s),	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an	
4/1/2023 -			followed by contrast material(s) and	indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	further sequences	NOT Orthopedics.	2 2023 2023
.,,	.,,	F F	73720 Magnetic resonance (eg, proton)		
			imaging, lower extremity other than		
			joint; without contrast material(s),	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
4/1/2023 -			followed by contrast material(s) and	an indication for knee imaging; Abnormal Varus or Valgus stress testing was noted on the	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	further sequences	physical examination; The ordering MDs specialty is NOT Orthopedics.	1 2023 2023
-, 30, 2020 4, 1, 2023	3, 30, 2023 OHKHOWH		73720 Magnetic resonance (eg, proton)	First Committee of the ordering mass specially to their orthropeands.	1 2023 2023
			imaging, lower extremity other than		
			joint; without contrast material(s),	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
4/1/2023 -			followed by contrast material(s) and	an indication for knee imaging; Baker's cyst (swelling in the back of the knee) was noted on	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	further sequences	the physical examination; The ordering MDs specialty is NOT Orthopedics.	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 OHKHOWII	Apploval	73720 Magnetic resonance (eg, proton)	the physical examination, the ordering mips specially is NOT Orthopedics.	1 2023 2023
			imaging, lower extremity other than		
			joint; without contrast material(s),	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
4/1/2023 -			followed by contrast material(s) and	an indication for knee imaging; Instability was noted on the physical examination; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	•	patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics.	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 UTIKITOWIT	Approval	further sequences	patient is being treated with a knee brace, the ordering wids specialty is NOT Orthopedics.	1 2023 2023

				72720 Maranatia assault		
				73720 Magnetic resonance (eg, proton)	This is a second for a Keep ARM About all about 1	
				imaging, lower extremity other than	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
				joint; without contrast material(s),	an indication for knee imaging; Instability was noted on the physical examination; The	
4/1/2023 -				followed by contrast material(s) and	patient is being treated with a Neoprene knee sleeve; The ordering MDs specialty is NOT	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	further sequences	Orthopedics.	1 2023 2023
				73720 Magnetic resonance (eg, proton)		
				imaging, lower extremity other than		
				joint; without contrast material(s),	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
4/1/2023 -				followed by contrast material(s) and	an indication for knee imaging; Instability was noted on the physical examination; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	further sequences	patient is being treated with Crutches; The ordering MDs specialty is NOT Orthopedics.	1 2023 2023
	, ,	.,,	111	73720 Magnetic resonance (eg, proton)	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
				imaging, lower extremity other than	an indication for knee imaging; Instability was noted on the physical examination; The	
				joint; without contrast material(s),	patient is not being treated with any of the listed items (crutches, knee immobilizer, wheel	
4/1/2023 -				followed by contrast material(s) and	chair, neoprene knee sleeve, ace bandage, knee brace); The ordering MDs specialty is NOT	Apr-Jun
6/30/2023	4/1/2022	6/30/2023 Unknown	Approval	further sequences	Orthopedics.	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 UTIKITOWIT	Арргочаг	73720 Magnetic resonance (eg, proton)	Orthopedics.	1 2023 2023
				imaging, lower extremity other than	The second of th	
				joint; without contrast material(s),	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
4/1/2023 -				followed by contrast material(s) and	an indication for knee imaging; Locking was noted on the physical examination; The ordering	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	further sequences	MDs specialty is NOT Orthopedics.	1 2023 2023
				73720 Magnetic resonance (eg, proton)		
				imaging, lower extremity other than		
				joint; without contrast material(s),	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
4/1/2023 -				followed by contrast material(s) and	an indication for knee imaging; Positive Apley's, Ege's, or McMurray's test (abnormal) was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	further sequences	noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	9 2023 2023
				73720 Magnetic resonance (eg, proton)		
				imaging, lower extremity other than		
				joint; without contrast material(s),	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
4/1/2023 -				followed by contrast material(s) and	an indication for knee imaging; Positive Lachmann's test or "drawer" sign (abnormal) was	Apr-Jun
6/30/2023	1/1/2023	6/30/2023 Unknown	Approval	further sequences	noted on the physical examination; The ordering MDs specialty is NOT Orthopedics.	2 2023 2023
0/30/2023	4/1/2023	0/30/2023 OTKHOWN	дрргочаг	73720 Magnetic resonance (eg, proton)	noted on the physical examination, the ordering wibs specialty is not orthopedics.	2 2023 2023
				imaging, lower extremity other than		
. /. /2022				joint; without contrast material(s),		
4/1/2023 -	4 /4 /2022	C/20/2022 11 1		followed by contrast material(s) and	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	further sequences	physician supervised home exercise in the past 3 months	4 2023 2023
				73720 Magnetic resonance (eg, proton)		
				imaging, lower extremity other than		
				joint; without contrast material(s),		
4/1/2023 -				followed by contrast material(s) and	This is a request for an Ankle MRI.; The study is requested for a reason other that ankle	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	further sequences	pain.; The study is for a mass, tumor or cancer.	1 2023 2023
				73720 Magnetic resonance (eg, proton)		
				imaging, lower extremity other than		
				joint; without contrast material(s),	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a	
4/1/2023 -				followed by contrast material(s) and	suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	further sequences	4 weeks.	2 2023 2023
, , , , , , , , ,	, ,	, ,	p.p. 3.2.	73720 Magnetic resonance (eg, proton)		
				imaging, lower extremity other than		
				joint; without contrast material(s),	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO	
4/1/2023 -				followed by contrast material(s) and	suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next	Apr-Jun
	4/1/2022	6/20/2022 Unknaa	Approval	*		· ·
6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	further sequences	4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	1 2023 2023
				73720 Magnetic resonance (eg, proton)		
				imaging, lower extremity other than		
				joint; without contrast material(s),	This is not a pulsatile mass.; There is not a suspicion of an infection.; This is not a study for a	
4/1/2023 -				followed by contrast material(s) and	fracture which does not show healing (non-union fracture).; This is not a pre-operative study	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	further sequences	for planned surgery.; Non Joint is being requested.	1 2023 2023

				; This study is being ordered for Inflammatory/ Infectious Disease.; There has been	
				treatment or conservative therapy.; The ordering MDs specialty is NOT	
			73721 Magnetic resonance (eg, proton)	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -			imaging, any joint of lower extremity;	Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	without contrast material	ago; Chemotherapy was given for this diagnosis	2 2023 2023
0/30/2023 4/1/2023	0/30/2023 UTIKITOWIT	Approvai	WILLIOUT COLLEGE HIGHERIAL	ago, chemotherapy was given for this diagnosis	2 2023 2023
			72724 Manustin announce (no martin)		
			73721 Magnetic resonance (eg, proton)		
4/1/2023 -			imaging, any joint of lower extremity;	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	without contrast material	member has failed a 4 week course of conservative management in the past 3 months.	5 2023 2023
			73721 Magnetic resonance (eg, proton)	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is due to an old	
4/1/2023 -			imaging, any joint of lower extremity;	injury.; The member has not failed a 4 week course of conservative management in the past	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	without contrast material	3 months.	1 2023 2023
			73721 Magnetic resonance (eg, proton)		
4/1/2023 -			imaging, any joint of lower extremity;	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is not due to a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	without contrast material	recent injury, old injury, Chronic Hip Pain or a Mass.	2 2023 2023
0/30/2023 4/1/2023	0/30/2023 OTIKITOWIT	прргочи	Without Contrast Material	recent injury, one injury, entroine mp ruin or a wiass.	2 2023 2023
				This is a request for an Abdomon CT . This study is being ordered for a known turner assess	
				This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer,	
. /. /				mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or	_
4/1/2023 -			74150 Computed tomography,	abdominal cancer.; This study being ordered for a palpable, observed or imaged upper	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	abdomen; without contrast material	abdominal mass.; Yes this is a request for a Diagnostic CT; This is NOT a Medicare member.	1 2023 2023
				This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer,	
4/1/2023 -			74150 Computed tomography,	mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	abdomen; without contrast material	abdominal cancer.; Yes this is a request for a Diagnostic CT; This is a Medicare member.	1 2023 2023
				This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or	
4/1/2023 -			74150 Computed tomography,	tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	abdomen; without contrast material	Sigmoidoscopy.; Yes this is a request for a Diagnostic CT; This is NOT a Medicare member.	3 2023 2023
0/30/2023 4/1/2023	0/30/2023 OTIKITOWIT	прргочи	abdomen, without contrast material	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or	3 2023 2023
4/4/2022			74450 Community discussions	tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy,	A 1
4/1/2023 -	- / /		74150 Computed tomography,	or Sigmoidoscopy.; The patient has new lab results or other imaging studies including	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	abdomen; without contrast material	doppler or x-ray (plain film) findings.; Yes this is a request for a Diagnostic CT	1 2023 2023
				This is a request for an Abdomen CT.; This study is being ordered for an infection such as	
				pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known	
4/1/2023 -			74150 Computed tomography,	or endoscopic findings of Inflammatory bowel disease.; Yes this is a request for a Diagnostic	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	abdomen; without contrast material	СТ	2 2023 2023
				This is a request for an Abdomen CT.; This study is being ordered for another reason besides	
				Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or	
				Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc; There	
4/1/2023 -			74150 Computed tomography,	are clinical findings or indications of Hematuria.; Yes this is a request for a Diagnostic CT;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	abdomen; without contrast material	This is a Medicare member.	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 OTIKITOWIT	прргочи	abdomen, without contrast material	This is a weather member.	1 2023 2023
				This is a request for an Abdomen CT.; This study is being ordered for another reason besides	
				Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or	
				Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc; There	_
4/1/2023 -			74150 Computed tomography,	are no findings of Hematuria, Lymphadenopathy, weight loss, abdominal pain, diabetic patient	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	abdomen; without contrast material	with gastroparesis; Yes this is a request for a Diagnostic CT	1 2023 2023
			74174 Computed tomographic		
			angiography, abdomen and pelvis, with		
			contrast material(s), including		
4/1/2023 -			noncontrast images, if performed, and		Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	image postprocessing	This is a request for CT Angiography of the Abdomen and Pelvis.	5 2023 2023
0/30/2023 4/1/2023	0/30/2023 GTIKITOWIT	Approvar	mage postprocessing	inis is a requestrior of Anglography of the Abdomen and Felvis.	3 2023 2023

				He does have a spot on the Left cervical area; with a little bit higher SUV and which we can	
				observe this for now.;A left cervical level 2A lymph node demonstrates increased mild FDG	
				avidity with only minimal increase in size, may be reactive however it;; This study is being	
			74176 Computed tomography,	ordered for a metastatic disease.; The ordering MDs specialty is NOT	
4/1/2023 -			abdomen and pelvis; without contrast	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	material	Oncology; This case was created via RadMD.	1 2023 2023
				It is not known if there has been any treatment or conservative therapy.; The ordering MDs	
				specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
			74176 Computed tomography,	Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in	
4/1/2023 -			abdomen and pelvis; without contrast	combination.; This study is being ordered for Other not listed; It is unknown when the	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	material	primary symptoms began	3 2023 2023
				It is not known if there has been any treatment or conservative therapy.; The ordering MDs	
				specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
			74176 Computed tomography,	Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in	
4/1/2023 -			abdomen and pelvis; without contrast	combination.; This study is being ordered for Cancer/Tumor/ Metastatic Disease; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	material	primary symptoms began less than 6 months ago	2 2023 2023
				It is not known if there has been any treatment or conservative therapy.; The ordering MDs	
				specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
			74176 Computed tomography,	Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in	
4/1/2023 -			abdomen and pelvis; without contrast	combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	material	primary symptoms began more than 1 year ago	1 2023 2023
0,00,2020 1,2,2020	0,00,2020 01111101111	7.pp.o.ta.	material	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	1 2023 2023
				Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
			74176 Computed tomography,	Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -			abdomen and pelvis; without contrast	This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	material	began 6 months to 1 year; Chemotherapy was given for this diagnosis	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 UTIKITOWIT	Approvai	Hiderial	began 6 months to 1 year, Chemotherapy was given for this diagnosis	1 2023 2023
				There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	
			744.76 Community of American Inc.	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/4/2022			74176 Computed tomography,	Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -	- / /		abdomen and pelvis; without contrast	This study is being ordered for Cancer/Tumor/ Metastatic Disease; The primary symptoms	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	material	began less than 6 months ago; Chemotherapy was given for this diagnosis	1 2023 2023
				There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	
				Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
			74176 Computed tomography,	Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -			abdomen and pelvis; without contrast	This study is being ordered for Cancer/Tumor/Metastatic Disease; The primary symptoms	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	material	began less than 6 months ago; Other not listed was done for this diagnosis	1 2023 2023
				There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	
				Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
			74176 Computed tomography,	Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -			abdomen and pelvis; without contrast	This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	material	began more than 1 year ago; Chemotherapy was given for this diagnosis	4 2023 2023
				There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	
				Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
			74176 Computed tomography,	Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -			abdomen and pelvis; without contrast	This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	material	began more than 1 year ago; Medications were given for this diagnosis	1 2023 2023
		•		There has not been any treatment or conservative therapy.; The ordering MDs specialty is	
				NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
			74176 Computed tomography,	Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -			abdomen and pelvis; without contrast	This study is being ordered for Other not listed; It is unknown when the primary symptoms	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	material	began	1 2023 2023
-,, 2020 ., 2, 2020	-, -0, 2020 0	pp. 0 . u.		o-···	1 2020 2020

				There has not been any treatment or conservative therapy.; The ordering MDs specialty is	
				NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
			74176 Computed tomography,	Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -			abdomen and pelvis; without contrast	This study is being ordered for Cancer/Tumor/ Metastatic Disease; The primary symptoms	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	material	began 6 months to 1 year	1 2023 2023
				There has not been any treatment or conservative therapy.; The ordering MDs specialty is	
				NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
. /. /			74176 Computed tomography,	Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -	s /20 /2022 I		abdomen and pelvis; without contrast	This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	material	began less than 6 months ago	3 2023 2023
				There has not been any treatment or conservative therapy.; The ordering MDs specialty is	
			74476 6	NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/4/2022			74176 Computed tomography,	Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	A I
4/1/2023 -	6/20/2022 11-1		abdomen and pelvis; without contrast	This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	material	began more than 1 year ago	2 2023 2023
				This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The	
				reason for the study is renal calculi, kidney or ureteral stone.; This study is not being	
			7.44.7.C. Communitary to an accommunity	requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The	
4/4/2022			74176 Computed tomography,	results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.;	
4/1/2023 -	6/20/2022 11-1	A	abdomen and pelvis; without contrast	Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	material	cancer such as for diagnosis or treatment.	1 2023 2023
			74476 6	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The	
4/4/2022			74176 Computed tomography,	reason for the study is renal calculi, kidney or ureteral stone.; This study is not being	
4/1/2023 -	C /20 /2022		abdomen and pelvis; without contrast	requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	material	this is a request for a Diagnostic CT	1 2023 2023
				This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study	
			744700	is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were	
. /. /			74176 Computed tomography,	abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for	
4/1/2023 -	s /20 /2022 I		abdomen and pelvis; without contrast	chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	material	lipase lab test.; Yes this is a request for a Diagnostic CT	8 2023 2023
				This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study	
				is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were	
4/4/2022			74176 Computed tomography,	abnormal.; The urinalysis was positive for protein.; The study is being ordered for chronic	
4/1/2023 -	C /20 /2022		abdomen and pelvis; without contrast	pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	material	of the lab test were normal.; Yes this is a request for a Diagnostic CT	1 2023 2023
				This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study	
			744700	is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were	
4/4/2022			74176 Computed tomography,	normal.; It is not known if the pain is acute or chronic.; This is the first visit for this	A 1
4/1/2023 -	C/20/2022 Halmanna	A	abdomen and pelvis; without contrast	complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	material	Diagnostic CT	1 2023 2023
				This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study	
			7/176 Computed tomograph:	is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were	
4/1/2022			74176 Computed tomography,	normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.;	Apr III
4/1/2023 -	C/20/2022 Heles	A	abdomen and pelvis; without contrast	The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	material	request for a Diagnostic CT	1 2023 2023
			7.44.7.C. Communitary to an accommunity	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This	
4/4/2022			74176 Computed tomography,	study is being requested for abdominal and/or pelvic pain.; The study is being ordered for	Amm I
4/1/2023 -	6/20/2022 University	Approval	abdomen and pelvis; without contrast	acute pain.; There has not been a physical exam.; The patient did not have a amylase or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	material	lipase lab test.; Yes this is a request for a Diagnostic CT	2 2023 2023
			7/176 Computed tomograph:	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This	
4/4/2022			74176 Computed tomography,	study is being requested for abdominal and/or pelvic pain.; The study is being ordered for	A 1
4/1/2023 -	C/20/2022 Halana	A	abdomen and pelvis; without contrast	chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	material	Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2023 2023
			7/176 Computed tomography	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This	
4/4/2022			74176 Computed tomography,	study is being requested for abdominal and/or pelvic pain.; The study is being ordered for	A.z.z. Izz.
4/1/2023 -	C/20/2022 Halana	A mm m g : : - 1	abdomen and pelvis; without contrast	chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	material	lipase lab test.; Yes this is a request for a Diagnostic CT	6 2023 2023

			7447C Computed to manage hu	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This	
4/1/2023 -			74176 Computed tomography, abdomen and pelvis; without contrast	study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.;	Anr lun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	material	The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
0/30/2023 4/1/2023	0/30/2023 OTKHOWIT	Арргочаг	Hateriai	The results of the lab test were normally resiths is a request for a biagnostic Ci	1 2023 2023
				This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This	
			74176 Computed tomography,	study is being requested for abdominal and/or pelvic pain.; The study is being ordered for	
4/1/2023 -			abdomen and pelvis; without contrast	chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	material	results of the lab test were normal.; Yes this is a request for a Diagnostic CT	1 2023 2023
				This is a request for an Abdomen and Pelvis CT.; The patient is presenting new symptoms.;	
				This study is not being requested for abdominal and/or pelvic pain.; The patient had an	
				abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course	
				of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a	
			74176 Computed tomography,	Diagnostic CT; There is NO documentation of a known tumor or a known diagnosis of	
4/1/2023 -			abdomen and pelvis; without contrast	cancer; This is study being ordered for a concern of cancer such as for diagnosis or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	material	treatment.	1 2023 2023
				This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The	
				patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This	
			74176 Computed tomography,	study is not being requested for abdominal and/or pelvic pain.; The study is not requested	
4/1/2023 -			abdomen and pelvis; without contrast	for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	material	a concern of cancer such as for diagnosis or treatment.	1 2023 2023
			74176 Computed tomography,	This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.;	
4/1/2023 -			abdomen and pelvis; without contrast	This study is not being requested for abdominal and/or pelvic pain.; The study is not	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	material	requested for hematuria.; Yes this is a request for a Diagnostic CT	3 2023 2023
				This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the	
				listed reasons.; It is not known if this study is being requested for abdominal and/or pelvic	
			74760	pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a	
4/4/2022			74176 Computed tomography,	Diagnostic CT; Reason: ELSE (system matched response); See clinicals attached.; It is	A 1
4/1/2023 -	C/20/2022 Halmann	A	abdomen and pelvis; without contrast	unknown if this study being ordered for a concern of cancer such as for diagnosis or	Apr-Jun 1 2023 2023
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	material	treatment.	1 2023 2023
4/1/2023 -			74176 Computed tomography, abdomen and pelvis; without contrast	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	material	study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 OTIKNOWN	Approvai	74176 Computed tomography,	This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post	1 2023 2023
4/1/2023 -			abdomen and pelvis; without contrast	op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	material	study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 OTIKNOWN	Approvai	macerial	This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post	1 2023 2023
			74176 Computed tomography,	op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The	
4/1/2023 -			abdomen and pelvis; without contrast	study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	material	NOT being ordered for a concern of cancer such as for diagnosis or treatment.	2 2023 2023
	· ,	•••		This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass	
				or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is	
				not being requested for abdominal and/or pelvic pain.; The study is not requested for	
				hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The	
			74176 Computed tomography,	patient has NOT completed a course of chemotherapy or radiation therapy within the past	
4/1/2023 -			abdomen and pelvis; without contrast	90 days.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	material	concern of cancer such as for diagnosis or treatment.	2 2023 2023
				This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass	
			74176 Computed tomography,	or suspected tumor or metastasis.; This study is not being requested for abdominal and/or	
4/1/2023 -			abdomen and pelvis; without contrast	pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	material	abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1 2023 2023

					This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
				74176 Computed tomography,	and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for	
4/1/2023 -				abdomen and pelvis; without contrast	this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	material	performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	1 2023 2023
					This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
				74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical	
4/1/2023 -				abdomen and pelvis; without contrast	exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	material	Diagnostic CT	4 2023 2023
					This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
				74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical	
4/1/2023 -	. /. /	- / /		abdomen and pelvis; without contrast	exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	material	abnormal.; Yes this is a request for a Diagnostic CT	1 2023 2023
				74476 Community of American Inc.	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
4/1/2023 -				74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a	Apr lup
6/30/2023	4/1/2022	6/20/2022 Unknown	Approval	abdomen and pelvis; without contrast	·	Apr-Jun 5 2023 2023
0/30/2023	4/1/2023	6/30/2023 Unknown	Approval	material	Diagnostic CT	5 2025 2025
					This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
				74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for chronic pain.; It is not known if this is the	
4/1/2023 -				abdomen and pelvis; without contrast	first visit for this complaint.; There has been a physical exam.; The patient is female.; It is not	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	material	known if a pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1 2023 2023
-,,	, ,	.,,	1-1	***	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
				74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/1/2023 -				abdomen and pelvis; without contrast	this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	material	NOT performed.; Yes this is a request for a Diagnostic CT	4 2023 2023
					This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
				74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/1/2023 -				abdomen and pelvis; without contrast	this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	material	performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	4 2023 2023
					This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
				74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/1/2023 -	. /. /2.22	s /20 /2022 I		abdomen and pelvis; without contrast	this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	material	performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	5 2023 2023
					This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
				74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was	
4/1/2023 -				abdomen and pelvis; without contrast	performed.; The results of the exam were normal.; The patient did not have an Ultrasound.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	material	Yes this is a request for a Diagnostic CT	3 2023 2023
0/30/2023	4/1/2023	0/30/2023 CHRHOWH	прргочи	material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	3 2023 2023
					and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
					this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was	
				74176 Computed tomography,	performed.; The results of the exam were normal.; The patient had an Ultrasound.; The	
4/1/2023 -				abdomen and pelvis; without contrast	Ultrasound was abnormal.; The ultrasound showed a pelvic mass.; Yes this is a request for a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	material	Diagnostic CT	2 2023 2023
					This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
				74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/1/2023 -				abdomen and pelvis; without contrast	this complaint.; There has been a physical exam.; The patient is female.; It is not known if a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	material	pelvic exam was performed.; Yes this is a request for a Diagnostic CT	3 2023 2023
					This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
				74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/1/2023 -				abdomen and pelvis; without contrast	this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	material	performed.; Yes this is a request for a Diagnostic CT	7 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was normal.; It is unknown if a contrast/barium x-ray has been completed.; The patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; There has been a physical exam.; The patient is male.; It is not known if a rectal exam was performed.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material 74176 Computed tomography,	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an lipase lab test.; The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT This is a request for an Abdomen and Pelvis CT.; This study is not being requested for	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	abdomen and pelvis; without contrast material	abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	Apr-Jun 16 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	74176 Computed tomography, abdomen and pelvis; without contrast material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT; There is documentation of a known tumor or a known diagnosis of cancer; This is study being ordered for a concern of cancer such as for diagnosis or treatment.	Apr-Jun 10 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	A CT scan is the only has been previously conducted.; Prior imaging was abnormal; Persistent pain best describes the reason for this procedure.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	An ultrasound has been previously conducted.; Prior imaging was abnormal; The ordering provider's is NOT Surgery, Surgical Oncology, Urology, Hematologist/Oncologist or Interventional Radiology.; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is suspected; Pancreas cancer is suspected.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Unknown		74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	No prior imaging was conducted; Tumor, mass, neoplasm, or metastatic disease best describes the reason for this procedure.; The patient's cancer is known; This is being requeted for initial staging.	Apr-Jun 1 2023 2023

4/4/2022			74181 Magnetic resonance (eg, proton)		A 1
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	imaging, abdomen; without contrast material(s)	Other not listed best describes the reason for this procedure	Apr-Jun 1 2023 2023
0/30/2023 4/1/2023	0/30/2023 UTIKITOWIT	Approval	material(s)	Other not listed best describes the reason for this procedure. The patient is on medication for this condition; The patient's symptoms are worsening; The	1 2023 2023
			74181 Magnetic resonance (eg, proton)	ordering provider's specialty is NOT Gastroenterology.; Infection or inflammatory disease	
4/1/2023 -			imaging, abdomen; without contrast	best describes the reason for this procedure.; The known or suspected condition of the	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	material(s)	patient is Ulcerative colitis.	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 OTIKITOWIT	Арргочаг	material(3)	This request is for an Abdomen MRI.; This study is being ordered for known or suspected	1 2023 2023
			74181 Magnetic resonance (eg, proton)	infection.; There are NO physical findings or abnormal blood work consistent with	
4/1/2023 -			imaging, abdomen; without contrast	peritonitis, pancreatitis or appendicitis.; There is active or clinical findings of ulcerative	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	material(s)	colitis, bowel inflammation or diverticulitis.	1 2023 2023
0,00,000	-,,			This request is for an Abdomen MRI.; This study is being ordered for known or suspected	
				infection.; There are NO physical findings or abnormal blood work consistent with	
			74181 Magnetic resonance (eg, proton)	peritonitis, pancreatitis or appendicitis.; There is active or clinical findings of ulcerative	
4/1/2023 -			imaging, abdomen; without contrast	colitis, bowel inflammation or diverticulitis.; There is not radiographical or ultrasound	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	material(s)	findings consisitent with abnormal fluid collection, abdominal abscess, or ascites.	1 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,	1.1.	74181 Magnetic resonance (eg, proton)	This request is for an Abdomen MRI.; This study is being ordered for known or suspected	
4/1/2023 -			imaging, abdomen; without contrast	infection.; There are physical findings or abnormal blood work consistent with pancreatitis.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	material(s)	An amylase abnormality was noted.	1 2023 2023
			. ,	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This	
			74181 Magnetic resonance (eg, proton)	study is being ordered for follow-up.; The patient did NOT have chemotherapy, radiation	
4/1/2023 -			imaging, abdomen; without contrast	therapy or surgery in the last 3 months.; They did NOT have an Abdomen MRI in the last 10	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	material(s)	months.	1 2023 2023
	, ,		74181 Magnetic resonance (eg, proton)	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This	
4/1/2023 -			imaging, abdomen; without contrast	study is being ordered for follow-up.; The patient had chemotherapy, radiation therapy or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	material(s)	surgery in the last 3 months.	2 2023 2023
			. ,	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or	
			74181 Magnetic resonance (eg, proton)	suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT,	
4/1/2023 -			imaging, abdomen; without contrast	MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; It	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	material(s)	is unknown if the patient has a renal cyst or tumor.	1 2023 2023
			·	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or	
			74181 Magnetic resonance (eg, proton)	suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT,	
4/1/2023 -			imaging, abdomen; without contrast	MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	material(s)	The patient has a tumor.	1 2023 2023
				This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or	
			74181 Magnetic resonance (eg, proton)	suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT,	
4/1/2023 -			imaging, abdomen; without contrast	MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	material(s)	There is NO suspicion of metastasis.	3 2023 2023
				This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or	
			74181 Magnetic resonance (eg, proton)	suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT,	
4/1/2023 -			imaging, abdomen; without contrast	MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	material(s)	There is suspicion of metastasis.	1 2023 2023
			74181 Magnetic resonance (eg, proton)	This request is for an Abdomen MRI.; This study is not being ordered for known tumor,	
4/1/2023 -			imaging, abdomen; without contrast	suspicious mass or suspected tumor/metastasis, organ enlargement, known or suspected	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	material(s)	vascular disease, hematuria, follow-up trauma, or a pre-operative evaluation.	2 2023 2023
			75557 Cardiac magnetic resonance	This case was created via RadMD.; Agree; This Heart MRI is being requested for heart failure	
4/1/2023 -			imaging for morphology and function	and/or cardiomyopathy (including hypertrophic cardiomyopathy); The condition was	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	without contrast material;	diagnosed 6 months ago or less	3 2023 2023
			75557 Cardiac magnetic resonance	This is NOT a Medicare member.; This Heart MRI is being requested for valvular heart	
4/1/2023 -			imaging for morphology and function	disease; The ordering provider's specialty is NOT Pediatrics, Hematologist/Oncologist,	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	without contrast material;	Cardiac Surgery or Thoracic Surgery; No previous TTE performed	1 2023 2023
			75571 Computed tomography, heart,		
			without contrast material, with		
4/1/2023 -			quantitative evaluation of coronary		Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	calcium	; This is a request for a CT scan for evalutation of coronary calcification.	1 2023 2023

4/1/2023 - 6/30/2023 4/1	1/2023	6/30/2023 Unknown	Approval	75573 Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of left ventricular [LV] cardiac function, right ventricular [RV] structure and function and evaluation of vascular structures, if performed)	This is a request for Heart CT Congenital Studies.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1	(1/2023	6/30/2023 Unknown	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	This is a request for CTA Coronary Arteries.; The study is requested for congestive heart failure.; The member does not have known or suspected coronary artery disease	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1	1/2023	6/30/2023 Unknown	Approval	75574 Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	This is a request for CTA Coronary Arteries.; The study is requested for known or suspected valve disorders.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1	/1/2023	6/30/2023 Unknown	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	It is unknown why this procecure is being requested	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1	/1/2023	6/30/2023 Unknown	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This case was created via BBI.; This procedure is being requested for evaluation of vascular disease in the stomach or legs; The patient had an Ankle Brachial Index (ABI); The study was abnormal	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1	1/2023	6/30/2023 Unknown	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the stomach or legs; The patient had an Ankle Brachial Index (ABI); The study was abnormal	Apr-Jun 3 2023 2023

7555 Comparable temperature and a bilanced informed lower extramely and and and bilanced informed lower extramely and with content anteriority, including preconstrated minges, if this procedure is being requested for evaluation of vascular disease in the stemach or legs; 7545 Comparable temperatures in the procedure is being requested for evaluation of vascular disease in the stemach or legs; 7545 Comparable temperatures and and an anteriority and comparable temperatures and bilanced informed lower extremely, and represent the stemach or legs; 7545 Comparable temperatures and an anteriority and comparable temperatures and bilanced informed lower extremely, and representation of vascular disease in the stemach or legs; 7545 Comparable temperatures and bilanced informed lower extremely, and the processing and the stemach or legs; 7545 Comparable temperatures and bilanced informed lower extremely, and the processing and the stemach or legs; 7545 Comparable temperatures and the stemach or stemach or legs; 7545 Comparable temperatures and the stemach or legs; 7545 Comparable temperatures and						
APPROVED APPROV				75625 Computed tomographic		
## 1/7023 Systy 2012 Unknown Approval This procedure is being requested for evaluation of vascular disease in the stomach or legs; April on the procedure is being requested for evaluation of vascular disease in the stomach or legs; April on the procedure is being requested for evaluation of vascular disease in the stomach or legs; April on the procedure is being requested for evaluation of vascular disease in the stomach or legs; April on the procedure is being requested for evaluation of vascular disease in the stomach or legs; April on the procedure is being requested for evaluation of vascular disease in the stomach or legs; April on the procedure is being requested for evaluation of vascular disease in the stomach or legs; April on the procedure is being requested for evaluation of vascular disease in the stomach or legs; April on the procedure is being requested for evaluation of vascular disease in the stomach or legs; April on the procedure is being requested for evaluation of vascular disease in the stomach or legs; April on the procedure is being requested for evaluation of vascular disease in the stomach or legs; April on the procedure is being requested for evaluation of vascular disease in the stomach or legs; April on the procedure is procedure in the procedure is procedure; April on the procedure is procedure; Apr				· · · · · · · · · · · · · · · · · · ·		
4/2023 - Control of the control materials), including encontrol image, if including encomparison in the enco						
### AP-Air Software Spiriture of the second of legs of the storach o				•		
\$41/2023 41/20	4/1/2023 -				This procedure is being requested for evaluation of vascular disease in the stomach or legs:	Apr-Jun
7593 Computed congraphic analogophy, addoninal acria and bibliaria illustration lower observably count, with contract materials), and with contract materials (A), and an application of the storage of the patient had an Ankie precision of vascilar disease in the storage of the patient had an Ankie precision of vascilar disease in the storage of the patient had an Ankie precision of vascilar disease in the storage of the patient had an Ankie precision of vascilar disease in the storage of the patient had an Ankie precision of vascilar disease in the storage of the patient had an Ankie precision of		6/30/2023 Unknown	Approval			·
angiography, absorbminal and same bilateral illicented lower externity runoff, with contrast material(), including noncontrast invaries, if personal work externity runoff, with contrast material(), including noncontrast invaries, if personal work externity runoff, with contrast material(), including noncontrast invaries, if personal runoluting including noncontrast invaries, if the patient had an Analise Brachfull index (ANI). This study was normal 1203, 2013 2013 2013 2013 2013 2013 2013 2013	1,100,1000	0,00,2020	т фр. ста	F		
slateral follomoral lower externity rundf, with contast material(s), including noncontrast image, it follows a first patient had an Acide Brachalal Index (ABI), The study was normal 1,2023, 2023 471/2023 6780/2023 Unknown 6780/2				75635 Computed tomographic		
4/1/2023 - 4/1/2023 4/1/2023				angiography, abdominal aorta and		
14/12023 - Including noncontrast images, if This procedure is being requested for evaluation of vascular disease in the stronch or legs; April 120 (23) 2023 - African (23) 2023 Unknown (23) 20				bilateral iliofemoral lower extremity		
\$1,90,2023 4/1,7023 6/30,7023 Unknown Approval performed, and image postprocessing The patient had an Ankle Brachlal Index (ABI). The study was normal \$2,023 2023 AP1,7023 6/30,7023 Unknown Approval spectroscopy This is a request for Mass at Section of Proceedings of the Patient in Approval and Patient in App				runoff, with contrast material(s),		
41/2023 - 6/30/2023 Unknown Approval spectroscopy This is a request for MRS. 12.25%. History of breast cancer in steer §34 and Maternal ALD 2023 2023 Ald 18/2023 6/30/2023 Unknown Approval unilateral pressure of the season of	4/1/2023 -			including noncontrast images, if	This procedure is being requested for evaluation of vascular disease in the stomach or legs;	Apr-Jun
Salay Sala		6/30/2023 Unknown	Approval	performed, and image postprocessing	The patient had an Ankle Brachial Index (ABI); The study was normal	1 2023 2023
Paletient is high risk lifetime at 23.5%. History or breast cancer in stater @34 and Maternal Auth @ 38. State Meanacher at 10 years old; This is a request for Breast Milk; This study is being ordered as a screening examination for known family history of breast cancer; there are NOT beginning examination for known family history of breast cancer. There are NOT beginning examination for known family history of breast cancer in the control of the contro				76390 Magnetic resonance		
Auth @ 38. Started Memorche at 10 years old. This is a request for Breast MRI. This study is being ordered as a screening examination for known flamly history of breast cancer. There is Not 6/38/2023 41/2023 6/38/2023 Unknown Approval unilateral the following genetic testing for breast cancer in the contralateral town of first degree relatives (parent, sister, Aprium or 120/23 20/23 41/2023 6/38/2023 Unknown Approval unilateral the following genetic testing for breast cancer is MRI. This study is being ordered as a screening examination or following genetic testing for breast cancer. The patient has a lifetime risk score of greater Aprium or following genetic testing for breast cancer. The patient has a lifetime risk score of greater that the following genetic testing for breast cancers. The patient has a lifetime risk score of greater and provided as a screening examination or following genetic testing for breast cancers. The patient has a lifetime risk score of greater and provided in the following genetic testing for breast cancers. The patient has a lifetime risk score of greater and provided in the following genetic testing for breast cancers. The patient has a lifetime risk score of greater and provided in the following genetic testing for breast cancers. The patient has a lifetime risk score of greater and provided in the following genetic testing for breast cancers. The patient has a lifetime risk score of greater and provided in the following genetic testing for breast cancers. The patient has a lifetime risk score of greater and provided in the following genetic testing for breast cancers. The patient has a lifetime risk score of greater and provided in the patient of greater cancers. The patient has a lifetime risk score of greater and provided in the patient score and provided in the patient score and provided in the following genetic testing for breast cancers. The patient patient risk study is being ordered for a known history of breast and provided in the patient patient score and provided in the	6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	spectroscopy	·	1 2023 2023
heligo (ordered as a screening, examination for known family history of breast cancer;. There are NOT persent associated with an increased cancer risk;. There is NOT a pattern of breast cancer with an increased cancer risk;. There is NOT a pattern of breast cancer history in at least two first-degree relatives (parent, sister, 77046 Magnetic resonance imaging, 67040203 4/1/2023 6/30/2023 Unknown Approval unilateral 4704023 6/30/2023 Unknown Approval unilateral 470403 6/30/2023 Unknown Approval Unilateral 470403 6/30/2023 Unknown Approval Unilateral 470404 Approval Unilateral Approval Approval Unilateral Approval Unilateral Approval Approval Unilateral Approval Unilateral Approval Approval Unilateral Approval Approval Unilateral Approval					•	
4/1/2023 - 4/1/2023 6/30/2023 Unknown Approval unilateral breast material; breast Method contrast material; breast, without contrast material; breast, witho						
4/1/2023 4/1/2023 6/30/2023 Unknown Approval unilateral broads, contract material, contract material, broads, without contract material, co				77046 Manualta anno anno aireanta a	, ,	
6/30/2023 4/1/2023 6/30/2023 Unknown Approval unlateral brother, or children). 1 2023 2023 2023 4/1/2023 6/30/2023 Unknown Approval unlateral to following genetic testing for breast cancer; The patient has a lifetime risk score of greater than 20. 7046 Magnetic resonance imaging, breast, without contrast material; cancer, yes, this is a continued breast cancer in the contralateral (other) breast, yes, this is a continued breast cancer in the contralateral (other) breast, yes, this is a continued breast cancer in the contralateral (other) breast, yes, this is a continued breast cancer in the contralateral (other) breast, without contrast material; cancer, yes, this is an individual who has known breast cancer in the contralateral (other) breast. Without contrast material; cancer, yes, this is an individual who has known breast cancer in the contralateral (other) breast. Without contrast material; cancer, yes, this is an individual who has known breast cancer in the contralateral (other) breast. Without contrast material; cancer, yes, this is an individual who has known breast cancer in the contralateral (other) breast. Without contrast material; cancer, yes, this is an individual who has known breast cancer in the contral	. /. /2022					
4/1/2023 4/1/2023 6/30/2023 Unknown Approval unilateral T7046 Magnetic resonance imaging, breast, without contrast material; following genetic testing for breast cancer; The patient has a lifetime risk score of greater Apr-Jun 4/1/2023 4/1/2023 6/30/2023 Unknown Approval unilateral T7046 Magnetic resonance imaging, breast, without contrast material; following genetic testing for breast cancer; The patient has a lifetime risk score of greater Apr-Jun 4/1/2023 4/1/2023 6/30/2023 Unknown Approval unilateral T7046 Magnetic resonance imaging, breast, without contrast material; following genetic testing for breast cancer; There is a pattern of breast cancer history in at least two first-degree relatives [parent, sister, brother, or children). 3 2023 2023 2023 2023 2023 2023 2023 2	1 ' '	C/20/2022 Halmanna	A		•	
4/1/2023 6/30/2023 Unknown Approval unilateral breast, without contrast material; following genetic testing for breast cancer; The patient has a lifetime risk score of greater (Apr-Jun 1) and 20, 2023 2023 4/1/2023 6/30/2023 Unknown Approval unilateral breast, without contrast material; contrast material; contrast, without contrast material; contrast material; contrast, without contrast material; contrast material; contrast, without contras	0/30/2023 4/1/2023	6/30/2023 UNKNOWN	Approvai			1 2023 2023
6/30/2023 4/1/2023 6/30/2023 Unknown Approval unilateral than 20. this is a request for Breast MRI; This study is being ordered as a screening examination for known family history of breast, cancer; sister, brother, or children). 3 2023 2023 2023 2023 2023 2023 2023 2	4/1/2022					Apr.lup
77046 Magnetic resonance imaging, breast, without contrast material; breast, without contrast material; will be seen to see the seed of th		6/30/2023 Hnknown	Annroval			
4/1/2023 4/1	0/30/2023 4/1/2023	0/30/2023 OTIKITOWIT	Арргочаг			2 2023 2023
6/30/2023 4/1/2023 6/30/2023 Unknown Approval unilateral two first-degree relatives (parent, sister, brother, or children). 3 2023 2023 40/1/2023 40/1/2023 6/30/2023 Unknown Approval unilateral treatment of the parent sister and the parent sister, brother, or children and makes the parent sister and the parent sister. This is a request for Breast MRII, This study is being ordered for known breast lesions; There are being lesions in the breast associated with an increased cancer risk. 1 2023 2023 41/2023 41/2023 41/2023 41/2023 41/2023 41/2023 41/2023 41/2023 41/2023 41/2023 41/2023 41/2023 41/2023 41/2023 41/2023 41/2023 41/2023	4/1/2023 -				· · · · · · · · · · · · · · · · · · ·	Apr-Jun
This is a request for Breast MRI.; This study is being ordered for a known history of breast cancer; No, this is a request for Breast MRI. This study is being ordered for a known history of breast cancer; No, this is a cancer; No, this is not an individual who has known breast cancer in the contralateral cancer in the contralateral shape of tumor) affect the patient's further management. 1 2023 2023 4/1/2023 6/30/2023 Unknown Approval unilateral sheets, without contrast material; cancer; Yes, this is a confirmed breast cancer; Ne, the results of this MRI (size and Apr-Jun shape of tumor) affect the patient's further management. 1 2023 2023 4/1/2023 6/30/2023 Unknown Approval unilateral breast. 7/046 Magnetic resonance imaging, breast, without contrast material; cancer; Yes, this is a individual who has known breast cancer in the contralateral (other) Apr-Jun unilateral breast. 7/046 Magnetic resonance imaging, breast, without contrast material; are benign lesions in the breast associated with an increased cancer risk. 1 2023 2023 4/1/2023 6/30/2023 Unknown Approval unilateral unilateral are benign lesions in the breast associated with an increased cancer risk. 1 2023 2023 4/1/2023 6/30/2023 Unknown Approval unilateral lesions; There are benign lesions in the breast associated with an increased cancer risk. 1 2023 2023 4/1/2023 6/30/2023 Unknown Approval unilateral lesions; There are benign lesions in the breast associated with an increased cancer risk. 1 2023 2023 7/046 Magnetic resonance imaging, breast, without contrast material; are puest for Breast MRI.; This study is being ordered for known breast lesions; There are benign lesions in the breast associated with an increased cancer risk. 1 2023 2023 4/1/2023 6/30/2023 Unknown Approval unilateral 7/078 Computed tomography, bone mineral density study, 1 or more sites, study within the past 23 months; This is a request for a Bene Density Study; This patient has not had a bone mineral density with an increased cancer risk. 1 2023 2023 7/046 Ma		6/30/2023 Unknown	Approval			· ·
4/1/2023 - 6/30/2023 Unknown Approval unilateral breast, without contrast material; (other) breast; Yes, this is a confirmed breast cancer; Yes, the results of this MRI (size and Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Unknown Approval unilateral shape of tumor) affect the patients' further management. 1 2023 2023 2023 2023 4/1/2023 6/30/2023 Unknown Approval unilateral breast cancer; Yes, this is a request for Breast MRII; This study is being ordered for a known history of breast breast, without contrast material; cancer; Yes, this is an individual who has known breast cancer; Nes, this is a request for Breast MRII; This study is being ordered for a known history of breast breast, without contrast material; cancer; Yes, this is an individual who has known breast cancer; Nes, this is a request for Breast MRII; This study is being ordered for a known history of breast breast, without contrast material; cancer; Yes, this is an individual who has known breast cancer; Nes, this is a request for Breast MRII; This study is being ordered for known history of breast preast, without contrast material; cancer; Yes, the results of Breast MRII; This study is being ordered for known breast cancer in the contralateral (other) Apr-Jun are beingin lesions in the breast associated with an increased cancer risk. 1 2023 2023 2023 2023 2023 2023 2023 20	1,00,000	0,00,000	- фр. ст.			0 =1=0 =1=0
6/30/2023 4/1/2023 6/30/2023 Unknown Approval unilateral shape of tumor) affect the patient's further management. 1 2023 2023 77046 Magnetic resonance imaging, breast, without contrast material; cancer; Yes, this is a rindividual who has known breast cancer in the contralateral (other) horsest, without contrast material; preast,				77046 Magnetic resonance imaging,		
4/1/2023 - 6/30/2023 Unknown Approval unilateral breast, without contrast material; cancer.; Yes, this is a request for Breast MRI.; This study is being ordered for a known history of breast preast, without contrast material; cancer.; Yes, this is an individual who has known breast cancer in the contralateral (other) and preast without contrast material; breast. 4/1/2023 6/30/2023 Unknown Approval unilateral are being preast without contrast material; are being nelsoins in the breast associated with an increased cancer risk. 1 2023 2023 2023 2023 2023 2023 2023 20	4/1/2023 -			breast, without contrast material;	(other) breast.; Yes, this is a confirmed breast cancer.; Yes, the results of this MRI (size and	Apr-Jun
4/1/2023 - 6/30/2023 Unknown Approval unilateral breast, without contrast material; cancer.; Yes, this is an individual who has known breast cancer in the contralateral (other) Apr-Jun breast. 7/7046 Magnetic resonance imaging, breast, without contrast material; are benign lesions in the breast associated with an increased cancer risk. 4/1/2023 - 6/30/2023 Unknown Approval unilateral are benign lesions in the breast associated with an increased cancer risk. 4/1/2023 - 6/30/2023 Unknown Approval unilateral are benign lesions in the breast associated with an increased cancer risk. 4/1/2023 - 6/30/2023 Unknown Approval unilateral lesions; There are benign lesions in the breast associated with an increased cancer risk. 4/1/2023 - 6/30/2023 Unknown Approval unilateral lesions; There are benign lesions in the breast associated with an increased cancer risk. 4/1/2023 - 6/30/2023 Unknown Approval unilateral lesions; There are benign lesions in the breast associated with an increased cancer risk. 4/1/2023 - 6/30/2023 Unknown Approval unilateral lesions; There are benign lesions in the breast associated with an increased cancer risk. 4/1/2023 - 6/30/2023 Unknown Approval unilateral lesions; There are benign lesions in the breast associated with an increased cancer risk. 4/1/2023 - 7/2078 Computed tomography, bone mineral density study, This patient has not had a bone mineral density study, 1 or more sites, study within the past 23 months.; This is a bene density study in a patient with clinical risk of Apr-Jun osteoporosis or osteopenia. 4/1/2023 - 7/2023 6/30/2023 Unknown Approval axial skeleton (eg., hips, pelvis, spine) osteoporosis or osteopenia. 4/1/2023 - 7/2024 6/30/2023 Unknown Approval axial skeleton (eg., hips, pelvis, spine) osteoporosis or osteopenia. 4/1/2023 - 7/2024 6/30/2023 Unknown Approval axial skeleton (eg., hips, pelvis, spine) osteoporosis or osteopenia. 4/1/2023 - 7/2024 6/30/2023 Unknown Approval axial skeleton (eg., hips, pelvis, spine) osteoporosis or osteopenia. 4/1/2023 - 7/2024	6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	unilateral	shape of tumor) affect the patient's further management.	1 2023 2023
6/30/2023 4/1/2023 6/30/2023 Unknown Approval unilateral breast. 1 2023 2023 4/1/2023 6/30/2023 Unknown Approval unilateral 77046 Magnetic resonance imaging, breast, without contrast material; This is a request for Breast MRI.; This study is being ordered for known breast lesions.; There Apr-Jun are benign lesions in the breast associated with an increased cancer risk. 1 2023 2023 4/1/2023 6/30/2023 Unknown Approval unilateral are benign lesions in the breast associated with an increased cancer risk. 1 2023 2023 4/1/2023 6/30/2023 Unknown Approval unilateral lesions.; There are benign lesions in the breast associated with an increased cancer risk. 1 2023 2023 4/1/2023 6/30/2023 Unknown Approval unilateral lesions.; There are benign lesions in the breast associated with an increased cancer risk. 1 2023 2023 4/1/2023 6/30/2023 Unknown Approval unilateral lesions.; There are benign lesions in the breast associated with an increased cancer risk. 1 2023 2023 4/1/2023 6/30/2023 Unknown Approval unilateral lesions.; There are benign lesions in the breast associated with an increased cancer risk. 1 2023 2023 4/1/2023 6/30/2023 Unknown Approval unilateral lesions.; There are benign lesions in the breast associated with an increased cancer risk. 1 2023 2023 4/1/2023 6/30/2023 Unknown Approval unilateral lesions.; There are benign lesions in the breast associated with an increased cancer risk. 1 2023 2023 4/1/2023 6/30/2023 Unknown Approval unilateral lesions.; There are benign lesions in the breast associated with an increased cancer risk. 1 2023 2023 4/1/2023 6/30/2023 Unknown Approval unilateral lesions.; There are benign lesions in the breast associated with an increased cancer risk. 1 2023 2023 4/1/2023 6/30/2023 Unknown Approval unilateral lesions.; There are benign lesions in the breast associated with an increased cancer risk. 1 2023 2023 4/1/2023 6/30/2023 Unknown Approval unilateral lesions.; There are benign lesions in the breast associated with an increased cancer risk. 1 2023 2023 4/1/2023 6/30/2				77046 Magnetic resonance imaging,	This is a request for Breast MRI.; This study is being ordered for a known history of breast	
4/1/2023 - 6/30/2023 Unknown Approval unilateral are benign lesions in the breast associated with an increased cancer risk. 1 2023 2023 4/1/2023 6/30/2023 Unknown Approval unilateral are benign lesions in the breast associated with an increased cancer risk. 1 2023 2023 4/1/2023 6/30/2023 Unknown Approval unilateral are benign lesions in the breast associated with an increased cancer risk. 1 2023 2023 4/1/2023 6/30/2023 Unknown Approval unilateral Besides, preast, without contrast material; This is a request for Breast MRI.; This study is being ordered for known or suspected breast Apr-Jun lesions.; There are benign lesions in the breast associated with an increased cancer risk. 1 2023 2023 77078 Computed tomography, bone mineral density study, 1 or more sites, study within the past 23 months; This is a bone density study in a patient with clinical risk of Apr-Jun osteoporosis or osteopenia. 4 2023 2023 78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection This case was created via RadMD; Agree; New symptoms of chest pain, shortness of breath, or PVCS (Premature Ventricular Contractions) best describes the reason for ordering this study; with supprison began or changed within the last year; Other cardiac stress testing computed tomography transmission such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Apr-Jun	4/1/2023 -			breast, without contrast material;	cancer.; Yes, this is an individual who has known breast cancer in the contralateral (other)	Apr-Jun
4/1/2023 - 6/30/2023 Unknown Approval unilateral are benign lesions in the breast associated with an increased cancer risk. 1 2023 2023 4/1/2023 - 6/30/2023 Unknown Approval unilateral are benign lesions in the breast associated with an increased cancer risk. 1 2023 2023 4/1/2023 - 6/30/2023 Unknown Approval unilateral lesions.; There are benign lesions in the breast associated with an increased cancer risk. 1 2023 2023 4/1/2023 - 6/30/2023 Unknown Approval unilateral lesions.; There are benign lesions in the breast associated with an increased cancer risk. 1 2023 2023 77078 Computed tomography, bone mineral density study, 1 or more sites, study within the past 23 months.; This is a bone density study in a patient with clinical risk of Apr-Jun osteoporosis or osteopenia. 4 2023 2023 78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection This case was created via RadMD.; Agree; New symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study; The symptoms began or changed within the last year; Other cardiac stress testing computed tomography transmission such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Apr-Jun	6/30/2023 4/1/2023	6/30/2023 Unknown	Approval		breast.	1 2023 2023
6/30/2023 4/1/2023 6/30/2023 Unknown Approval unilateral are benign lesions in the breast associated with an increased cancer risk. 1 2023 2023 77046 Magnetic resonance imaging, breast, without contrast material; 6/30/2023 4/1/2023 6/30/2023 Unknown Approval unilateral 77078 Computed tomography, bone mineral density study, 1 or more sites, 6/30/2023 4/1/2023 6/30/2023 Unknown Approval 77078 Computed tomography, bone mineral density study, 1 or more sites, 6/30/2023 4/1/2023 6/30/2023 Unknown Approval 77078 Computed tomography, bone mineral density study, 1 or more sites, study within the past 23 months.; This is a bone density study in a patient with clinical risk of Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Unknown Approval 78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired study; with concurrently acquired study; with as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Apr-Jun Apr-						
77046 Magnetic resonance imaging, breast, without contrast material; This is a request for Breast MRI.; This study is being ordered for known or suspected breast Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Unknown Approval 77078 Computed tomography, bone mineral density, study, 1 or more sites, 6/30/2023 4/1/2023 6/30/2023 Unknown Approval Approval 77078 Computed tomography, bone mineral density study, 1 or more sites, 6/30/2023 4/1/2023 6/30/2023 Unknown Approval						·
4/1/2023 - 6/30/2023 Unknown Approval breast, without contrast material; This is a request for Breast MRI.; This study is being ordered for known or suspected breast Apr-Jun lesions.; There are benign lesions in the breast associated with an increased cancer risk. 1 2023 2023 77078 Computed tomography, bone mineral density study.; This is a request for a Bone Density Study.; This patient has not had a bone mineral density study within the past 23 months.; This is a bone density study in a patient with clinical risk of Apr-Jun osteoporosis or osteopenia. 4 2023 2023 78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired study; The symptoms began or changed within the last year; Other cardiac stress testing computed tomography transmission such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Apr-Jun	6/30/2023 4/1/2023	6/30/2023 Unknown	Approval		are benign lesions in the breast associated with an increased cancer risk.	1 2023 2023
6/30/2023 4/1/2023 6/30/2023 Unknown Approval unilateral lesions.; There are benign lesions in the breast associated with an increased cancer risk. 1 2023 2023 77078 Computed tomography, bone mineral density study.; This is a request for a Bone Density Study.; This patient has not had a bone mineral density study. 1 or more sites, study within the past 23 months.; This is a bone density study in a patient with clinical risk of Apr-Jun osteoporosis or osteopenia. 4 2023 2023 78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired study; The symptoms began or changed within the last year; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Apr-Jun	. /. /2022					
77078 Computed tomography, bone mineral density study.; This patient has not had a bone mineral density study in a patient with clinical risk of Apr-Jun study within the past 23 months.; This is a bone density study in a patient with clinical risk of Apr-Jun osteoporosis or osteopenia. 78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study; with concurrently acquired study; The symptoms began or changed within the last year; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Apr-Jun	' '	C /20 /2022			, , , , , , , , , , , , , , , , , , , ,	· ·
4/1/2023 - 4/1/2023 6/30/2023 Unknown Approval mineral density study, 1 or more sites, axialy within the past 23 months.; This is a bone density study in a patient with clinical risk of Apr-Jun osteoporosis or osteopenia. 78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection This case was created via RadMD.; Agree; New symptoms of chest pain, shortness of breath, fraction[s], when performed), single or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study; with concurrently acquired study; The symptoms began or changed within the last year; Other cardiac stress testing computed tomography transmission such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Apr-Jun	6/30/2023 4/1/2023	6/30/2023 UNKNOWN	Approvai	unilateral	lesions.; There are benign lesions in the breast associated with an increased cancer risk.	1 2023 2023
4/1/2023 - 4/1/2023 6/30/2023 Unknown Approval mineral density study, 1 or more sites, axialy within the past 23 months.; This is a bone density study in a patient with clinical risk of Apr-Jun osteoporosis or osteopenia. 78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection This case was created via RadMD.; Agree; New symptoms of chest pain, shortness of breath, fraction[s], when performed), single or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study; with concurrently acquired study; The symptoms began or changed within the last year; Other cardiac stress testing computed tomography transmission such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Apr-Jun				77078 Computed tomography, hope	This is a request for a Rone Density Study . This nations has not had a hone mineral density	
6/30/2023 4/1/2023 6/30/2023 Unknown Approval axial skeleton (eg, hips, pelvis, spine) osteoporosis or osteopenia. 4 2023 2023 78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular mall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired this is a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.; This case was created via RadMD.; Agree; New symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study; with concurrently acquired study; The symptoms began or changed within the last year; Other cardiac stress testing 4/1/2023 -	1/1/2023 -					Anr-lun
78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired 4/1/2023 - 78429 Myocardial imaging, positron emission tomography (PET), metabolic This is a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.; This is a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.; This is a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.; This is a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.; This is a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.; This is a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.; This is a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.; This is a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.; This is a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.; This is a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.; This is a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.; This is a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.; This is a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.; This is a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.; This is a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.; This is a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.; This is a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.; This is a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.; This is a Medicare member.; This is a request for a Hea		6/30/2023 Hnknown	Annroval	• • • • • • • • • • • • • • • • • • • •		•
emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired 4/1/2023 - mission tomography (PET), metabolic evaluation tomography (PET), metabolic evaluation tomography (PET), metabolic This is a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.; This case was created via RadMD.; Agree; New symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study; with concurrently acquired study; The symptoms began or changed within the last year; Other cardiac stress testing 4/1/2023 - Apr-Jun	0/30/2023 4/1/2023	0/30/2023 01111101111	пррочи	axial skeleton (eg, mps, pervis, spine)	osteoporosis or osteoperiid.	4 2023 2023
emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired 4/1/2023 - mission tomography (PET), metabolic evaluation tomography (PET), metabolic evaluation tomography (PET), metabolic This is a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.; This case was created via RadMD.; Agree; New symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study; with concurrently acquired study; The symptoms began or changed within the last year; Other cardiac stress testing 4/1/2023 - Apr-Jun				78429 Myocardial imaging, positron		
evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired 4/1/2023 - This is a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.; This case was created via RadMD.; Agree; New symptoms of chest pain, shortness of breath, or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study; with concurrently acquired study; The symptoms began or changed within the last year; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Apr-Jun						
fraction[s], when performed), single or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this study; with concurrently acquired study; The symptoms began or changed within the last year; Other cardiac stress testing computed tomography transmission such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Apr-Jun					This is a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.;	
study; with concurrently acquired study; The symptoms began or changed within the last year; Other cardiac stress testing 4/1/2023 - such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Apr-Jun				wall motion[s] and/or ejection	This case was created via RadMD.; Agree; New symptoms of chest pain, shortness of breath,	
4/1/2023 - computed tomography transmission such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Apr-Jun				fraction[s], when performed), single	or PVCs (Premature Ventricular Contractions) best describes the reason for ordering this	
, , , , , , , , , , , , , , , , , , , ,				study; with concurrently acquired	study; The symptoms began or changed within the last year; Other cardiac stress testing	
6/30/2023 4/1/2023 6/30/2023 Unknown Approval scan Transthoracic Echocardiogram has NOT been completed 1 2023 2023	4/1/2023 -			computed tomography transmission	such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or	Apr-Jun
	6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	scan	Transthoracic Echocardiogram has NOT been completed	1 2023 2023

4/1/2023 - 6/30/2023 4/1/202	3 6/30/2023 Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/202	3 6/30/2023 Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/202		Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/202	3 6/30/2023 Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/202	3 6/30/2023 Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Cardiologist recommended stress testing; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/202	3 6/30/2023 Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	CHEST PAIN; DYSPNEA; HTN; PALPITATIONS; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	CHF (congestive heart failure) - I50.9, HFPEF, Euovlolemic on exam. NYHA class I. ;;Primary hypertension - 110, Well controlled; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	CURRENT SMOKER, DIABETES, HYPERTENSION, COPD, CLAUDICATION;;DYSPNEA; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	palpatation, abnormal EKG.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	PATIENT HAD CHEST PAIN AND DYSPNEA EKG DONE WAS ABNORMAL SHOWED POSSIBLE ST DEPRESSION IN THE INFERIOR LEADS; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	pt with continued chest pain; pvc's; palpitations needs to have testing to evaluate health; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		6/30/2023 Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Recommend proceeding with myocardial perfusion imaging study using exercise. Rule out underlying ischemia. Imaging is necessary given abnormal baseline EKG and higher accuracy.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Another test besides a Nuclear Cardiology Study, CCTA or Stress Echocardiogram has been completed to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Recommend proceeding with myocardial perfusion imaging study using pharmacological stimulation given patient's moderate to severe dyspnea on mild-to-moderate exertion, bilateral, activity limiting knee pain.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Recommend proceeding with myocardial perfusion imaging study using pharmacological stimulation given patient's moderate to severe dyspnea on mild-to-moderate exertion, fibromyalgia, not a candidate for treadmill.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Recommend proceeding with myocardial perfusion imaging study using pharmacological stimulation given patient's moderate to severe dyspnea on mild-to-moderate exertion, rheumatoid arthritis with polyarthralgia, diabetic polyneuropathy affecting lower extre; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Changing symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed More than 6 months ago	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Don't know or Other than listed above best describes the reason for ordering this study	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed More than 6 months ago	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; It is unknown when Other cardiac stress testing was completed	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	Apr-Jun 8 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	Apr-Jun 10 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 40 or greater	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for known or suspected valve disorders.	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; The health carrier is NOT CareSource	Apr-Jun 9 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; The health carrier is NOT CareSource	Apr-Jun 11 2023 2023
4/1/2023 - 6/30/2023 4/1/2023 -	4/1/2023	6/30/2023 Unknown	Approval	78472 Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	This is a request for a MUGA scan.; This study is being ordered for Suspected Cardiomyopathy/ Myocarditis.; The patient has recently been diagnosed with and/or treated for congestive heart failure.; The patient has not had a previous MUGA scan.; The patient is presenting new cardiac signs or symptoms.; The patient has not had a recent MI.; It is not known if there are documented clinical findings consistent with a valve disease.; There are documented clinical findings consistent with hypertension. A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Ovarian or Esophageal Cancer.; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This is for a	Apr-Jun 1 2023 2023 Apr-Jun
6/30/2023 4/1/2023 -	4/1/2023	6/30/2023 Unknown	Approval	(PET) imaging; whole body 78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	Routine/Standard PET Scan using FDG (fluorodeoxyglucose) A biopsy has NOT substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This is for a Routine/Standard PET Scan using FDG	1 2023 2023 Apr-Jun
6/30/2023 4/1/2023 - 6/30/2023		6/30/2023 Unknown 6/30/2023 Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	(fluorodeoxyglucose) A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being ordered for something other than listed above.; This study is being requested for an other solid tumor.; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	2 2023 2023 Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being ordered for something other than listed above.; This study is being requested for Cervical Cancer.; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Breast Cancer.; This PET Scan is being requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Breast Cancer.; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Lung Cancer.; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Lymphoma or Myeloma.; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Lymphoma or Myeloma.; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Lymphoma or Myeloma.; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023		Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Melanoma.; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023		Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Ovarian or Esophageal Cancer.; This PET Scan is being requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023		Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Prostate Cancer.; This PET Scan is being requested for Restaging following therapy or treatment for new signs or symptoms; This is for a PET Scan with PSMA (Pylarify, Locametz, or Illuccix)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023 4/	/1/2023	6/30/2023 Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This is for a PET Scan with PSMA (Pylarify, Locametz, or Illuccix)	Apr-Jun 1 2023 2023
0/30/2023 4/	/1/2023	0/30/2023 OTKHOWII	Approvai	localization imaging, whole body	Localiteiz, of indicting	1 2023 2023
4/1/2023 - 6/30/2023 4/	/1/2023	6/30/2023 Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Ovarian or Esophageal Cancer.; This is a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
,	, _,	0,00,2020	т ррготог	,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
4/1/2023 - 6/30/2023 4/	/1/2023	6/30/2023 Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Soft Tissue Sarcoma, Pancreatic or Testicular Cancer.; This is a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/	/1/2023	6/30/2023 Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging during ongoing therapy or treatment; More than 4 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Melanoma.; A sentinel biopsy was performed on the regional lymph nodes; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/	/1/2023	6/30/2023 Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/		6/30/2023 Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/	/1/2023	6/30/2023 Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lung Cancer.; This is a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/	/1/2023	6/30/2023 Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This nodule is New (recently diagnosed); The nodule is NOT calcified (full or partial); This Pet Scan is being requested for a Pulmonary Nodule; The nodule is Between 8 mm AND 4cm; The patient has NOT had a prior PET Scan for this nodule; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/	/1/2023	6/30/2023 Unknown	Approval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	This Pet Scan is being requested for Other; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023

					No patient history in the past 90 days; Evaluation dates less than 90 days in the past;	
					Habilitative; Therapy type is Habilitative; Requestor is not a fax; Speech Therapy; The	
					condition being treated is language or articulation; Moderate to severe functional deficits	
					supported by standardized assessments; The member is 0-3 years old; 05/15/2023; The evaluation date is not in the future; Three or more visits anticipated; Magellan does not	
				92507 Treatment of speech, language,	manage chiropractic but does manage speech therapy for the member's plan; Speech	
4/1/2023 -				voice, communication, and/or auditory	Therapy was requested; The patient is under the age of 65; The health carrier is NOT New	Apr-Jun
6/30/2023 4	4/1/2023	6/30/2023 Unknown	Approval	processing disorder; individual	Hampshire Healthy Families; Speech Therapy was requested	1 2023 2023
			••	<u> </u>	Patient history in the past 90 days; Requestor is not a fax; Speech Therapy; 04/04/2023; The	
				92507 Treatment of speech, language,	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -				voice, communication, and/or auditory	manage speech therapy for the member's plan; Speech Therapy was requested; The health	Apr-Jun
6/30/2023 4	4/1/2023	6/30/2023 Unknown	Approval	processing disorder; individual	carrier is NOT New Hampshire Healthy Families	1 2023 2023
				93307 Echocardiography, transthoracic,		
				real-time with image documentation		
				(2D), includes M-mode recording, when		
4/1/2023 -	4/4/2022	C/20/2022 Halana	Ammus	performed, complete, without spectral		Apr-Jun
6/30/2023 4	4/1/2023	6/30/2023 Unknown	Approval	or color Doppler echocardiography	; This a request for an echocardiogram.; This is a request for a Transthoracic	1 2023 2023
					Echocardiogram.; This study is being ordered for another reason; This study is being ordered	
				93307 Echocardiography, transthoracic,	for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-	
				real-time with image documentation	ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal	
				(2D), includes M-mode recording, when	symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of	
4/1/2023 -				performed, complete, without spectral	heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted	Apr-Jun
6/30/2023 4	4/1/2023	6/30/2023 Unknown	Approval	or color Doppler echocardiography	above.	1 2023 2023
					; This a request for an echocardiogram.; This is a request for a Transthoracic	
				93307 Echocardiography, transthoracic,	Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-	
				real-time with image documentation	ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal	
				(2D), includes M-mode recording, when	symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of	
4/1/2023 -				performed, complete, without spectral	heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted	Apr-Jun
6/30/2023 4	4/1/2023	6/30/2023 Unknown	Approval	or color Doppler echocardiography	above.	1 2023 2023
				93307 Echocardiography, transthoracic,		
				real-time with image documentation	; This a request for an echocardiogram.; This is a request for a Transthoracic	
				(2D), includes M-mode recording, when	Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an	
4/1/2023 -	4/4/2022	C/20/2022 Hala	A	performed, complete, without spectral	annual review of known valve disease.; It has been 24 months or more since the last	Apr-Jun
6/30/2023 4	4/1/2023	6/30/2023 Unknown	Approval	or color Doppler echocardiography	echocardiogram.	1 2023 2023
				93307 Echocardiography, transthoracic,		
				real-time with image documentation		
4/4/2022				(2D), includes M-mode recording, when	; This a request for an echocardiogram.; This is a request for a Transthoracic	American
4/1/2023 - 6/30/2023 4	4/1/2022	6/30/2023 Unknown	Approval	performed, complete, without spectral	Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is	Apr-Jun 1 2023 2023
0/30/2023 4	4/1/2023	U/SU/ZUZS UTIKTIOWN	Approvai	or color Doppler echocardiography	unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	1 2023 2023
					; This study is being ordered for something other than: known trauma or injury, metastatic	
				93307 Echocardiography, transthoracic,	disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
				real-time with image documentation	vascular disease.; There has not been any treatment or conservative therapy.; There are 2	
				(2D), includes M-mode recording, when	exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist,	
4/1/2023 -	4/4/2022	C/20/2022 Hala	A	performed, complete, without spectral	Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created	Apr-Jun
6/30/2023 4	4/1/2023	6/30/2023 Unknown	Approval	or color Doppler echocardiography	via RadMD.; The primary symptoms began less than 6 months ago	1 2023 2023

			93307 Echocardiography, transthoracic,		
			real-time with image documentation		
			(2D), includes M-mode recording, when	CAD monitoring, last tests are over 2 years old; This a request for an echocardiogram.; This is	
4/1/2023 -			performed, complete, without spectral	a request for a Transthoracic Echocardiogram.; This study is being ordered for another	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	or color Doppler echocardiography	reason; The reason for ordering this study is unknown.	1 2023 2023
0/30/2023 4/1/2023	6/30/2023 UTIKITOWIT	Арргочаг	от соют ворриет еспосагою дартту	CHEST PAIN;DYSPNEA;HTN;PALPITATIONS; This study is being ordered for something other	1 2023 2023
				than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or	
			93307 Echocardiography, transthoracic,	infectious disease, congenital anomaly, or vascular disease.; There has been treatment or	
			real-time with image documentation	conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
			(2D), includes M-mode recording, when	Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via	
4/1/2023 -			performed, complete, without spectral	RadMD.; The primary symptoms began less than 6 months ago; Medications were given for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	or color Doppler echocardiography	this diagnosis	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 CHRHOWH	прргочи	or color poppier conocaratography	Enter answer here - or Type In Unknown 187-year-old man with a previous medical history of	1 2023 2023
				gout, hypertension, Type 2 dm, hyperlipidemia, prostate cancer, ITP is here for follow-up;	
				;Patient reports compliance with blood pressure medications. ;Denies a; This a request for	
				an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is	
				being ordered for another reason; This study is being ordered for evaluation of abnormal	
			93307 Echocardiography, transthoracic,	symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of	
			real-time with image documentation	heart disease.; The patient does not have a history of a recent heart attack or hypertensive	
			(2D), includes M-mode recording, when	heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam	
4/1/2023 -			performed, complete, without spectral	findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	or color Doppler echocardiography	has high blood pressure	1 2023 2023
	, ,	• • • • • • • • • • • • • • • • • • • •	,,	Enter answer here - or Type In Unknown I87-year-old man with a previous medical history of	
				gout, hypertension, Type 2 dm, hyperlipidemia, prostate cancer, ITP is here for follow-up;	
				;Patient reports compliance with blood pressure medications. ;Denies a; This a request for	
				an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is	
				being ordered for another reason; This study is being ordered for evaluation of abnormal	
			93307 Echocardiography, transthoracic,	symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of	
			real-time with image documentation	heart disease.; The patient does not have a history of a recent heart attack or hypertensive	
			(2D), includes M-mode recording, when	heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam	
4/1/2023 -			performed, complete, without spectral	findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	or color Doppler echocardiography	has high blood pressure	1 2023 2023
			93307 Echocardiography, transthoracic,	KNOWN CONGESTIVE HEART FAILURE, NEW SYMPTOMS PRESENT OF CHEST PAIN WITH	
			real-time with image documentation	EXERTION, PALPITATIONS, LOWER EXTREMITY EDEMA; This a request for an	
			(2D), includes M-mode recording, when	echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being	
4/1/2023 -			performed, complete, without spectral	ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	or color Doppler echocardiography	recent heart attack or hypertensive heart disease.	1 2023 2023
				Patient is a 53 y/o female who presents for follow up for CAD. Medications reviewed and	
				updated. She states she has a infection in her blood and was recently in the hospital. She	
				reports her dyspnea has improved and fatigue. She denies chest pain, palpita; This a request	
				for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is	
			93307 Echocardiography, transthoracic,	being ordered for another reason; This study is being ordered for evaluation of abnormal	
			real-time with image documentation	symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of	
. /. /			(2D), includes M-mode recording, when	heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam	
4/1/2023 -	s lan lana t		performed, complete, without spectral	findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	or color Doppler echocardiography	symptom, condition or evaluation is not known or unlisted above.	1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Patient is a 53 y/o female who presents for follow up for CAD. Medications reviewed and updated. She states she has a infection in her blood and was recently in the hospital. She reports her dyspnea has improved and fatigue. She denies chest pain, palpita; This a request for an echocardiogram.; This is a request for an echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Patient is a 62 y/o male who presents for follow up for CAD and PVD. Medications reviewed and updated. He reports heartburn that when it occurs he can feel his heart beating more, occasional dyspnea, dizziness with position changes, edema to BLE with cram; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Patient is a 62 y/o male who presents for follow up for CAD and PVD. Medications reviewed and updated. He reports heartburn that when it occurs he can feel his heart beating more, occasional dyspnea, dizziness with position changes, edema to BLE with cram; This a request for an echocardiogram.; This is a request for an echocardiogram.; This is a request for an echocardiogram.; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for Chest pain of suspected cardiac etiology; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has been completed in the past 6 weeks; Results of other testing completed failed to confirm chest pain was of cardiac origin	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for none of the above or don't know.; This study is being ordered for evaluation of congenital heart disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; The reason for ordering this study is unknown.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has high blood pressure	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has high blood pressure	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; There has NOT been a change in clinical status since the last echocardiogram.; This is not for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.	Apr-Jun 2 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if this study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 -	4/1/2023	6/30/2023 Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	Apr-Jun 5 2023 2023
4/1/2023 - 6/30/2023 -		6/30/2023 Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	Apr-Jun 5 2023 2023
4/1/2023 - 6/30/2023 -	4/1/2023	6/30/2023 Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; It is unknown if this study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 -	4/1/2023	6/30/2023 Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted above.	Apr-Jun 5 2023 2023
4/1/2023 - 6/30/2023 -	4/1/2023	6/30/2023 Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of heart disease.; The patient has shortness of breath; Shortness of breath is not related to any of the listed indications.	Apr-Jun 5 2023 2023

1/2023	6/30/2023 Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of heart disease.; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.; The patient has an abnormal EKG	Apr-Jun 1 2023 2023
1/2023	6/30/2023 Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; It is unknown if this study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	Apr-Jun 1 2023 2023
1/2023	6/30/2023 Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	Apr-Jun 4 2023 2023
1/2023	6/30/2023 Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is NOT being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	Apr-Jun 2 2023 2023
1/2023	6/30/2023 Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Mass.; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of a cardiac mass.	Apr-Jun 1 2023 2023
1/2023			93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Mass.; This is for the initial evaluation	Apr-Jun 1 2023 2023
1/2023			93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; It is unknown if there been a change in clinical status since the last echocardiogram.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; This is a request for follow up of a known murmur.	Apr-Jun 1 2023 2023
1/2023		·	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; There has been a change in clinical status since the last echocardiogram.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are NOT clinical symptoms supporting a suspicion of structural heart disease.; This is a request for follow up of a known murmur.	Apr-Jun 1 2023 2023
'1 '1	./2023 ./2023 ./2023	./2023 6/30/2023 Unknown	./2023 6/30/2023 Unknown Approval ./2023 6/30/2023 Unknown Approval ./2023 6/30/2023 Unknown Approval ./2023 6/30/2023 Unknown Approval	real-time with image documentation (2D) includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography 93307 Echocardiography, transthoracic, real-time with image documentation (2D) includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography 93307 Echocardiography, transthoracic, real-time with image documentation (2D) includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography 93307 Echocardiography, transthoracic, real-time with image documentation (2D) includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography 93307 Echocardiography, transthoracic, real-time with image documentation (2D) includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography 93307 Echocardiography, transthoracic, real-time with image documentation (2D) includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography 93307 Echocardiography, transthoracic, real-time with image documentation (2D) includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography 93307 Echocardiography, transthoracic, real-time with image documentation (2D) includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography 93307 Echocardiography, transthoracic, real-time with image documentation (2D) includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography 93307 Echocardiography, transthoracic, real-time with image documentation (2D) includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography 93307 Echocardiography, transthoracic, real-time with image documentation (2D) includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	7023 6/39/203 Unknown Approval 9307 Echocardiography, transhbrack, real-time with image documentation (2D), included with mode recording, when performed, complete, without spectral (2D), included with mode recording, when performed, complete, without spectral or color Depgler echocardiography, transhbrack, real-time with image documentation (2D), included with mode recording, when performed, complete, without spectral or color Depgler echocardiography (2D), included with mode recording, when performed, complete, without spectral or color Depgler echocardiography (2D), included with mode recording, when performed, complete, without spectral or color Depgler echocardiography (2D), included with mode recording, when performed, complete, without spectral or color Depgler echocardiography (2D), included with mode recording, when performed, complete, without spectral or color Depgler echocardiography (2D), included with mode recording, when performed, complete, without spectral or color Depgler echocardiography (2D), included with mode recording, when performed, complete, without spectral or color Depgler echocardiography (2D), included with mode recording, when performed, complete, without spectral or color Depgler echocardiography (2D), included with mode recording, when performed, complete, without spectral or color Depgler echocardiography (2D), included with mode recording, when performed, complete, without spectral or color Depgler echocardiography (2D), included with mode recording, when performed, complete, without spectral or color Depgler echocardiography, transhbracid, real-time with image documentation (2D), included with mode recording, when performed, complete, without spectral or color Depgler echocardiography, transhbracid, real-time with image documentation (2D), included with mode recording, when performed, complete, without spectral or color Depgler echocardiography, transhbracid, real-time with image documentation (2D), included with mode recording, when performed, complete, without spectral or co

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; There has been a change in clinical status since the last echocardiogram.; This request is NOT for initial evaluation of a murmur.; This is a request for follow up of a known murmur.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; It is unknown if there is clinical symptoms supporting a suspicion of structural heart disease.; This is NOT a request for follow up of a known murmur.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is NOT for initial evaluation of a murmur.; It is unknown if this is a request for follow up of a known murmur.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual re-evaluation of artificial heart valves.; It has NOT been at least 12 months since the last echocardiogram was performed.; The patient is experiencing new or changing symptoms related heart valves.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 7-9 months since the last echocardiogram.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 12 - 23 months or more since the last echocardiogram.	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an annual review of known valve disease.; It has been 12 - 23 months or more since the last echocardiogram.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an evaluation of new or changing symptoms of valve disease.	Apr-Jun 6 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	Apr-Jun 16 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is an initial evaluation of suspected valve disease.	Apr-Jun 18 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artifical heart valves.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Valves.; This is NOT for prolapsed mitral valve, suspected valve disease, new or changing symptoms of valve disease, annual review of known valve disease, initial evaluation of artificial heart valves or annual re-eval of artificial heart valves.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for evaluation of change of clinical status.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023		6/30/2023 Unknown	·	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for initial diagnosis of congenital heart disease.	Apr-Jun 2 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; It has been at least 24 months since the last echocardiogram was performed.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is for a routine follow up of congenital heart disease.; It has been at least 24 months since the last echocardiogram was performed.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Congenital Heart Defect.; This is fora routine follow up of congenital heart disease.; It is unknown if there been a change in clinical status since the last echocardiogram.; It is unknown if it has been at least 24 months since the last echocardiogram was performed.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; It is unknown if there been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	Apr-Jun 5 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	Apr-Jun 6 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has NOT been a change in clinical status since the last echocardiogram.; It is unknown if this is for the initial evaluation of heart failure.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has NOT been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	Apr-Jun 18 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	Apr-Jun 22 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; It is unknown if the patient has a history of a recent heart attack or hypertensive heart disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient does not have a history of a recent heart attack or hypertensive heart disease.	Apr-Jun 5 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	Apr-Jun 22 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	Apr-Jun 23 2023 2023
4/1/2023 - 6/30/2023		6/30/2023 Unknown	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is NOT a change in the patient's cardiac symptoms.; It has been at least 24 months since the last echocardiogram was performed.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		6/30/2023 Unknown	·	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	Apr-Jun 22 2023 2023

					Unknown; This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered	
				93307 Echocardiography, transthoracic,	for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-	
				real-time with image documentation	ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal	
				(2D), includes M-mode recording, when	symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of	
4/1/2023 -				performed, complete, without spectral	heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	or color Doppler echocardiography	above.	2 2023 2023
0/30/2023	4/1/2023	0/30/2023 01111101111	пррготаг	or color popper conocaralography	Unknown; This a request for an echocardiogram.; This is a request for a Transthoracic	2 2023 2023
					Echocardiogram.; This study is being ordered for another reason; This study is being ordered	
				93307 Echocardiography, transthoracic,	for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-	
				real-time with image documentation	ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal	
				(2D), includes M-mode recording, when	symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicative of	
4/1/2023 -				performed, complete, without spectral	heart disease.; The patient has shortness of breath; Shortness of breath is not related to any	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	or color Doppler echocardiography	of the listed indications.	1 2023 2023
.,,	,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	F-16-	, ,	unknown; This a request for an echocardiogram.; This is a request for a Transthoracic	
					Echocardiogram.; This study is being ordered for another reason; This study is being ordered	
				93307 Echocardiography, transthoracic,	for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-	
				real-time with image documentation	ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal	
				(2D), includes M-mode recording, when	symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of	
4/1/2023 -				performed, complete, without spectral	heart disease.; The abnormal symptom, condition or evaluation is not known or unlisted	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	or color Doppler echocardiography	above.	2 2023 2023
					Unknown; This a request for an echocardiogram.; This is a request for a Transthoracic	
					Echocardiogram.; This study is being ordered for another reason; This study is being ordered	
				93307 Echocardiography, transthoracic,	for evaluation of abnormal symptoms, physical exam findings, or diagnostic studies (chest x-	
				real-time with image documentation	ray or EKG) indicative of heart disease.; This is for the initial evaluation of abnormal	
				(2D), includes M-mode recording, when	symptoms, physical exam findings, or diagnostic studies (chest x-ray or EKG) indicatvie of	
4/1/2023 -				performed, complete, without spectral	heart disease.; The patient has shortness of breath; Shortness of breath is not related to any	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	or color Doppler echocardiography	of the listed indications.	1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M- mode recording); including probe placement, image acquisition, interpretation and report	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of atrial fibrillation or flutter to determine the presence or absence of left atrial thrombus or evaluate for radiofrequency ablation procedure.; The patient is 18 years of age or older.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected coronary artery disease.	Apr-Jun 5 2023 2023
4/1/2023 -				93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with	This is a request for a Stress Echocardiogram.; The patient has NOT had cardiac testing including Stress Echocardiogram, Nuclear Cardiology (SPECT/MPI), Coronary CT angiography (CCTA) or Cardiac Catheterization in the last 2 years.; The member has known or suspected	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Approval	interpretation and report;	coronary artery disease.	6 2023 2023

4/1/202 6/30/20	3 - 23 4/1/2023	6/30/2023 Unknown	Approval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; To evaluate the heart prior to non-cardiac surgery.; The member does not have known or suspected coronary artery disease 05/09/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	Apr-Jun 1 2023 2023
4/1/202 6/30/20	3 - 23 4/1/2023	6/30/2023 Unknown	Approval	97116 Therapeutic procedure, 1 or more areas, each 15 minutes; gait training (includes stair climbing)		evaluation date is not in the future; Magellan does not manage chiropractic but does manage speech therapy for the member's plan; Physical therapy was requested; The health carrier is NOT New Hampshire Healthy Families	Apr-Jun 1 2023 2023
				97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to		Perform Body Part selection; First Pass; Body Part for first pass is not in options listed; 04/05/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Lower Leg selected as the specific body part; Body Part pass complete; Questions about your Head/Neck request:; Three or more visits anticipated; Therapy type is Rehabilitative; More than 2 Body Parts; 3+ Body Regions was selected - provide details on the top 2; Requestor is not a fax; None of the above; Head/Neck was selected as the first body type/region; Lower Extremity/Hip selected as the second body type/region; Body Part for first pass is Head/Neck; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of Cocupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational therapy was selected; Magellan does not manage chiropractic but does manage speech therapy for the member's	
4/1/202 6/30/20	3 - 23 4/1/2023	6/30/2023 Unknown	Approval	environmental demands, direct (one-on one) patient contact, each 15 minutes	-	Healthy Families; Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health Carrier is NOT HMSA	Apr-Jun 1 2023 2023
4/1/202		6/30/2023 Unknown	Approval	97533 Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on one) patient contact, each 15 minutes		Perform Body Part selection; Perform Body Part selection; First Pass; Second Pass check point; Body Part for first pass is Wrist; 06/14/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the past; Non-Surgical; Wrist selected as the specific body part; Body Part pass complete; Questions about your Wrist request:; Three or more visits anticipated; The anticipated number of visits other than 2.; Therapy type is Rehabilitative; One Body Part selected; No Second Pass; Requestor is not a fax; Mild objective and functional deficits: sporadic symptoms with minimal loss of range of motion, strength, or ability to perform daily tasks best describes the patient presentation; Upper Extremity selected as the body type/region; Occupational Therapy; Speech Therapy was not selected; The evaluation date is not in the future; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a diagnosis of cancer.; The rehabilitation is NOT related to a Occupational therapy was selected; Physical or Occupational therapy was selected; Physical or Occupational Therapy was selected; Physical or Occupational Therapy was requested; The health carrier is NOT New Hampshire Healthy Families; Occupational Therapy was requested; The health carrier is NOT HMSA	Apr-Jun 1 2023 2023
4/1/202 6/30/20	3 - 23 4/1/2023	6/30/2023 Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for a brain/head CT.; 'None of the above' best describes the reason that I have requested this test.; None of the above best describes the reason that I have requested this test	Apr-Jun 3 2023 2023
4/1/202		6/30/2023 Unknown	Disapproval	70450 Computed tomography, head or brain; without contrast material	Radiology Services Denied Not	This is a request for a brain/head CT.; Changing neurologic symptoms best describes the reason that I have requested this test.	Apr-Jun 1 2023 2023

This is a request for a introduced CT, The patient law and morth head of carefully approach in the patient of t								
Alt/2023 4/1/2023 6/39/2023 Unknown Disapproval Page 1 2023 2023 Alt/2023 Alt/2023 6/39/2023 Unknown Disapproval D								
A 1/1/2023 6/30/2023 Unknown Disapproval bring without contrast material formality of the Computed tomography, head or 6/30/2023 41/2023 6/30/2023 Unknown Disapproval bring, without contrast material brings, wi						Dadialası Candasa		
## Africal Process of the Computed Compared Comp	4/1/2023 -				70450 Computed tomography, head or			Apr-lup
A1/2023 4/1/2023 6/39/2023 Unknown Disapproval Disappr		4/1/2023	6/30/2023 Unknown	Disapproval				· ·
### April 1/2023 4/1	0,00,2020	1, 2, 2020	0,00,2020 01111101111	элэарргота.	brain, without contrast material	medically recessary	requestion a known nemotinage, nemations of vascalar assistmancy	1 2020 2020
Section Sect						Radiology Services		
Alt/2023 6/38/2023 Unknown Disapproval 70450 Computed tomography, head or planty without contrast material Alt/2023 4/1/2023 6/38/2023 Unknown Disapproval 70450 Computed tomography, head or planty without contrast material Alt/2023 4/1/2023 6/38/2023 Unknown Disapproval 70450 Computed tomography, head or planty without contrast material Alt/2023 4/1/2023 6/38/2023 Unknown Disapproval 70450 Computed tomography, head or planty without contrast material Alt/2023 4/1/2023 6/38/2023 Unknown Disapproval 70450 Computed tomography, head or planty without contrast material Alt/2023 4/1/2023 6/38/2023 Unknown Disapproval 70450 Computed tomography, head or planty without contrast material Alt/2023 4/1/2023 6/38/2023 Unknown Disapproval 70450 Computed tomography, head or planty without contrast material Alt/2023 4/1/2023 6/38/2023 Unknown Disapproval 70450 Computed tomography, head or planty without contrast material Alt/2023 4/1/2023 6/38/2023 Unknown Disapproval 70450 Computed tomography, head or planty without contrast material Alt/2023 4/1/2023 6/38/2023 Unknown Disapproval 70450 Computed tomography, head or planty without contrast material Alt/2023 4/1/2023 6/38/2023 Unknown Disapproval 70450 Computed tomography, head or planty without contrast material Alt/2023 4/1/2023 6/38/2023 Unknown Disapproval 70450 Computed tomography, head or planty without contrast material Alt/2023 4/1/2023 6/38/2023 Unknown Disapproval 70450 Computed tomography, head or planty without contrast material 70450 Computed tomography, head or planty without contrast material 70450 Computed tomography, head or planty without contrast material 70450 Computed tomography, head or planty without contrast material 70450 Computed tomography, head or planty without contrast material 70450 Computed tomography, maker without contrast material 70450 Computed tomography, on the planty without contrast material 70450 Computed tomography, on the planty without contrast material 70450 Computed tomography, on the planty without	4/1/2023 -				70450 Computed tomography, head or	Denied Not	This is a request for a brain/head CT.; The patient has a chronic headache, longer than one	Apr-Jun
### April 1997 A	6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	brain; without contrast material	Medically Necessary	month; Headache best describes the reason that I have requested this test.	7 2023 2023
### April 1997 A								
Medically Necessary Medically Necessary Medically Necessary Medically Necessary Medically Necessary Necessary Medically Necessary Nece	4 /4 /2022				70450 Cananata da ana ana ana ana ana		This is a second for a basis floor of CT. The section becomes a fine baseline described the	A see Loop
1/1/2023 - 6/30/2023 Unknown Disapproval brain without contrast material of 20/30/2023 4/1/2023 6/30/2023 Unknown Disapproval brain without contrast material of 20/30/2023 4/1/2023 6/30/2023 Unknown Disapproval brain without contrast material of 20/30/2023 4/1/2023 6/30/2023 Unknown Disapproval brain without contrast material of 20/30/2023 4/1/2023 6/30/2023 Unknown Disapproval brain without contrast material of 20/30/2023 4/1/2023 6/30/2023 Unknown Disapproval brain without contrast material of 20/30/2023 4/1/2023 6/30/2023 Unknown Disapproval brain without contrast material of 20/30/2023 4/1/2023 6/30/2023 Unknown Disapproval brain without contrast material of 20/30/2023 4/1/2023 6/30/2023 Unknown Disapproval brain without contrast material of 20/30/2023 4/1/2023 6/30/2023 Unknown Disapproval brain without contrast material of 20/30/2023 4/1/2023 6/30/2023 Unknown Disapproval brain without contrast material of 20/30/2023 4/1/2023 6/30/2023 Unknown Disapproval brain without contrast material of 20/30/2023 4/1/2023 6/30/2023 Unknown Disapproval brain without contrast material of 20/30/2023 4/1/2023 6/30/2023 Unknown Disapproval brain without contrast material of 20/30/2023 4/1/2023 6/30/2023 Unknown Disapproval brain without contrast material of 20/30/2023 4/1/2023 6/30/2023 Unknown Disapproval brain without contrast material of 20/30/2023 4/1/2023 6/30/2023 Unknown Disapproval brain without contrast material of 20/30/2023 4/1/2023 6/30/2023 Unknown Disapproval brain without contrast material of 20/30/2023 4/1/2023 6/30/2023 Unknown Disapproval brain without contrast material of 20/30/2023 4/1/2023 6/30/2023 Unknown Disapproval brain without contrast material of 20/30/2023 4/1/2023 6/30/2023 Unknown Disapproval brain without contrast material of 20/30/2023 4/1/2023 6/30/2023 Unknown Disapproval brain without contrast material of 20/30/2023 4/1/2023 6/30/2023 Unknown Disapproval brain without contrast material of 20/30/2023 4/1/2023 6/30/2023 Unknown Disapproval brain without contrast material of 20/30/2023 4/1/		4/1/2023	6/30/2023 Hnknown	Disapproval				
Al/2023 - 6/30/2023 Unknown Disapproval prain; without contrast material Al/2023 - 6/30/2023 Unknown Disapproval D	0/30/2023	4/1/2023	0/30/2023 OTIKITOWIT	Disappiovai	brain, without contrast material	Wedically Necessary	,	2 2023 2023
### April 1997 A						Radiology Services	· · · · · · · · · · · · · · · · · · ·	
Al/2023 4/3/2023 G/30/2023 Unknown Disapproval Disappr	4/1/2023 -				70450 Computed tomography, head or			Apr-Jun
4/1/2023 - 6/30/2023 Unknown Disapproval D	6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	brain; without contrast material	Medically Necessary	test.	1 2023 2023
4/1/2023 - 6/30/2023 Unknown Disapproval brain; without contrast material of 2023 2023 2023 2023 2023 2023 2023 202								
6/30/2023 4/1/2023 6/30/2023 Unknown Disapproval brain; without contrast material Addically Necessary tumor best describes the reason that I have requested this test. 1 2023 2023 2023 2023 2023 2023 2023 20	1/1/2025							
Af/1/2023 4/1/2023 6/30/2023 Unknown Disapproval Disap		4/4/2022	6/20/2022 Halana	Discourse			· · · · · · · · · · · · · · · · · · ·	
4/1/2023 - 6/30/2023 Unknown Disapproval brain; without contrast material Medically Necessary symptoms best describes the reason that I have requested this test. 1 2023 2023 4/1/2023 - 6/30/2023 Unknown Disapproval brain; without contrast material Medically Necessary symptoms best describes the reason that I have requested this test. 1 2023 2023 4/1/2023 - 6/30/2023 Unknown Disapproval brain; without contrast material Medically Necessary inflammatory disease best describes the reason that I have requested this test. 1 2023 2023 4/1/2023 - 6/30/2023 Unknown Disapproval brain; without contrast material Medically Necessary inflammatory disease best describes the reason that I have requested this test. 1 2023 2023 4/1/2023 - 6/30/2023 Unknown Disapproval brain; without contrast material Medically Necessary inflammatory disease best describes the reason that I have requested this test. 1 2023 2023 Apr-Jun Medically Necessary inflammatory disease best describes the reason that I have requested this test. 1 2023 2023 Apr-Jun Medically Necessary inflammatory disease best describes the reason that I have requested this test. 1 2023 2023 Apr-Jun Medically Necessary inflammatory disease best describes the reason that I have requested this test. 1 2023 2023 Apr-Jun Medically Necessary inflammatory disease best describes the reason that I have requested this test. 1 2023 2023 Apr-Jun Medically Necessary inflammatory disease best describes the reason that I have requested this test. 1 2023 2023 Apr-Jun Medically Necessary inflammatory disease best describes the reason that I have requested this test. 1 2023 2023 Apr-Jun Medically Necessary inflammatory disease best describes the reason that I have requested this test. 1 2023 2023 Apr-Jun Medically Necessary inflammatory disease best describes the reason that I have requested this test. 1 2023 2023 Apr-Jun Medically Necessary inflammatory disease best describes the reason that I have requested this test. 1 2023 2023 Apr-Jun Medically Necessary Disappoint of T in	6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	brain; without contrast material	Medically Necessary	tumor best describes the reason that I have requested this test.	1 2023 2023
4/1/2023 - 6/30/2023 Unknown Disapproval brain; without contrast material Medically Necessary symptoms best describes the reason that I have requested this test. 1 2023 2023 4/1/2023 - 6/30/2023 Unknown Disapproval brain; without contrast material Medically Necessary symptoms best describes the reason that I have requested this test. 1 2023 2023 4/1/2023 - 6/30/2023 Unknown Disapproval brain; without contrast material Medically Necessary inflammatory disease best describes the reason that I have requested this test. 1 2023 2023 4/1/2023 - 6/30/2023 Unknown Disapproval brain; without contrast material Medically Necessary inflammatory disease best describes the reason that I have requested this test. 1 2023 2023 4/1/2023 - 6/30/2023 Unknown Disapproval brain; without contrast material Medically Necessary inflammatory disease best describes the reason that I have requested this test. 1 2023 2023 Apr-Jun Medically Necessary inflammatory disease best describes the reason that I have requested this test. 1 2023 2023 Apr-Jun Medically Necessary inflammatory disease best describes the reason that I have requested this test. 1 2023 2023 Apr-Jun Medically Necessary inflammatory disease best describes the reason that I have requested this test. 1 2023 2023 Apr-Jun Medically Necessary inflammatory disease best describes the reason that I have requested this test. 1 2023 2023 Apr-Jun Medically Necessary inflammatory disease best describes the reason that I have requested this test. 1 2023 2023 Apr-Jun Medically Necessary inflammatory disease best describes the reason that I have requested this test. 1 2023 2023 Apr-Jun Medically Necessary inflammatory disease best describes the reason that I have requested this test. 1 2023 2023 Apr-Jun Medically Necessary inflammatory disease best describes the reason that I have requested this test. 1 2023 2023 Apr-Jun Medically Necessary inflammatory disease best describes the reason that I have requested this test. 1 2023 2023 Apr-Jun Medically Necessary Disappoint of T in						Radiology Services	This is a request for a brain/head CT · This is NOT a Medicare member · Known or suspected	
6/30/2023 6/30/2023 Unknown Disapproval brain, without contrast material Medically Necessary symptoms best describes the reason that I have requested this test. 1 2023 2023 Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Unknown Disapproval Dis	4/1/2023 -				70450 Computed tomography, head or	0,		Apr-Jun
4/1/2023 - 6/30/2023 Unknown Disapproval D	1 ' '	4/1/2023	6/30/2023 Unknown	Disapproval			, , , , ,	
4/1/2023 - 6/30/2023 Unknown Disapproval brain, without contrast material Medically Necessary inflammatory disease best describes the reason that I have requested this test. 1 2023 2023 Radiology Services Denied Not This is a request for a brain/head CT.; This is NOT a Medicare member; Known or suspected 1 2023 2023 Apr-Jun 6/30/2023 4/1/2023 6/30/2023 Unknown Disapproval D								
6/30/2023 4/1/2023 6/30/2023 Unknown Disapproval brain; without contrast material Medically Necessary inflammatory disease best describes the reason that I have requested this test. 1 2023 2023 4/1/2023 6/30/2023 Unknown Disapproval								
A/1/2023 - 4/1/2023 -								·
4/1/2023 - 6/30/2023 Unknown Disapproval D	6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	brain; without contrast material	Medically Necessary	inflammatory disease best describes the reason that I have requested this test.	1 2023 2023
4/1/2023 - 6/30/2023 Unknown Disapproval D						Radiology Services	This is a request for a brain/head CT - This is NOT a Medicare member - Known or suspected	
6/30/2023 4/1/2023 6/30/2023 Unknown Disapproval brain; without contrast material Medically Necessary describes the reason that I have requested this test. 1 2023 2023 This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the patient is immune-compromised.; The patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or maxillofacial area; without contrast material Medically Necessary A/1/2023 4/1/2023 6/30/2023 Unknown Disapproval Medically Necessary A/1/2023 - 6/30/2023 Unknown Disapproval Medically Necessary A/1/2023 - 6/30/2023 Unknown Disapproval Medically Necessary A/1/2023 - 70486 Computed tomography, maxillofacial area; without contrast material Medically Necessary A/1/2023 - 70486 Computed tomography, maxillofacial area; without contrast material Medically Necessary A/1/2023 - 70490 Computed tomography, soft tissue neck; without contrast material A/1/2023 - 70490 Computed tomography, soft tissue neck; without contrast material A/1/2023 - 70490 Computed tomography, soft tissue neck; without contrast material A/1/2023 - 70490 Computed tomography, soft tissue neck; without contrast material A/1/2023 - 70490 Computed tomography, soft tissue neck; without contrast material A/1/2023 - 70490 Computed tomography, soft tissue neck; without contrast material A/1/2023 - 70490 Computed tomography, soft tissue neck; without contrast material A/1/2023 - 70490 Computed tomography, soft tissue neck; without contrast material A/1/2023 - 70490 Computed tomography, soft tissue neck; without contrast material A/1/2023 - 70490 Computed tomography, soft tissue neck; without contrast material A/1/2023 - 70490 Computed tomography, soft tissue neck; without contrast material A/1/2023 - 70490 Computed tomography, soft tissue neck; without contrast material A/1/2023 - 70490 Computed tomography, soft tissue neck; without con	4/1/2023 -				70450 Computed tomography, head or		·	Anr-lun
This is a request for a Sinus CT.; This study is being ordered for sinusitis.; it is unknown if the patient's current rhinosinusitis symptoms are described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 4/1/2023 discharge, blockage or congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 2 which are less than 2 which are less than 3 congestion, facial pain, pressure and reduction or loss of sense of smell, which are less than 4 low a part of 2 which in duration); it has been 14 or more days since onset; Yes this is a request for a Sinus CT.; This study is being ordered for sinusitis.; The patient is NOT immune-compromised. The patient's current rhinosinusitis symptoms are unknown.; Yes Apr-Jun 4/1/2023 dispersive whether the patient's current rhinosinusitis symptoms are unknown.; Yes Apr-Jun 4/1/2023 dispersive whether the patient's current rhinosinusitis symptoms are unknown.; Yes Apr-Jun 3 constitution and the patient's current rhinosinusitis symptoms are unknown.; Yes Apr-Jun 4/1/2023 dispersive whether the patient's current rhinosinusitis symptoms are unknown.; Yes Apr-Jun 4/1/2023 dispersive whether the patient's current rhinosinusitis symptoms are unknown.; Yes Apr-Jun 4/1/2023 dispersive whether the patient's current rhinosinusitis symptoms are unknown.; Yes Apr-Jun 4/1/2023 dispersive whether the patient's current rhinosinusitis symptoms are unknown.; Yes Apr-Jun 5/1/2023 dispersive whether the patient's current rhinosinusitis symptoms are unknown.; Yes Apr-Jun 6/30/2023 dispersive whether the patient's current rhinosinusitis symptoms are unknown.; Yes Apr-Jun 6/30/2023 dispersive whether the patient's current rhinosinusitis symptoms are unknown.; Yes Apr-Jun 6/30/2023 dispersive whether the patient's current rhinosinusitis symptoms are unknown.; Yes Apr-Jun 6/30/202	1 1	4/1/2023	6/30/2023 Unknown	Disapproval				
described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or 70486 Computed tomography, maxillofacial area; without contrast material Poince Not penied No							This is a request for a Sinus CT.; This study is being ordered for sinusitis.; It is unknown if the	
A/1/2023 - 4/1/2023 - 4/1/2023 - 6/30/2023 Unknown Disapproval material To496 Computed tomography, maxillofacial area; without contrast material Medically Necessary Diagnostic CT Apr-Jun Medically Necessary Diagnostic CT To490 Computed tomography, soft follows a few policy of tissue neck; without contrast material Medically Necessary Diagnostic CT Apr-Jun Medically Necessary Diagnostic CT This is a request for a Sinus CT.; This study is being ordered for sinusitis., The patient is NOT immune-compromised.; The patient's current rhinosinusitis symptoms are unknown.; Yes Apr-Jun Medically Necessary this is a request for a Diagnostic CT Apr-Jun Medically Necessary This is a request for a Diagnostic CT Apr-Jun Medically Necessary This is a request for a Diagnostic CT Apr-Jun Medically Necessary This is a request for a Diagnostic CT Apr-Jun Medically Necessary This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck, 'Yes this is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has been 4/1/2023 - 70490 Computed tomography, soft Denied Not examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate Apr-Jun Neck.; Yes this is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; A fine needle aspirate Apr-Jun Neck.; Yes this is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; A fine needle aspirate Apr-Jun Neck.; Yes this is a request for a Diagnostic CT Apr-Jun Neck.; Yes this is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass is 1 cm or smaller.; A fine needle aspirate Apr-Jun Neck.; Yes this is a request for ne							patient is immune-compromised.; The patient's current rhinosinusitis symptoms are	
4/1/2023 - 6/30/2023 Unknown Disapproval material material Denied Not Medically Necessary Diagnostic CT 70486 Computed tomography, maxillofacial area; without contrast material Medically Necessary Diagnostic CT 70486 Computed tomography, maxillofacial area; without contrast Denied Not immune-compromised.; The patient's current rhinosinusitis symptoms are unknown.; Yes Apr-Jun Medically Necessary this is a request for a Diagnostic CT 4/1/2023 - 6/30/2023 Unknown Disapproval Disap							described as (sudden onset of 2 or more symptoms of nasal discharge, blockage or	
6/30/2023 4/1/2023 6/30/2023 Unknown Disapproval material Medically Necessary Diagnostic CT 70486 Computed tomography, maxillofacial area; without contrast material Denied Not immune-compromised.; The patient's current rhinosinusitis symptoms are unknown.; Yes Apr-Jun Medically Necessary this is a request for a Diagnostic CT Radiology Services Medically Necessary this is a request for a Diagnostic CT This is a request for a Diagnostic CT Radiology Services Unknown Disapproval Denied Not D								
70486 Computed tomography, maxillofacial area; without contrast material 70490 Computed tomography, soft 4/1/2023 - 6/30/2023 Unknown Disapproval 70490 Computed tomography, soft 4/1/2023 - 70490 Computed tomography, soft 5/1/2023 - 70490 Co		4/4/2022	6/20/2022 Halana	Discourse of				
4/1/2023 - 6/30/2023 Unknown Disapproval material material Denied Not Medically Necessary this is a request for a Diagnostic CT 1 2023 2023 Radiology Services 4/1/2023 - 6/30/2023 Unknown Disapproval Disapproval material Medically Necessary this is a request for a Diagnostic CT. The patient has a known tumor or metastasis in the Apr-Jun Medically Necessary neck.; Yes this is a request for a Diagnostic CT 1 2023 2023 Radiology Services Denied Not This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the Apr-Jun Medically Necessary neck.; Yes this is a request for a Diagnostic CT 1 2023 2023 This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has been 4/1/2023 - 70490 Computed tomography, soft Denied Not examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate Apr-Jun	6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	material	Medically Necessary	Diagnostic CI	1 2023 2023
4/1/2023 - 6/30/2023 Unknown Disapproval material material Denied Not Medically Necessary this is a request for a Diagnostic CT 1 2023 2023 Radiology Services 4/1/2023 - 6/30/2023 Unknown Disapproval Disapproval material Medically Necessary this is a request for a Diagnostic CT. The patient has a known tumor or metastasis in the Apr-Jun Medically Necessary neck.; Yes this is a request for a Diagnostic CT 1 2023 2023 Radiology Services Denied Not This is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the Apr-Jun Medically Necessary neck.; Yes this is a request for a Diagnostic CT 1 2023 2023 This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has been 4/1/2023 - 70490 Computed tomography, soft Denied Not examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate Apr-Jun					70486 Computed tomography	Radiology Services	This is a request for a Sinus CT : This study is being ordered for sinusitis. The nationt is NOT	
6/30/2023 Unknown Disapproval material Medically Necessary this is a request for a Diagnostic CT 1 2023 2023 Radiology Services 4/1/2023 - 70490 Computed tomography, soft tissue neck; without contrast material Medically Necessary this is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the 6/30/2023 Unknown Disapproval tissue neck; without contrast material Medically Necessary neck.; Yes this is a request for a Diagnostic CT 1 2023 2023 This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has been 4/1/2023 - 70490 Computed tomography, soft Denied Not examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate Apr-Jun	4/1/2023 -							Apr-Jun
4/1/2023 - 4/1/2023 d/30/2023 Unknown Disapproval tissue neck; without contrast material Medically Necessary neck.; Yes this is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck; Yes this is a request for a Diagnostic CT neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate Apr-Jun		4/1/2023	6/30/2023 Unknown	Disapproval				
4/1/2023 - 4/1/2023 d/30/2023 Unknown Disapproval tissue neck; without contrast material Medically Necessary neck.; Yes this is a request for neck soft tissue CT.; The patient has a known tumor or metastasis in the neck; Yes this is a request for a Diagnostic CT neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has been examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate Apr-Jun								
6/30/2023 Unknown Disapproval tissue neck; without contrast material Medically Necessary neck.; Yes this is a request for a Diagnostic CT This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a Radiology Services palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has been 4/1/2023 - 70490 Computed tomography, soft Denied Not examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate Apr-Jun								
This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a Radiology Services palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has been 4/1/2023 - 70490 Computed tomography, soft Denied Not examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate Apr-Jun			- / /					
Radiology Services palpable neck mass or lump.; The neck mass is 1 cm or smaller.; The neck mass has been 4/1/2023 - 70490 Computed tomography, soft Denied Not examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate Apr-Jun	6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	tissue neck; without contrast material	Medically Necessary	•	1 2023 2023
4/1/2023 - 70490 Computed tomography, soft Denied Not examined twice at least 30 days apart.; The lump did not get smaller.; A fine needle aspirate Apr-Jun						Radiology Services	·	
	4/1/2023 -				70490 Computed tomography, soft			Apr-Jun
	1	4/1/2023	6/30/2023 Unknown	Disapproval				
					,	,,	, , , , , , , , , , , , , , , , , , , ,	
Radiology Services This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a						Radiology Services	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a	
4/1/2023 - 70490 Computed tomography, soft Denied Not palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was Apr-Jun							• • • • • • • • • • • • • • • • • • • •	
6/30/2023 4/1/2023 6/30/2023 Unknown Disapproval tissue neck; without contrast material Medically Necessary done.; The patient has been diagnosed with cancer.; Yes this is a request for a Diagnostic CT 1 2023 2023	6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	tissue neck; without contrast material	Medically Necessary	done.; The patient has been diagnosed with cancer.; Yes this is a request for a Diagnostic CT	1 2023 2023

4/1/2023 -				70490 Computed tomography, soft	Radiology Services Denied Not	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is a palpable neck mass or lump.; The neck mass is larger than 1 cm.; A fine needle aspirate was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	tissue neck; without contrast material		NOT done.; Yes this is a request for a Diagnostic CT	1 2023 2023
4/1/2023 -				70490 Computed tomography, soft	Radiology Services Denied Not	This is a request for neck soft tissue CT.; The patient has a neck lump or mass.; There is NOT	Apr lup
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	tissue neck; without contrast material		a palpable neck mass or lump.; Yes this is a request for a Diagnostic CT	Apr-Jun 2 2023 2023
0,50,2025	1, 2, 2020	0/50/2025 01111101111	Бізаррі ота	tissue neek, without contrast material	medically recessary	Mrs. Williams a 42-year-old female presenting with a report of 2 spells of strokelike/TIA like	2 2020 2020
						symptoms occurring this past summer and fall. Patient reports in August her first spell	
						occurred, she had left face and arm numbness occurring acutely lasted 15; This study is	
				7040C Commuted to magnetic		being ordered for something other than: known trauma or injury, metastatic disease, a	
				70496 Computed tomographic angiography, head, with contrast		neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is	
				material(s), including noncontrast	Radiology Services	NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -				images, if performed, and image	Denied Not	Oncology; This case was created via RadMD.; The primary symptoms began less than 6	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	postprocessing	Medically Necessary	months ago; Medications were given for this diagnosis	1 2023 2023
						Mrs. Williams a 42-year-old female presenting with a report of 2 spells of strokelike/TIA like	
						symptoms occurring this past summer and fall. Patient reports in August her first spell	
						occurred, she had left face and arm numbness occurring acutely lasted 15; This study is	
				70498 Computed tomographic		being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular	
				angiography, neck, with contrast		disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is	
				material(s), including noncontrast	Radiology Services	NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -				images, if performed, and image	Denied Not	Oncology; This case was created via RadMD.; The primary symptoms began less than 6	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	postprocessing	Medically Necessary	months ago; Medications were given for this diagnosis	1 2023 2023
				70540 Magnetic resonance (eg, proton)	Dodieles Consisses	; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT	
4/1/2023 -				imaging, orbit, face, and/or neck;	Radiology Services Denied Not	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	without contrast material(s)		Oncology; This case was created via RadMD.	1 2023 2023
						; This study is being ordered for a neurological disorder.; There has been treatment or	
						conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
4/4/2022				70551 Magnetic resonance (eg, proton)		Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via	
4/1/2023 - 6/30/2023	4/1/2022	6/30/2023 Unknown	Dicapproval	imaging, brain (including brain stem); without contrast material	Denied Not	RadMD.; The primary symptoms began less than 6 months ago; Medications were given for	Apr-Jun 2 2023 2023
6/30/2023	4/1/2023	6/30/2023 UNKNOWN	Disapproval	without contrast material	Medically Necessary	; This study is being ordered for a neurological disorder.; There has not been any treatment	2 2023 2023
						or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty	
				70551 Magnetic resonance (eg, proton)	Radiology Services	is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -				imaging, brain (including brain stem);	Denied Not	Oncology; This case was created via RadMD.; The primary symptoms began less than 6	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	without contrast material	Medically Necessary	months ago	1 2023 2023
				70551 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -				imaging, brain (including brain stem);	Denied Not	It is not known if there has been any treatment or conservative therapy.; This study is being	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	without contrast material		ordered for Neurological Disorder; The primary symptoms began less than 6 months ago	1 2023 2023
		, ,	••		, ,		
						Pain is chronic and worsening. He is having impairment in mobility due to this and has had	
						one ED visit recently due to pain. He is autistic which makes evaluation and treatment a bit	
						more challenging. He has class 3 obesity with BMI of 47. Plain film; This study is being ordered for something other than: known trauma or injury, metastatic disease, a	
						neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular	
						disease.; It is not known if there has been any treatment or conservative therapy.; There are	
				70551 Magnetic resonance (eg, proton)	Radiology Services	2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist,	
4/1/2023 -				imaging, brain (including brain stem);	Denied Not	Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	without contrast material	Medically Necessary	via RadMD.; The primary symptoms began more than 1 year ago	1 2023 2023

				70551 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -				imaging, brain (including brain stem);	Denied Not	This request is for a Brain MRI; The study is being requested for evaluation of a headache.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	without contrast material	Medically Necessary	The patient does not have a sudden severe, chronic or recurring or a thunderclap headache.	1 2023 2023
				70554 Manualia anno 1 anno 1 anno 1	Dedieles Condes		
4/1/2023 -				70551 Magnetic resonance (eg, proton) imaging, brain (including brain stem);	Denied Not	This request is for a Brain MRI; The study is being requested for evaluation of a headache.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	without contrast material		The patient has a chronic or recurring headache.	4 2023 2023
0/30/2023	4/1/2023	0/30/2023 OTIKITOWIT	Disapprovai	without contrast material	ividucally ivecessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	4 2023 2023
				70551 Magnetic resonance (eg, proton)	Radiology Services	headache.; It is unknown why this study is being ordered.; The patient does not have	
4/1/2023 -				imaging, brain (including brain stem);	Denied Not	dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	without contrast material	Medically Necessary	abnormality, loss of smell, hearing loss or vertigo.	1 2023 2023
4/4/2022				70551 Magnetic resonance (eg, proton)		This request is for a Brain MRI; The study is NOT being requested for evaluation of a	A 1
4/1/2023 - 6/30/2023	4/1/2022	6/30/2023 Unknown	Disapproval	imaging, brain (including brain stem); without contrast material	Denied Not Medically Necessary	headache.; It is unknown why this study is being ordered.; The patient has a sudden change	Apr-Jun 1 2023 2023
0/30/2023	4/1/2023	0/30/2023 OTIKITOWIT	Disappiovai	without contrast material	ivieuically ivecessary	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	1 2023 2023
						headache.; The patient does not have dizziness, one sided arm or leg weakness, the inability	
				70551 Magnetic resonance (eg, proton)	Radiology Services	to speak, or vision changes.; The patient had a recent onset (within the last 4 weeks) of	
4/1/2023 -				imaging, brain (including brain stem);	Denied Not	neurologic symptoms.; This study is being ordered for stroke or TIA (transient ischemic	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	without contrast material	Medically Necessary	attack).	1 2023 2023
4/4/2022				70551 Magnetic resonance (eg, proton)		This request is for a Brain MRI; The study is NOT being requested for evaluation of a	A 1
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	imaging, brain (including brain stem); without contrast material	Denied Not Medically Necessary	headache.; This study is being ordered for a tumor.; The patient does NOT have a biopsy	Apr-Jun 2 2023 2023
0/30/2023	4/1/2023	0/30/2023 OTIKITOWIT	Disapprovai	without contrast material	ividucally ivecessary	proven cancer	2 2023 2023
				70551 Magnetic resonance (eg, proton)	Radiology Services	This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/1/2023 -				imaging, brain (including brain stem);	Denied Not	headache.; This study is being ordered for seizures.; There has NOT been a change in seizure	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	without contrast material	Medically Necessary	pattern or a new seizure.	1 2023 2023
						'None of the above' describes the reason for this request.; It is unknown if anything else was	
						relevant in the diagnosis or suspicion of inflammatory lung disease; This study is being	
4/1/2022				71250 Committed to management the groun	Radiology Services	requested for known or suspected inflammatory disease such as sarcoidosis,	Ame I.in
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	71250 Computed tomography, thorax; without contrast material	Denied Not	pneumoconiosis, asbestosis, silicosis; This is a request for a Chest CT.; This study is being requested for none of the above.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
0/30/2023	4/1/2023	0/30/2023 OTIKITOWIT	Disappiovai	without contrast material	ivieuically ivecessary	(1) Left shoulder pain:;(2) Bone marrow edema:;(3) Bone lesion:;(4) Right shoulder	1 2023 2023
						pain:;Patient has continued shoulder pain *right and left*. Left shoulder injection and oral	
						steroids given in past without improvement. Bone marrow signal abnormality; This study is	
					Radiology Services	being ordered for a metastatic disease.; The ordering MDs specialty is NOT	
4/1/2023 -				71250 Computed tomography, thorax;	Denied Not	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	without contrast material	Medically Necessary	Oncology; This case was created via RadMD.	1 2023 2023
					Radiology Convices		
4/1/2023 -				71250 Computed tomography, thorax;	Radiology Services Denied Not	A Chest/Thorax CT is being ordered.; This study is being ordered for non of the above.; Yes	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	without contrast material	Medically Necessary	this is a request for a Diagnostic CT; The study is being ordered for none of the above.	2 2023 2023
,,,,	, _,	-,,		, , , , , , , , , , , , , , , , , , , ,	zz.zz, rrecessury	and the same of th	
					Radiology Services	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is	
4/1/2023 -				71250 Computed tomography, thorax;	Denied Not	being ordered for Interstitial Lung disease; A chest x-ray has been completed; Ths Interstitial	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	without contrast material	Medically Necessary	Lung Disease is suspected; The chest x-ray was abnormal	1 2023 2023
					Padiology Sonvices	A Chact/Thorax CT is being ordered. Vos this is a request for a Diagnostic CT. This study is	
4/1/2023 -				71250 Computed tomography, thorax;	Radiology Services Denied Not	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for work-up for suspicious mass.; There is NO radiographic evidence of lung,	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	without contrast material		mediastinal mass, or physical evidence of chest wall mass noted in the last 90 days	2 2023 2023
., ,	, -,	.,,			,		
					Radiology Services		
4/1/2023 -				71250 Computed tomography, thorax;	Denied Not	Abnormal imaging test describes the reason for this request.; This is a request for a Chest	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	without contrast material	Medically Necessary	CT.; Yes this is a request for a Diagnostic CT	1 2023 2023

					B 11 L G 1	Chest pain describes the reason for this request.; It is unknown if anything else was relevant	
. /. /2022				71050 0 1 1 1	Radiology Services	in the diagnosis or suspicion of vascular disease; This is a request for a Chest CT.; This study	
4/1/2023 -	2000	C/20/2022 11 1	B: 1	71250 Computed tomography, thorax;	Denied Not	is being requested for known or suspected blood vessel (vascular) disease; Yes this is a	Apr-Jun
6/30/2023 4/1/2	2023	6/30/2023 Unknown	Disapproval	without contrast material	Medically Necessary	request for a Diagnostic CT	1 2023 2023
						It is not known if the patient is presenting new signs or symptoms.; "There is radiologic	
					Dadisland Cardens	evidence of sarcoidosis, tuberculosis or fungal infection."; It is unknown if there is radiologic	
4/4/2022				712F0 Committed to recognity, the reco	Radiology Services	evidence of non-resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.;	A 1
4/1/2023 -	2022	C/20/2022 Halmann	Discourse	71250 Computed tomography, thorax;	Denied Not	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is	Apr-Jun
6/30/2023 4/1/2	2023	6/30/2023 Unknown	Disapproval	without contrast material	Medically Necessary		1 2023 2023
						It is not known if there is radiologic evidence of asbestosis.; "There is no radiologic evidence	
						of sarcoidosis, tuberculosis or fungal infection."; It is not known if there is radiologic	
						evidence of a lung abscess or empyema.; It is not known if there is radiologic evidence of	
					De dielen Comitee	pneumoconiosis e.g. black lung disease or silicosis.; There is NO radiologic evidence of non-	
. /. /					Radiology Services	resolving pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax	
4/1/2023 -		- / / /		71250 Computed tomography, thorax;	Denied Not	CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for	Apr-Jun
6/30/2023 4/1/2	2023	6/30/2023 Unknown	Disapproval	without contrast material	Medically Necessary	known or suspected inflammatory disease or pneumonia.	1 2023 2023
						The section is a second section of the section in AIDs and side in AIDs	
						There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	
					B !! G !	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/4/2022				74050 0 1 1	Radiology Services	Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -		- / /		71250 Computed tomography, thorax;	Denied Not	This study is being ordered for Cancer/Tumor/ Metastatic Disease; The primary symptoms	Apr-Jun
6/30/2023 4/1/2	2023	6/30/2023 Unknown	Disapproval	without contrast material	Medically Necessary	began more than 1 year ago; Chemotherapy was given for this diagnosis	1 2023 2023
						There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	
						Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
. /. /					Radiology Services	Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -				71250 Computed tomography, thorax;	Denied Not	This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms	Apr-Jun
6/30/2023 4/1/2	2023	6/30/2023 Unknown	Disapproval	without contrast material	Medically Necessary		1 2023 2023
						There has not been any treatment or conservative therapy.; The ordering MDs specialty is	
					B !! G !	NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/4/2022				74050 0 1 1	Radiology Services	Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -	2000	C /20 /2022	B: 1	71250 Computed tomography, thorax;	Denied Not	This study is being ordered for Other not listed; The primary symptoms began 6 months to 1	Apr-Jun
6/30/2023 4/1/2	2023	6/30/2023 Unknown	Disapproval	without contrast material	Medically Necessary	·	1 2023 2023
						There is no radiologic evidence of asbestosis.; "The caller doesn't know if there is radiologic	
						evidence of sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of	
						a lung abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black	
					Dadialası Camiasa	lung disease or silicosis.; It is unknown if there is radiologic evidence of non-resolving	
4/1/2022				71250 Committed to recognish the result	Radiology Services	pneumonia for 6 weeks after antibiotic treatment was prescribed.; A Chest/Thorax CT is	Ame I.m
4/1/2023 - 6/30/2023 4/1/2	2022	C/20/2022 Halmann	Discourse	71250 Computed tomography, thorax;	Denied Not	being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for	Apr-Jun 1 2023 2023
6/30/2023 4/1/2	2023	6/30/2023 Unknown	Disapproval	without contrast material	Medically Necessary	known or suspected inflammatory disease or pneumonia. There is no radiologic evidence of asbestosis.; "There is no radiologic evidence of	1 2023 2023
						sarcoidosis, tuberculosis or fungal infection."; There is no radiologic evidence of a lung	
						abscess or empyema.; There is no radiologic evidence of pneumoconiosis e.g. black lung	
						disease or silicosis.; There is NO radiologic evidence of non-resolving pneumonia for 6 weeks	
					Padiology Sonvices		
4/1/2023 -				71250 Computed tomography, thorax;	Radiology Services Denied Not	after antibiotic treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for known or suspected	Apr-Jun
6/30/2023 4/1/2	วกวว	6/30/2023 Unknown	Disapproval	without contrast material		inflammatory disease or pneumonia.	1 2023 2023
0/30/2023 4/1/2	2023	0/30/2023 UTIKITUWIT	Disappioval	Without Contrast material	ivicultally ivecessally	illianimatory disease or pheumonia.	1 2023 2023
					Radiology Services	There is no radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being	
4/1/2023 -				71250 Computed tomography, thorax;	Denied Not	ordered.; Yes this is a request for a Diagnostic CT; This study is being ordered for vascular	Apr-Jun
6/30/2023 4/1/2	2023	6/30/2023 Unknown	Disapproval	without contrast material		disease other than cardiac.	1 2023 2023
0,30,2023 4/1/2	_525	S, SO, ZOZS OHRHOWII	Sisappiovai		curcury recessary	and and an	1 2023 2023
					Radiology Services	There is radiologic evidence of mediastinal widening.; A Chest/Thorax CT is being ordered.;	
4/1/2023 -				71250 Computed tomography, thorax;	Denied Not	Yes this is a request for a Diagnostic CT; This study is being ordered for vascular disease	Apr-Jun
6/30/2023 4/1/2	2023	6/30/2023 Unknown	Disapproval	without contrast material	Medically Necessary		1 2023 2023
0,30,2023 4/1/2	2023	0/30/2023 OTKHOWII	Disapproval	without Contrast material	wicalcally wecessary	other than cardiac.	1 2023 2023

						There is radiologic evidence of non-resolving pneumonia for 6 weeks after antibiotic	
					Radiology Services	treatment was prescribed.; A Chest/Thorax CT is being ordered.; Yes this is a request for a	
4/1/2023 -				71250 Computed tomography, thorax;	Denied Not	Diagnostic CT; This study is being ordered for known or suspected inflammatory disease or	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	without contrast material	Medically Necessary	·	1 2023 2023
						They had a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; Yes this is a request	
					Radiology Services	for a Diagnostic CT; This study is being ordered for work-up for suspicious mass.; There is	
4/1/2023 -				71250 Computed tomography, thorax;	Denied Not	radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall mass	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	without contrast material	Medically Necessary	noted in the last 90 days	2 2023 2023
						This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low	
						Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient	
						is 49 years old or younger.; It is unknown if the patient is presenting with pulmonary signs or	
				71271 Computed tomography, thorax,	Radiology Services	symptoms of lung cancer or if there are other diagnostic test suggestive of lung cancer.;	
4/1/2023 -				low dose for lung cancer screening,	Denied Not	Patients who are NOT between the ages of 50 and 80 years of age do not meet the criteria	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	without contrast material(s)	Medically Necessary	for lung cancer screening.; The health carrier is NOT Virginia Premier Health Plan	1 2023 2023
						This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low	
						Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient	
						is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The	
						patient has a 20 pack per year history of smoking.; The patient is NOT presenting with	
				71271 Computed tomography, thorax,	Radiology Services	pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive	
4/1/2023 -				low dose for lung cancer screening,	Denied Not	of lung cancer.; The patient has not quit smoking.; The health carrier is NOT Virginia Premier	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	without contrast material(s)	Medically Necessary	Health Plan	2 2023 2023
						This request is for a Low Dose CT for Lung Cancer Screening.; This patient has NOT had a Low	
						Dose CT for Lung Cancer Screening or diagnostic Chest CT in the past 11 months.; The patient	
						is between 50 and 80 years old.; This patient is a smoker or has a history of smoking.; The	
						patient has a 20 pack per year history of smoking.; The patient is NOT presenting with	
				71271 Computed tomography, thorax,	Radiology Services	pulmonary signs or symptoms of lung cancer nor are there other diagnostic test suggestive	
4/1/2023 -				low dose for lung cancer screening,	Denied Not	of lung cancer.; The patient quit smoking less than 15 years ago.; The health carrier is NOT	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	without contrast material(s)	Medically Necessary	Virginia Premier Health Plan	1 2023 2023
				· ·		mild ascending aorta dilation, Giant cell arteritis with polymyalgia rheumatica; This study is	
						not requested to evaluate suspected pulmonary embolus.; This study will not be performed	
				71275 Computed tomographic		in conjunction with a Chest CT.; This study is being ordered for Known Vascular Disease.;	
				angiography, chest (noncoronary), with		This is a Follow-up to a previous angiogram or MR angiogram.; There are no new signs or	
				contrast material(s), including	Radiology Services	symptoms indicative of a dissecting aortic aneurysm.; It is not known whether there are	
4/1/2023 -				noncontrast images, if performed, and	Denied Not	signs or symptoms indicative of a progressive vascular stenosis.; Yes, this is a request for a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	image postprocessing	Medically Necessary	Chest CT Angiography.	1 2023 2023
2,22,	, ,	.,,		71550 Magnetic resonance (eg, proton)		0.0 cp. /	
				imaging, chest (eg, for evaluation of			
				hilar and mediastinal	Radiology Services	; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT	
4/1/2023 -				lymphadenopathy); without contrast	Denied Not	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	material(s)		Oncology; This case was created via RadMD.	1 2023 2023
0,00,000	., _,	0,00,000	pp	(0)	, , , , , , , , , , , , , , , , , , , ,		
					Radiology Services		
4/1/2023 -				72125 Computed tomography, cervical	Denied Not	This study is not to be part of a Myelogram.; This is a request for a Cervical Spine CT; There is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	spine; without contrast material		no reason why the patient cannot have a Cervical Spine MRI.	4 2023 2023
5,55,2525	., 1, 2023	5,50,2025 OHKHOWH	2.0000010401	2,	ca.ca, recessary	UNKNOWN; This study is being ordered for something other than: known trauma or injury,	. 2023 2023
						metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital	
						anomaly, or vascular disease.; There has been treatment or conservative therapy.; The	
					Radiology Services	ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology,	
4/1/2023 -				72125 Computed tomography, cervical	Denied Not	Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary	Apr-Jun
6/30/2023	4/1/2022	6/30/2023 Unknown	Disapproval	spine; without contrast material		symptoms began more than 1 year ago; Medications were given for this diagnosis	1 2023 2023
0/30/2023	7/1/2023	0/30/2023 OHKHOWII	Disapproval	spine, without contrast material	ivicultally ivecessally	This is a request for a thoracic spine CT.; There is evidence of tumor or metastasis on a bone	1 2023 2023
					Padiology Sonvices	scan or x-ray.; The study is being ordered due to suspected tumor with or without	
4/1/2023 -				72128 Computed tomography, thereois	Radiology Services	metastasis.; There is a reason why the patient cannot undergo a thoracic spine MRI.; Yes this	Apr lun
6/30/2023	4/1/2022	6/20/2022 Unknows	Dicapproval	72128 Computed tomography, thoracic spine; without contrast material			Apr-Jun 1 2023 2023
0/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	spine, without contrast material	iviedically ivecessary	is a request for a Diagnostic CT	1 2023 2023

					Radiology Services	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have	
4/1/2023 -				72131 Computed tomography, lumbar	Denied Not	new or changing neurologic signs or symptoms.; The patient does have a new foot drop.; Yes	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	spine; without contrast material	Medically Necessary	this is a request for a Diagnostic CT	2 2023 2023
					Dadialası Camiasa	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have	
4/1/2023 -				72131 Computed tomography, lumbar	Radiology Services Denied Not	new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.; The patient does have new signs or symptoms of bladder or bowel dysfunction.; Yes this is a	Apr-Jun
6/30/2023	1/1/2023	6/30/2023 Unknown	Disapproval	spine; without contrast material		request for a Diagnostic CT	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 OTIKITOWIT	Disapprovai	spine, without contrast material	Wiculcally Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have	1 2023 2023
						new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.;	
					Radiology Services	The patient does not have new signs or symptoms of bladder or bowel dysfunction.; It is not	
4/1/2023 -				72131 Computed tomography, lumbar	Denied Not	known if there is weakness or reflex abnormality.; There is not x-ray evidence of a recent	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	spine; without contrast material		lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2023 2023
						This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have	
						new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.;	
					Radiology Services	The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is	
4/1/2023 -				72131 Computed tomography, lumbar	Denied Not	reflex abnormality.; PLANTAR REFLEXES HAVE SOME CONCERN; There is not x-ray evidence	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	spine; without contrast material	Medically Necessary	of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2023 2023
						This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does have	
						new or changing neurologic signs or symptoms.; The patient does not have a new foot drop.;	
					Radiology Services	The patient does not have new signs or symptoms of bladder or bowel dysfunction.; There is	
4/1/2023 -				72131 Computed tomography, lumbar	Denied Not	weakness.; Pt c/o limited mobility, weakness in LE, gait abnormality; There is not x-ray	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	spine; without contrast material	Medically Necessary	evidence of a recent lumbar fracture.; Yes this is a request for a Diagnostic CT	1 2023 2023
						This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not	
						have new or changing neurologic signs or symptoms.; The patient has had back pain for over	
						4 weeks.; The patient has seen the doctor more then once for these symptoms.; The	
						physician has directed conservative treatment for the past 6 weeks.; The patient has not	
						completed 6 weeks of physical therapy?; The patient has been treated with medication.; The	
					Dadialası Camiasa	patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of	
4/4/2022				73131 Committed to measurable learning	Radiology Services	Chiropractic care.; The physician has directed a home exercise program for at least 6 weeks.;	Amm Ivon
4/1/2023 - 6/30/2023	4/1/2022	6/30/2023 Unknown	Disapproval	72131 Computed tomography, lumbar spine; without contrast material	Denied Not Medically Necessary	The home treatment did include exercise, prescription medication and follow-up office visits.;; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
6/30/2023	4/1/2023	6/30/2023 UNKNOWN	Disapprovai	spine; without contrast material	Medically Necessary	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not	1 2023 2023
						have new or changing neurologic signs or symptoms.; The patient has had back pain for over	
						4 weeks.; The patient has seen the doctor more then once for these symptoms.; The	
						physician has directed conservative treatment for the past 6 weeks.; The patient has not	
						completed 6 weeks of physical therapy?; The patient has been treated with medication.; The	
					Radiology Services	patient was treated with oral analgesics.; The patient has not completed 6 weeks or more of	
4/1/2023 -				72131 Computed tomography, lumbar	Denied Not	Chiropractic care.; The physician has not directed a home exercise program for at least 6	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	spine; without contrast material		weeks.; Yes this is a request for a Diagnostic CT	1 2023 2023
, ,	, ,	,,	- -	, -,	,,	This is a request for a lumbar spine CT.; Acute or Chronic back pain; The patient does not	
						have new or changing neurologic signs or symptoms.; The patient has had back pain for over	
					Radiology Services	4 weeks.; The patient has seen the doctor more then once for these symptoms.; The	
4/1/2023 -				72131 Computed tomography, lumbar	Denied Not	physician has not directed conservative treatment for the past 6 weeks.; Yes this is a request	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	spine; without contrast material	Medically Necessary		1 2023 2023
						This is a request for a lumbar spine CT.; Follow-up to Surgery or Fracture within the last 6	
						months; The patient been not been seen by or is not the ordering physician an oncologist,	
					Radiology Services	neurologist, neurosurgeon, or orthopedist.; There has been a recurrence of symptoms	
4/1/2023 -				72131 Computed tomography, lumbar	Denied Not	following surgery.; The surgery was less than 6 months ago.; Yes this is a request for a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	spine; without contrast material	Medically Necessary	Diagnostic CT	1 2023 2023
					Radiology Services	This is a request for a lumbar spine CT.; Neurological deficits; The patient does have new or	
4/1/2023 -	. /. /2	s /20 /2025 · · ·		72131 Computed tomography, lumbar	Denied Not	changing neurologic signs or symptoms.; The patient does have a new foot drop.; Yes this is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	spine; without contrast material	Medically Necessary	a request for a Diagnostic CT	1 2023 2023

					Radiology Services	This is a request for a lumbar spine CT.; Trauma or recent injury; The patient does not have new or changing neurologic signs or symptoms.; The patient has had back pain for over 4	
4/1/2023 -				72131 Computed tomography, lumbar	Denied Not	weeks.; The patient has not seen the doctor more then once for these symptoms.; Yes this is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	spine; without contrast material		a request for a Diagnostic CT	1 2023 2023
						; This study is being ordered for a neurological disorder.; There has not been any treatment	
						or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty	
				72141 Magnetic resonance (eg, proton)	Radiology Services	is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	Oncology; This case was created via RadMD.; The primary symptoms began less than 6	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	cervical; without contrast material	Medically Necessary	months ago	1 2023 2023
						Chief Connellists Neels and Ann. Pola Other Connellists Cheulden Pola Ellery Pola Mid Pode	
				72141 Magnetic resonance (eg, proton)	Radiology Services	Chief Complaint: Neck and Arm Pain; Other Complaints: Shoulder Pain, Elbow Pain, Mid Back Pain, Lower Back Pain; There has been treatment or conservative therapy.; This case was	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	created via RadMD.; This study is being ordered for Neurological Disorder; The primary	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	cervical; without contrast material		symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	1 2023 2023
0,00,2020	., 2, 2020	0,00,2020 01111101111	Бізарріота	cervical, without contrast material	medically recessary	chronic back pain throughout, s/p surgery of T spine, needed for spine surgeon eval; There	1 2020 2020
				72141 Magnetic resonance (eg, proton)	Radiology Services	has been treatment or conservative therapy.; This case was created via RadMD.; This study is	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	being ordered for Other; The primary symptoms began more than 1 year ago; Other not	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	cervical; without contrast material	Medically Necessary	listed was done for this diagnosis	1 2023 2023
						He was doing well, but now reports that his 'whole spine' is bothersome. The pain is superior	
						to his fusion and extends up. There is pain in the neck with radiation into the arms as well as	
				72141 Magnetic resonance (eg, proton)		thoracic spine with radiation anteriorly.; There has been treatment or conservative therapy.;	
4/1/2023 -	4/4/2022	6/20/2022	Discourse	imaging, spinal canal and contents,	Denied Not	This case was created via RadMD.; This study is being ordered for Other; The primary	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	cervical; without contrast material	Medically Necessary	symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1 2023 2023
						In addition, she also complains of Hand Pain. On a numerical rating scale, the patient states	
						her pain at its; worst is 9 out of 10. At its least, the pain is 2 out of 10. On average, she states	
				72141 Magnetic resonance (eg, proton)	Radiology Services	her pain is about a 7 out of 10.;Right now, she states the ; There has not been any treatment	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	or conservative therapy.; This case was created via RadMD.; This study is being ordered for	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	cervical; without contrast material	Medically Necessary	Neurological Disorder; The primary symptoms began less than 6 months ago	1 2023 2023
				72141 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	It is not known if there has been any treatment or conservative therapy.; This study is being	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	cervical; without contrast material	Medically Necessary	ordered for Neurological Disorder; The primary symptoms began less than 6 months ago	1 2023 2023
						NO IMPROVEMENT IN SYMPTOMS DESPITE CONSERVATIVE THERAPY; There has been	
4/1/2022				72141 Magnetic resonance (eg, proton)		treatment or conservative therapy.; This case was created via RadMD.; This study is being	Amu lum
4/1/2023 - 6/30/2023	4/1/2022	6/30/2023 Unknown	Disapproval	imaging, spinal canal and contents, cervical; without contrast material	Denied Not	ordered for Inflammatory / Infectious Disease; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
0/30/2023	4/1/2023	0/30/2023 OTKITOWIT	Disappiovai	cervical, without contrast material	Wiedically Necessary	Patient had pain injections, pt, patient has taken medication.; There has been treatment or	1 2023 2023
				72141 Magnetic resonance (eg, proton)	Radiology Services	conservative therapy.; This case was created via RadMD.; This study is being ordered for	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	Other; The primary symptoms began more than 1 year ago; Medications were given for this	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	cervical; without contrast material	Medically Necessary		1 2023 2023
					•	Planning for interventional options including medial branch blocks or ESI; There has been	
				72141 Magnetic resonance (eg, proton)	Radiology Services	treatment or conservative therapy.; This case was created via RadMD.; This study is being	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	cervical; without contrast material	Medically Necessary	was completed for this diagnosis	1 2023 2023
				724.44 Manuallana ()	Dedictor C. 1	Secondary malignant neoplasm of liver and intrahepatic bile duct; Malignant neoplasm of	
4/4/2022				72141 Magnetic resonance (eg, proton)		rectum; This study is being ordered for a metastatic disease.; The ordering MDs specialty is	A 1.
4/1/2023 -	4/1/2022	6/20/2022 Unkna	Dicapproval	imaging, spinal canal and contents,	Denied Not	NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	cervical; without contrast material	Medically Necessary	Oncology; This case was created via RadMD.	1 2023 2023
				72141 Magnetic resonance (eg, proton)	Radiology Services	This case was created via BBI.; This study is being ordered for Trauma / Injury; The ordering	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	cervical; without contrast material		physical exam; The patient is demonstrating unilateral muscle wasting/weakness	1 2023 2023
, ,	, ,	,		,	,,	, , , , , , , , , , , , , , , , , , ,	=

				72141 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	This is a request for cervical spine MRI; The reason for ordering this test is Known or	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	cervical; without contrast material	Medically Necessary	suspected infection or abscess	2 2023 2023
				72141 Magnetic resonance (eg, proton)	Radiology Services	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	deficits; This is NOT a Medicare member.; The patient has Dermatomal sensory changes on	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	cervical; without contrast material		physical examination	1 2023 2023
0/30/2023	4,1,2023	0/30/2023 OTIKITOWIT	Бізарріочаі	cervical, without contrast material	Wiedically Weeessally	physical examination	1 2023 2023
				72141 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	cervical; without contrast material	Medically Necessary	deficits; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	2 2023 2023
				72141 Magnetic resonance (eg, proton)	Radiology Services	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	deficits; This is NOT a Medicare member.; The patient has New symptoms of paresthesia	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	cervical; without contrast material		evaluated by a neurologist	2 2023 2023
				·		,	
1				72141 Magnetic resonance (eg, proton)		This is a request for cervical spine MRI; The reason for ordering this test is Neurologic	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	deficits; This is NOT a Medicare member.; The patient has Physical exam findings consistent	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	cervical; without contrast material	Medically Necessary	with myelopathy	4 2023 2023
				72141 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	This is a request for cervical spine MRI; The reason for ordering this test is Neurologic	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	cervical; without contrast material		deficits; This is NOT a Medicare member.; The patient has Unilateral focal muscle wasting	1 2023 2023
, , , , , , , , , , , , , , , , , , , ,	, ,	.,,			, , , , , ,		
				72141 Magnetic resonance (eg, proton)	Radiology Services	This is a request for cervical spine MRI; This procedure is being requested for Acute / new	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	neck pain; It is unknown if any of these apply to the patient; The pain did NOT begin within	Apr-Jur
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	cervical; without contrast material	Medically Necessary	the past 6 weeks.	1 2023 2023
				721.41 Magnatic reconnect (e.g. protect)	Dadialası Camiasa	This is a year set for our iteal entry NADI. This proceedings is being year restant for Asite / acres	
4/1/2023 -				72141 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not	This is a request for cervical spine MRI; This procedure is being requested for Acute / new neck pain; The pain began within the past 6 weeks.; The patient does not have a neurological	Apr-Jur
6/30/2023	1/1/2023	6/30/2023 Unknown	Disapproval	cervical; without contrast material		deficit, PT or home exercise, diagnostic test, or abnormal xray.	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 OTIKITOWIT	Бізарріочаі	cervical, without contrast material	Wiedically Weeessally	dentity i for nome exercise, diagnostic test, or abnormal xitay.	1 2023 2023
				72141 Magnetic resonance (eg, proton)	Radiology Services	This is a request for cervical spine MRI; This procedure is being requested for Acute / new	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	neck pain; The pain began within the past 6 weeks.; The patient had a diagnostic test (such	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	cervical; without contrast material	Medically Necessary	as an EMG/nerve conduction) involving the cervical spine	1 2023 2023
						This is a request for cervical spine MRI; This procedure is being requested for Acute / new	
4/4/0000				72141 Magnetic resonance (eg, proton)	- '	neck pain; The pain began within the past 6 weeks.; The patient had an abnormal xray	
4/1/2023 - 6/30/2023	4/1/2022	6/30/2023 Unknown	Dicapproval	imaging, spinal canal and contents, cervical; without contrast material	Denied Not	indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	Apr-Jun 1 2023 2023
0/30/2023	4/1/2023	0/30/2023 UTIKITOWIT	Disapproval	cervical, without contrast material	ivieuically ivecessary	This is NOT a Medicale member.	1 2023 2023
				72141 Magnetic resonance (eg, proton)	Radiology Services	This is a request for cervical spine MRI; This procedure is being requested for Acute / new	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	neck pain; The pain began within the past 6 weeks.; The patient has a neurologic deficit; The	Apr-Jur
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	cervical; without contrast material	Medically Necessary	patient has None of the above	1 2023 2023
						This is a request for cervical spine MRI; This procedure is being requested for Acute / new	
. /. /0				72141 Magnetic resonance (eg, proton)		neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient	
4/1/2023 -	4/4/2000	6/20/2022	Discour	imaging, spinal canal and contents,	Denied Not	completed or failed a trial of physical therapy, chiropractic or physician supervised home	Apr-Jur
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	cervical; without contrast material	Medically Necessary	exercise This is a request for cervical spine MRI; This procedure is being requested for Acute / new	4 2023 2023
				72141 Magnetic resonance (eg, proton)	Radiology Services	neck pain; The pain began within the past 6 weeks.; Within the past six (6) weeks the patient	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	completed or failed a trial of physical therapy, chiropractic or physician supervised home	Apr-Jur
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	cervical; without contrast material	Medically Necessary		5 2023 2023
					,		
				72141 Magnetic resonance (eg, proton)	Radiology Services	This is a request for cervical spine MRI; This procedure is being requested for Acute / new	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	neck pain; The patient has a new onset or changing radiculitis / radiculopathy; It is not	Apr-Jur
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	cervical; without contrast material	Medically Necessary	known if the pain began within the past 6 weeks.	2 2023 2023

				72141 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -	4/4/2022	c /20 /2022 !	D: 1	imaging, spinal canal and contents,	Denied Not	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	cervical; without contrast material	Medically Necessary	longstanding neck pain; It is unknown if any of these apply to the patient	1 2023 2023
				72141 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	cervical; without contrast material	Medically Necessary	longstanding neck pain; The patient does not have any of the above listed items	4 2023 2023
4/4/2022				72141 Magnetic resonance (eg, proton)	0,	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	Ame I.in
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	imaging, spinal canal and contents, cervical; without contrast material	Denied Not	longstanding neck pain; The patient had an abnormal xray indicating a complex fracture or other significant abnormality involving the cervical spine; This is NOT a Medicare member.	Apr-Jun 4 2023 2023
0/30/2023	4/1/2023	0/30/2023 OTKITOWIT	ызарргочаг	cervical, without contrast material	ivicultary recessary	other significant abhormancy involving the cervical spine, this is NOT a wedicare member.	4 2023 2023
				72141 Magnetic resonance (eg, proton)	Radiology Services	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	cervical; without contrast material	Medically Necessary	member.; The patient has Dermatomal sensory changes on physical examination	1 2023 2023
					5 11 6 1	T1::	
4/1/2022				72141 Magnetic resonance (eg, proton)		This is a request for cervical spine MRI; This procedure is being requested for Chronic /	A 1
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	imaging, spinal canal and contents, cervical; without contrast material	Denied Not	longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare member.; The patient has Focal upper extremity weakness	Apr-Jun 3 2023 2023
0/30/2023	4/1/2023	0/30/2023 OTKHOWII	Disappiovai	cervical, without contrast material	ivieuically ivecessary	member., the patient has rocal upper extremity weakness	3 2023 2023
				72141 Magnetic resonance (eg, proton)	Radiology Services	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	cervical; without contrast material	Medically Necessary	member.; The patient has New symptoms of paresthesia evaluated by a neurologist	1 2023 2023
. /. /2022				72141 Magnetic resonance (eg, proton)		TI	
4/1/2023 -	4/1/2022	C/20/2022 Halmania	Disamment	imaging, spinal canal and contents,	Denied Not	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	cervical; without contrast material	Medically Necessary	longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	5 2023 2023
				72141 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	cervical; without contrast material	Medically Necessary	longstanding neck pain; The patient has a new onset or changing radiculitis / radiculopathy	6 2023 2023
. /. /2022				72141 Magnetic resonance (eg, proton)		This is a request for cervical spine MRI; This procedure is being requested for Chronic /	
4/1/2023 - 6/30/2023	4/1/2022	6/30/2023 Unknown	Disapproval	imaging, spinal canal and contents, cervical; without contrast material	Denied Not	longstanding neck pain; The patient has been treated with a facet joint or epidural injection within the past 6 weeks	Apr-Jun 3 2023 2023
0/30/2023	4/1/2023	0/30/2023 OTKHOWII	Disappiovai	cervical, without contrast material	ivieuically ivecessary	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	3 2023 2023
				72141 Magnetic resonance (eg, proton)	Radiology Services	longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	cervical; without contrast material	Medically Necessary	NOT a Medicare member.	9 2023 2023
						This is a request for cervical spine MRI; This procedure is being requested for Chronic /	
4 /4 /2022				72141 Magnetic resonance (eg, proton)		longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or	
4/1/2023 -	4/1/2022	6/20/2022 Hakas	Dicapprovel	imaging, spinal canal and contents,	Denied Not	failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is	Apr-Jun 10 2023 2023
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	cervical; without contrast material	ivieuically Necessary	NOT a Medicare member. This is a request for cervical spine MRI; This procedure is being requested for Chronic /	10 2023 2023
				72141 Magnetic resonance (eg, proton)	Radiology Services	longstanding neck pain; Within the past 6 months the patient had 6 weeks of therapy or	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	failed a trial of physical therapy, chiropractic or physician supervised home exercise; This is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	cervical; without contrast material		NOT a Medicare member.	11 2023 2023
						Cardiovascular: Rate and rhythm regular, No audible murmur or gallop.;Musculoskeletal	
						Cervical: Neck is supple and has normal cervical lordosis. Normal rom.;Musculoskeletal	
						Thoracic: Palpation of thoracic facet joints at T5-6, T6-7, T7-8 levels reproduc; There has	
4/4/2022				72146 Magnetic resonance (eg, proton)		been treatment or conservative therapy.; This case was created via RadMD.; This study is	Ama I
4/1/2023 - 6/30/2023	4/1/2022	6/30/2023 Unknown	Disapproval	imaging, spinal canal and contents, thoracic; without contrast material	Denied Not Medically Necessary	being ordered for Other; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
0/ 30/ 2023	7/1/2023	O/ JO/ ZOZJ OHKHOWII	Disappiovai	anoracie, without contrast material	ivicultariy NCCC33dly	were given for any ungricory	1 2023 2023

						chronic back pain throughout, s/p surgery of T spine, needed for spine surgeon eval; There	
				72146 Magnetic resonance (eg, proton)	Radiology Services	has been treatment or conservative therapy.; This case was created via RadMD.; This study is	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	being ordered for Other; The primary symptoms began more than 1 year ago; Other not	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	thoracic; without contrast material	Medically Necessary	listed was done for this diagnosis	1 2023 2023
						He was doing well, but now reports that his 'whole spine' is bothersome. The pain is superior	
						to his fusion and extends up. There is pain in the neck with radiation into the arms as well as	
				72146 Magnetic resonance (eg, proton)	Radiology Services	thoracic spine with radiation anteriorly.; There has been treatment or conservative therapy.;	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	This case was created via RadMD.; This study is being ordered for Other; The primary	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	thoracic; without contrast material	Medically Necessary	symptoms began more than 1 year ago; Physical Therapy was completed for this diagnosis	1 2023 2023
						Planning for interventional options including medial branch blocks or ESI; There has been	
				72146 Magnetic resonance (eg, proton)	Radiology Services	treatment or conservative therapy.; This case was created via RadMD.; This study is being	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	ordered for Other; The primary symptoms began more than 1 year ago; Physical Therapy	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	thoracic; without contrast material	Medically Necessary	was completed for this diagnosis	1 2023 2023
						She reports that her pain is made worse by activity and things like repetitive motions. She	
						reports paresthesia in the UE throughout and pain radiating through lower back and buttock	
						posteriorly through the leg on the right. When she attempts PT exercises; There has been	
						treatment or conservative therapy.; This case was created via RadMD.; This study is being	
				72146 Magnetic resonance (eg, proton)	Radiology Services	ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	thoracic; without contrast material	Medically Necessary	Medications were given for this diagnosis	1 2023 2023
						This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic	
						back pain; It is not known if the patient does have new or changing neurologic signs or	
				72146 Magnetic resonance (eg, proton)	Radiology Services	symptoms.; The patient has had back pain for over 4 weeks.; The patient has seen the doctor	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	more then once for these symptoms.; The physician has directed conservative treatment for	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	thoracic; without contrast material	Medically Necessary	the past 6 weeks.; The patient has completed 6 weeks of physical therapy?	1 2023 2023
				72146 Magnetic resonance (eg, proton)	Radiology Services	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	back pain; The patient does have new or changing neurologic signs or symptoms.; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	thoracic; without contrast material	Medically Necessary	patient does have a new foot drop.	1 2023 2023
				72146 Magnetic resonance (eg, proton)	Radiology Services	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	back pain; The patient does have new or changing neurologic signs or symptoms.; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	thoracic; without contrast material	Medically Necessary	patient does have a new foot drop.	2 2023 2023
						This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic	
				72146 Magnetic resonance (eg, proton)	Radiology Services	back pain; The patient does have new or changing neurologic signs or symptoms.; The	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	patient does not have a new foot drop.; The patient does not have new signs or symptoms of	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	thoracic; without contrast material	Medically Necessary	bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.	1 2023 2023
						This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic	
						back pain; The patient does have new or changing neurologic signs or symptoms.; The	
				72146 Magnetic resonance (eg, proton)	Radiology Services	patient does not have a new foot drop.; The patient does not have new signs or symptoms of	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	thoracic; without contrast material	Medically Necessary	no weakness or reflex abnormality.	1 2023 2023
						This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic	
				72146 Magnetic resonance (eg, proton)	Radiology Services	back pain; The patient does not have new or changing neurologic signs or symptoms.; The	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	patient has had back pain for over 4 weeks.; The patient has not seen the doctor more then	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	thoracic; without contrast material	Medically Necessary	once for these symptoms.	1 2023 2023
					•	This is a request for a thoracic spine MRI.; This study is being ordered for Acute or Chronic	
						back pain; The patient does not have new or changing neurologic signs or symptoms.; The	
						patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once	
						for these symptoms.; The physician has directed conservative treatment for the past 6	
						weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been	
				72146 Magnetic resonance (eg, proton)	Radiology Services	treated with medication.; The patient was treated with oral analgesics.; It is not known if the	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	patient has completed 6 weeks or more of Chiropractic care.; The physician has not directed	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	thoracic; without contrast material		a home exercise program for at least 6 weeks.	1 2023 2023
-,,	, _,	.,, 0			zanzan, mecessury	, F0.	

						This is a request for a thoracic spine MRI.; This study is being ordered for Follow-up to	
						Surgery or Fracture within the last 6 months; The patient does not have new or changing	
						neurologic signs or symptoms.; The patient has NOT had back pain for over 4 weeks.; The	
				72146 Magnetic resonance (eg, proton)		patient been not been seen by or is not the ordering physician an oncologist, neurologist,	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	neurosurgeon, or orthopedist.; There has not been a recurrence of symptoms following	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	thoracic; without contrast material	Medically Necessary	- ·	1 2023 2023
						This is a request for a thoracic spine MRI.; This study is being ordered for Known or	
						Suspected Infection or abscess; There is no laboratory or x-ray evidence of osteomyelitis.;	
				72146 Magnetic resonance (eg, proton)		There is not laboratory or x-ray evidence of meningitis.; There is not laboratory or x-ray	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	evidence of an infected disc, septic arthritis, or "discitis".; There is not laboratory or x-ray	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	thoracic; without contrast material	Medically Necessary	evidence of a paraspinal abscess.	1 2023 2023
				72146 Magnetic resonance (eg, proton)		This is a request for a thoracic spine MRI.; This study is being ordered for Neurological	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	deficits; The patient does have new or changing neurologic signs or symptoms.; The patient	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	thoracic; without contrast material	Medically Necessary	does have a new foot drop.	1 2023 2023
						This is a request for a thoracic spine MRI.; This study is being ordered for Neurological	
						deficits; The patient does have new or changing neurologic signs or symptoms.; The patient	
				72146 Magnetic resonance (eg, proton)		does not have a new foot drop.; The patient does not have new signs or symptoms of	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	bladder or bowel dysfunction.; There is recent evidence of a thoracic spine fracture.; There is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	thoracic; without contrast material	Medically Necessary	• •	1 2023 2023
						This is a request for a thoracic spine MRI.; This study is being ordered for Trauma or recent	
						injury; The patient does not have new or changing neurologic signs or symptoms.; The	
						patient has had back pain for over 4 weeks.; The patient has seen the doctor more then once	
						for these symptoms.; The physician has directed conservative treatment for the past 6	
						weeks.; The patient has not completed 6 weeks of physical therapy?; The patient has been	
				72146 Magnetic resonance (eg, proton)	Radiology Services	treated with medication.; other medications as listed.; Tylenol;Flexeril; It is not known if the	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	patient has completed 6 weeks or more of Chiropractic care.; It is not known if the physician	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	thoracic; without contrast material	Medically Necessary	has directed a home exercise program for at least 6 weeks.	1 2023 2023
						This study is being ordered for Vascular Disease.; There has been treatment or conservative	
				72146 Magnetic resonance (eg, proton)	Radiology Services	therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery,	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	thoracic; without contrast material	Medically Necessary	primary symptoms began less than 6 months ago; Home Exercise was done for this diagnosis	1 2023 2023
						We will obtain a thoracic spine and lumbar spine MRI without contrast to rule out vertebral	
				72146 Magnetic resonance (eg, proton)	Radiology Services	body compression fractures; There has been treatment or conservative therapy.; This case	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	was created via RadMD.; This study is being ordered for Other; The primary symptoms	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	thoracic; without contrast material	Medically Necessary	began 6 months to 1 year; Physical Therapy was completed for this diagnosis	1 2023 2023
						; This study is being ordered for something other than: known trauma or injury, metastatic	
						disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
						vascular disease.; There has been treatment or conservative therapy.; The ordering MDs	
				72148 Magnetic resonance (eg, proton)	٠,	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	lumbar; without contrast material	Medically Necessary	months to 1 year; Physical Therapy was completed for this diagnosis	1 2023 2023
						Cardiovascular: Rate and rhythm regular, No audible murmur or gallop.;Musculoskeletal	
						Cervical: Neck is supple and has normal cervical lordosis. Normal rom.;Musculoskeletal	
						Thoracic: Palpation of thoracic facet joints at T5-6, T6-7, T7-8 levels reproduc; There has	
				72148 Magnetic resonance (eg, proton)	Radiology Services	been treatment or conservative therapy.; This case was created via RadMD.; This study is	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	being ordered for Other; The primary symptoms began more than 1 year ago; Medications	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	lumbar; without contrast material	Medically Necessary	were given for this diagnosis	1 2023 2023
						Chief Complaint: Neck and Arm Pain;Other Complaints: Shoulder Pain, Elbow Pain, Mid Back	
				72148 Magnetic resonance (eg, proton)	Radiology Services	Pain, Lower Back Pain; There has been treatment or conservative therapy.; This case was	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	created via RadMD.; This study is being ordered for Neurological Disorder; The primary	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	lumbar; without contrast material	Medically Necessary	symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	1 2023 2023

				72148 Magnetic resonance (eg, proton)	Radiology Services	chronic back pain throughout, s/p surgery of T spine, needed for spine surgeon eval; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	being ordered for Other; The primary symptoms began more than 1 year ago; Other not	Apr-Jun
	4/1/2023	6/30/2023 Unknown	Disapproval	lumbar; without contrast material		listed was done for this diagnosis	1 2023 2023
						He has a failed back syndrome. Has had two back surgeries has terrible neuropathy in both	
						legs. He does not want to take narcotics long-term. He said he cannot stand for long periods	
						of time, he cannot sit. Said he doesn't sleep well. Said he is losing st; This study is being	
						ordered for something other than: known trauma or injury, metastatic disease, a	
						neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular	
					5 11 6 1	disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is	
4/1/2023 -				72148 Magnetic resonance (eg, proton)	Denied Not	NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	A 1
	4/1/2023	6/30/2023 Unknown	Disapproval	imaging, spinal canal and contents, lumbar; without contrast material	Medically Necessary	Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
0/30/2023	4/1/2023	0/30/2023 OTIKITOWIT	Disappiovai	idilibal, without contrast material	ivieuically ivecessary	I expect each pain problem will last at least more than one year and most likely this problem	1 2023 2023
						last until the death; of patient with potentially periodic exacerbation of this chronic problem.	
						Exacerbation of each problem will;require additional specific d; There has been treatment or	
				72148 Magnetic resonance (eg, proton)	Radiology Services	conservative therapy.; This case was created via RadMD.; This study is being ordered for	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	Other; The primary symptoms began 6 months to 1 year; Medications were given for this	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	lumbar; without contrast material	Medically Necessary	diagnosis	1 2023 2023
						In addition, she also complains of Hand Pain. On a numerical rating scale, the patient states	
						her pain at its; worst is 9 out of 10. At its least, the pain is 2 out of 10. On average, she states	
				72148 Magnetic resonance (eg, proton)		her pain is about a 7 out of 10.;Right now, she states the ; There has not been any treatment	
4/1/2023 -	. /. /2022	s /20 /2022 !	B: 1	imaging, spinal canal and contents,	Denied Not	or conservative therapy.; This case was created via RadMD.; This study is being ordered for	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	lumbar; without contrast material	Medically Necessary	Neurological Disorder; The primary symptoms began less than 6 months ago	1 2023 2023
				72148 Magnetic resonance (eg, proton)	Radiology Services	NO IMPROVEMENT IN SYMPTOMS DESPITE CONSERVATIVE THERAPY; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	ordered for Inflammatory / Infectious Disease; The primary symptoms began 6 months to 1	Apr-Jun
1 1	4/1/2023	6/30/2023 Unknown	Disapproval	lumbar; without contrast material		year; Medications were given for this diagnosis	1 2023 2023
-,,	,, _,		ppp.		,	,,	
						Pain is chronic and worsening. He is having impairment in mobility due to this and has had	
						Pain is chronic and worsening. He is having impairment in mobility due to this and has had one ED visit recently due to pain. He is autistic which makes evaluation and treatment a bit	
						one ED visit recently due to pain. He is autistic which makes evaluation and treatment a bit	
						one ED visit recently due to pain. He is autistic which makes evaluation and treatment a bit more challenging. He has class 3 obesity with BMI of 47. Plain film; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular	
						one ED visit recently due to pain. He is autistic which makes evaluation and treatment a bit more challenging. He has class 3 obesity with BMI of 47. Plain film; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are	
				72148 Magnetic resonance (eg, proton)		one ED visit recently due to pain. He is autistic which makes evaluation and treatment a bit more challenging. He has class 3 obesity with BMI of 47. Plain film; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist,	
4/1/2023 -	44 (222			imaging, spinal canal and contents,	Denied Not	one ED visit recently due to pain. He is autistic which makes evaluation and treatment a bit more challenging. He has class 3 obesity with BMI of 47. Plain film; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created	Apr-Jun
	4/1/2023	6/30/2023 Unknown	Disapproval		Denied Not	one ED visit recently due to pain. He is autistic which makes evaluation and treatment a bit more challenging. He has class 3 obesity with BMI of 47. Plain film; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago	Apr-Jun 1 2023 2023
	4/1/2023	6/30/2023 Unknown	Disapproval	imaging, spinal canal and contents,	Denied Not	one ED visit recently due to pain. He is autistic which makes evaluation and treatment a bit more challenging. He has class 3 obesity with BMI of 47. Plain film; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago She reports that her pain is made worse by activity and things like repetitive motions. She	
	4/1/2023	6/30/2023 Unknown	Disapproval	imaging, spinal canal and contents,	Denied Not	one ED visit recently due to pain. He is autistic which makes evaluation and treatment a bit more challenging. He has class 3 obesity with BMI of 47. Plain film; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago She reports that her pain is made worse by activity and things like repetitive motions. She reports paresthesia in the UE throughout and pain radiating through lower back and buttock	
	4/1/2023	6/30/2023 Unknown	Disapproval	imaging, spinal canal and contents,	Denied Not	one ED visit recently due to pain. He is autistic which makes evaluation and treatment a bit more challenging. He has class 3 obesity with BMI of 47. Plain film; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago She reports that her pain is made worse by activity and things like repetitive motions. She reports paresthesia in the UE throughout and pain radiating through lower back and buttock posteriorly through the leg on the right. When she attempts PT exercises; There has been	
	4/1/2023	6/30/2023 Unknown	Disapproval	imaging, spinal canal and contents, lumbar; without contrast material	Denied Not Medically Necessary	one ED visit recently due to pain. He is autistic which makes evaluation and treatment a bit more challenging. He has class 3 obesity with BMI of 47. Plain film; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago She reports that her pain is made worse by activity and things like repetitive motions. She reports paresthesia in the UE throughout and pain radiating through lower back and buttock posteriorly through the leg on the right. When she attempts PT exercises; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being	
	4/1/2023	6/30/2023 Unknown	Disapproval	imaging, spinal canal and contents,	Denied Not Medically Necessary	one ED visit recently due to pain. He is autistic which makes evaluation and treatment a bit more challenging. He has class 3 obesity with BMI of 47. Plain film; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago She reports that her pain is made worse by activity and things like repetitive motions. She reports paresthesia in the UE throughout and pain radiating through lower back and buttock posteriorly through the leg on the right. When she attempts PT exercises; There has been	
6/30/2023 4/1/2023 -	4/1/2023 4/1/2023	6/30/2023 Unknown 6/30/2023 Unknown	Disapproval	imaging, spinal canal and contents, lumbar; without contrast material	Denied Not Medically Necessary Radiology Services Denied Not	one ED visit recently due to pain. He is autistic which makes evaluation and treatment a bit more challenging. He has class 3 obesity with BMI of 47. Plain film; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago She reports that her pain is made worse by activity and things like repetitive motions. She reports paresthesia in the UE throughout and pain radiating through lower back and buttock posteriorly through the leg on the right. When she attempts PT exercises; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT	1 2023 2023
6/30/2023 4/1/2023 -	·			imaging, spinal canal and contents, lumbar; without contrast material 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Denied Not Medically Necessary Radiology Services Denied Not	one ED visit recently due to pain. He is autistic which makes evaluation and treatment a bit more challenging. He has class 3 obesity with BMI of 47. Plain film; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago She reports that her pain is made worse by activity and things like repetitive motions. She reports paresthesia in the UE throughout and pain radiating through lower back and buttock posteriorly through the leg on the right. When she attempts PT exercises; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago;	1 2023 2023 Apr-Jun
6/30/2023 4/1/2023 -	·			imaging, spinal canal and contents, lumbar; without contrast material 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary	one ED visit recently due to pain. He is autistic which makes evaluation and treatment a bit more challenging. He has class 3 obesity with BMI of 47. Plain film; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago She reports that her pain is made worse by activity and things like repetitive motions. She reports paresthesia in the UE throughout and pain radiating through lower back and buttock posteriorly through the leg on the right. When she attempts PT exercises; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago;	1 2023 2023 Apr-Jun
6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 -	4/1/2023			imaging, spinal canal and contents, lumbar; without contrast material 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary	one ED visit recently due to pain. He is autistic which makes evaluation and treatment a bit more challenging. He has class 3 obesity with BMI of 47. Plain film; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago She reports that her pain is made worse by activity and things like repetitive motions. She reports paresthesia in the UE throughout and pain radiating through lower back and buttock posteriorly through the leg on the right. When she attempts PT exercises; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun
6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 -	·			imaging, spinal canal and contents, lumbar; without contrast material 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material 72148 Magnetic resonance (eg, proton)	Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary Radiology Services	one ED visit recently due to pain. He is autistic which makes evaluation and treatment a bit more challenging. He has class 3 obesity with BMI of 47. Plain film; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago She reports that her pain is made worse by activity and things like repetitive motions. She reports paresthesia in the UE throughout and pain radiating through lower back and buttock posteriorly through the leg on the right. When she attempts PT exercises; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic	1 2023 2023 Apr-Jun 1 2023 2023
6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 -	4/1/2023	6/30/2023 Unknown	Disapproval	imaging, spinal canal and contents, lumbar; without contrast material 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary	one ED visit recently due to pain. He is autistic which makes evaluation and treatment a bit more challenging. He has class 3 obesity with BMI of 47. Plain film; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago She reports that her pain is made worse by activity and things like repetitive motions. She reports paresthesia in the UE throughout and pain radiating through lower back and buttock posteriorly through the leg on the right. When she attempts PT exercises; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This study is being requested for Neurologic deficits; This is NOT a Medicare	1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun
6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	imaging, spinal canal and contents, lumbar; without contrast material 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material 72148 Magnetic resonance (eg, proton)	Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary Radiology Services	one ED visit recently due to pain. He is autistic which makes evaluation and treatment a bit more challenging. He has class 3 obesity with BMI of 47. Plain film; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago She reports that her pain is made worse by activity and things like repetitive motions. She reports paresthesia in the UE throughout and pain radiating through lower back and buttock posteriorly through the leg on the right. When she attempts PT exercises; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This study is being requested for Neurologic deficits; This is NOT a Medicare member.; The patient has Focal extremity weakness	Apr-Jun 1 2023 2023 Apr-Jun 1 2023 2023
6/30/2023 4/1/2023 - 6/30/2023 4/1/2023 - 4/1/2023 -	4/1/2023	6/30/2023 Unknown	Disapproval	imaging, spinal canal and contents, lumbar; without contrast material 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material 72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary Radiology Services Denied Not Medically Necessary Radiology Services Denied Not	one ED visit recently due to pain. He is autistic which makes evaluation and treatment a bit more challenging. He has class 3 obesity with BMI of 47. Plain film; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago She reports that her pain is made worse by activity and things like repetitive motions. She reports paresthesia in the UE throughout and pain radiating through lower back and buttock posteriorly through the leg on the right. When she attempts PT exercises; There has been treatment or conservative therapy.; This case was created via RadMD.; This study is being ordered for Pre Operative or Post Operative evaluation; The ordering MDs specialty is NOT Neurological Surgery or Orthopedics; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis The study requested is a Lumbar Spine MRI.; It is unknown if the patient has acute or chronic back pain.; This study is being requested for Neurologic deficits; This is NOT a Medicare	1 2023 2023 Apr-Jun 1 2023 2023 Apr-Jun

4/1/2023 -				72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not	The study requested is a Lumbar Spine MRI.; None of the above has been completed for the	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	lumbar; without contrast material	Medically Necessary	patient's back pain; The procedure is being ordered for acute or chronic back pain	3 2023 2023
4/1/2023 -	4/4/2022	s (00 (000 H))		imaging, spinal canal and contents,	Radiology Services Denied Not	The study requested is a Lumbar Spine MRI.; Something other than listed has been completed for the patient's back pain; The procedure is being ordered for acute or chronic	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	lumbar; without contrast material	Medically Necessary	back pain	1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient does NOT have acute or chronic back pain.; This study is being requested for Follow-up to surgery or fracture within the last 6 months	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	Radiology Services Denied Not Medically Necessary	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested as a Pre-operative evaluation; The ordering MDs specialty is Unknown	Apr-Jun 5 2023 2023
					Radiology Services	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 - 6/30/2023	4/1/2022	6/30/2023 Unknown	Disapproval	imaging, spinal canal and contents, lumbar; without contrast material	Denied Not	This study is being requested for 6 weeks of completed conservative care in the past 6	Apr-Jun 48 2023 2023
6/30/2023	4/1/2023	6/30/2023 UNKNOWN	Disapproval	lumbar; without contrast material	Medically Necessary	monuns	48 2023 2023
				72148 Magnetic resonance (eg, proton)	Radiology Services	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	This study is being requested for 6 weeks of completed conservative care in the past 6	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	lumbar; without contrast material	Medically Necessary	months	54 2023 2023
				724.40.84	Badialam Candara	The study assessment is a Louish of Califor NADL. The seatlest have a sea to be also also also also also also also also	
4/1/2023 -				72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for 6 weeks of completed conservative care in the past 6	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	lumbar; without contrast material	Medically Necessary		57 2023 2023
., ,	, ,	.,,		,	,,		
					Radiology Services	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -	4/4/2022	6/20/2022	Diamana	imaging, spinal canal and contents,	Denied Not	This study is being requested for an Abnormal nerve study (EMG) involving the lumbar	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	lumbar; without contrast material	Medically Necessary	spine; This is NOT a Medicare member.	1 2023 2023
				72148 Magnetic resonance (eg, proton)	Radiology Services	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	This study is being requested for an Abnormal nerve study (EMG) involving the lumbar	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	lumbar; without contrast material	Medically Necessary	spine; This is NOT a Medicare member.	3 2023 2023
				72148 Magnetic resonance (eg, proton)	Radiology Convices	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -				imaging, spinal canal and contents,	Radiology Services Denied Not	This study is being requested for an Abnormal x-ray indicating a complex fracture or severe	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	lumbar; without contrast material		anatomic derangement of the lumbar spine; This is NOT a Medicare member.	9 2023 2023
. /. /					Radiology Services	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 - 6/30/2023	4/1/2022	6/30/2023 Unknown	Disapproval	imaging, spinal canal and contents, lumbar; without contrast material	Denied Not	This study is being requested for an Abnormal x-ray indicating a complex fracture or severe anatomic derangement of the lumbar spine; This is NOT a Medicare member.	Apr-Jun 10 2023 2023
0/30/2023	4/1/2023	6/30/2023 UTIKITOWIT	Disapprovai	idilibar, without contrast material	ivieuically ivecessary	anatomic derangement of the fumbal spine, this is NOT a Medicare member.	10 2023 2023
				72148 Magnetic resonance (eg, proton)	Radiology Services	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	This study is being requested for an Abnormal x-ray indicating a complex fracture or severe	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	lumbar; without contrast material	Medically Necessary	anatomic derangement of the lumbar spine; This is NOT a Medicare member.	13 2023 2023
				72148 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	lumbar; without contrast material		This study is being requested for Follow-up to spine injection in the past 6 months	6 2023 2023
4/4/2022					Radiology Services	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	A
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	imaging, spinal canal and contents, lumbar; without contrast material	Denied Not Medically Necessary	This study is being requested for Neurological deficit(s); This is NOT a Medicare member.; The patient has Abnormal Reflexes	Apr-Jun 1 2023 2023
0/30/2023	-1/1/2023	O, JUI ZUZJ UTKITUWII	Pisappiovai	iamoar, without collitast material	ivicultarily inclessedly	The patient has Abhornian heriexes	1 2023 2023

				72148 Magnetic resonance (eg, proton)	Radiology Services	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	lumbar; without contrast material		The patient has Dermatomal sensory changes on physical examination	3 2023 2023
				72148 Magnetic resonance (eg, proton)	Radiology Services	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	lumbar; without contrast material	Medically Necessary	The patient has Focal extremity weakness	9 2023 2023
				72149 Magnetic reconnect (or mester)	Dadialası Candasa	The study recreated is a Lymphor Coine MDL. The matient has south as shoot heal, nois .	
4/1/2023 -				72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.; This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr-Jun
6/30/2023	1/1/2023	6/30/2023 Unknown	Disapproval	lumbar; without contrast material	Medically Necessary		2 2023 2023
0/30/2023	4/1/2023	0/30/2023 CHRIOWII	ызарргоча	idinodi, without contrast material	Wiedically Weeessally	The patient has been symptoms of bower of stadder dystanction	2 2023 2023
				72148 Magnetic resonance (eg, proton)	Radiology Services	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	lumbar; without contrast material	Medically Necessary	The patient has New symptoms of paresthesia evaluated by a neurologist	1 2023 2023
. /. />				72148 Magnetic resonance (eg, proton)		The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -	4/4/2022	6/20/2022 11-1	Discourse	imaging, spinal canal and contents,	Denied Not	This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	lumbar; without contrast material	Medically Necessary	The patient has Physical exam findings consistent with myelopathy	5 2023 2023
				72148 Magnetic resonance (eg, proton)	Radiology Services	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	lumbar; without contrast material	Medically Necessary	,	1 2023 2023
				72148 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	lumbar; without contrast material	Medically Necessary	This study is being requested for None of the above	13 2023 2023
				724.40.145.55	De diele en Constant		
4/1/2023 -				72148 Magnetic resonance (eg, proton) imaging, spinal canal and contents,	Radiology Services Denied Not	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	lumbar; without contrast material		This study is being requested for None of the above	16 2023 2023
0,00,2020	., 2, 2020	0/00/2020 01111101111	э ізаррі ота	idingar, without contract material	meandary recessary	This study is being requested for those of the above	10 2020 2020
				72148 Magnetic resonance (eg, proton)	Radiology Services	The study requested is a Lumbar Spine MRI.; This case was created via BBI.; A Physician	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	supervised home exercise program has been completed for the patient's back pain; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	lumbar; without contrast material	Medically Necessary	procedure is being ordered for acute or chronic back pain	1 2023 2023
. /. /2022				72148 Magnetic resonance (eg, proton)		This case was created via BBI.; This study is being ordered for Trauma / Injury; The ordering	
4/1/2023 - 6/30/2023	4/1/2022	6/30/2023 Unknown	Disapproval	imaging, spinal canal and contents, lumbar; without contrast material	Denied Not	MDs specialty is NOT Neurological Surgery or Orthopedics; There are neurological deficits on physical exam; The patient is demonstrating unilateral muscle wasting/weakness	Apr-Jun 1 2023 2023
0/30/2023	4/1/2023	6/30/2023 OTIKITOWIT	Disapprovai	idilibal, without contrast material	ivieuically ivecessary	physical exam, The patient is demonstrating diffracted muscle washing/weakness	1 2023 2023
						This study is being ordered for a neurological disorder.; There has not been any treatment or	
				72148 Magnetic resonance (eg, proton)	Radiology Services	conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	lumbar; without contrast material	Medically Necessary	Oncology; This case was created via BBI.; The primary symptoms began 6 months to 1 year	1 2023 2023
						This study is being ordered for Vascular Disease.; There has been treatment or conservative	
4/1/2022				72148 Magnetic resonance (eg, proton)		therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery,	A minut In
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	imaging, spinal canal and contents, lumbar; without contrast material	Denied Not Medically Necessary	Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began less than 6 months ago; Home Exercise was done for this diagnosis	Apr-Jun 1 2023 2023
0/30/2023	7/ 1/ 2023	U, JU, ZUZJ UHKHUWH	υισαρρι Ovai	idinoai, without contrast material	ividuically indicesselly	primary symptoms begain less than o months ago, nome Exercise was done for this diagnosis	1 2023 2023
						We will obtain a thoracic spine and lumbar spine MRI without contrast to rule out vertebral	
				72148 Magnetic resonance (eg, proton)	Radiology Services	body compression fractures; There has been treatment or conservative therapy.; This case	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	was created via RadMD.; This study is being ordered for Other; The primary symptoms	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	lumbar; without contrast material	Medically Necessary	began 6 months to 1 year; Physical Therapy was completed for this diagnosis	1 2023 2023

					Radiology Services		
4/1/2023 -				72192 Computed tomography, pelvis;	Denied Not	; This study is being ordered for some other reason than the choices given.; This is a request	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	without contrast material	Medically Necessary	for a Pelvis CT.; Yes this is a request for a Diagnostic CT	1 2023 2023
					5 11 1 6 1		
4/1/2023 -				73103 Committed to magazine, malicing		reports this is the same pain as she had after fall 10/2021 - has not had CT pelvis - but xrays -	Amm I
6/30/2023	4/1/2022	6/30/2023 Unknown	Disapproval	72192 Computed tomography, pelvis; without contrast material	Denied Not	non acute; findings.; This study is being ordered for some other reason than the choices given.; This is a request for a Pelvis CT.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
0/30/2023	4/1/2023	0/30/2023 OTIKITOWIT	Disappiovai	without contrast material	ivieuically ivecessary	given., This is a request for a reivis cr., res this is a request for a Diagnostic Cr	1 2023 2023
				72196 Magnetic resonance (eg, proton)	Radiology Services	; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT	
4/1/2023 -				imaging, pelvis; with contrast	Denied Not	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	material(s)	Medically Necessary	Oncology; This case was created via RadMD.	1 2023 2023
						; This study is being ordered for Inflammatory/ Infectious Disease.; There has been	
				7040644	5 11 1 6 1	treatment or conservative therapy.; The ordering MDs specialty is NOT	
4/1/2023 -				72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast	Denied Not	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	material(s)		months ago; Medications were given for this diagnosis	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 OTIKITOWIT	Disapprovai	material(3)	Wiculcally Necessary	months ago, wedications were given for this diagnosis	1 2023 2023
				72196 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -				imaging, pelvis; with contrast	Denied Not		Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	material(s)	Medically Necessary	The patient is female.; Other not listed best describes the reason for this procedure	1 2023 2023
4/1/2023 -				72196 Magnetic resonance (eg, proton)		This is a second for a Dahis MDI. The study is being added for interest and an extra second s	A I
6/30/2023	4/1/2022	6/30/2023 Unknown	Disapproval	imaging, pelvis; with contrast material(s)	Denied Not Medically Necessary	This is a request for a Pelvis MRI.; The study is being ordered for joint pain or suspicion of joint or bone infection.; The study is being ordered for arthritis.	Apr-Jun 1 2023 2023
0/30/2023	4/1/2023	0/30/2023 OTIKITOWIT	Disappiovai	material(s)	ivieuically ivecessary	This study is being ordered for Congenital Anomaly.; There has been treatment or	1 2023 2023
						conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
				72196 Magnetic resonance (eg, proton)	Radiology Services	Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.;	
4/1/2023 -				imaging, pelvis; with contrast	Denied Not	The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	material(s)	Medically Necessary	·	1 2023 2023
						Unknown; This study is being ordered for trauma or injury.; There has been treatment or	
				72106 Magnetic reconance (eg. proten)	Radiology Consisos	conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
4/1/2023 -				72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast	Radiology Services Denied Not	Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Physical Therapy was completed	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	material(s)	Medically Necessary		1 2023 2023
0,00,000	,, _, _, _,	0,00,000			, , , , , , , , , , , , , , , , , , , ,	uploading clinical; This study is being ordered for Inflammatory/ Infectious Disease.; There	
						has been treatment or conservative therapy.; The ordering MDs specialty is NOT	
				72196 Magnetic resonance (eg, proton)		Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -				imaging, pelvis; with contrast	Denied Not	Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	material(s)	Medically Necessary	year; Medications were given for this diagnosis	1 2023 2023
						right hand pain and numbness. Pt states she was trying to plug something in the wall and	
						was electrocuted about a week ago. Pt states pain radiates up to shoulder and into left arm. Pt states ROM is limited.; There is not a history of upper extremity joint or long bone trauma	
						or injury.; This is not a preoperative or recent postoperative evaluation.; There is not	
						suspicion of upper extremity neoplasm or tumor or metastasis.; There is not suspicion of	
					Radiology Services	upper extremity bone or joint infection.; The ordering physician is not an orthopedist or	
4/1/2023 -				73200 Computed tomography, upper	Denied Not	rheumatologist.; This is a request for an Arm CT Non Joint; Yes this is a request for a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	extremity; without contrast material	Medically Necessary	•	1 2023 2023
						This is a request for an upper extremity, shoulder, scapula, elbow, hand, or wrist joint CT.;	
						There is not a history of upper extremity joint or long bone trauma or injury.; This is not a preoperative or recent postoperative evaluation.; There is not suspicion of upper extremity	
					Radiology Services	neoplasm or tumor or metastasis. There is not suspicion of upper extremity hope or joint	
4/1/2023 -				73200 Computed tomography, upper	Radiology Services Denied Not	neoplasm or tumor or metastasis.; There is not suspicion of upper extremity bone or joint infection.; The ordering physician is not an orthopedist or rheumatologist.; Yes this is a	Apr-Jun

				73220 Magnetic resonance (eg, proton)			
				imaging, upper extremity, other than			
				joint; without contrast material(s),	Radiology Services	; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT	
4/1/2023 -				followed by contrast material(s) and	Denied Not	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	further sequences	Medically Necessary	Oncology; This case was created via RadMD.	1 2023 2023
				73220 Magnetic resonance (eg, proton)			
				imaging, upper extremity, other than			
				joint; without contrast material(s),	Radiology Services	The request is for an upper extremity non-joint MRI.; This is not a preoperative or recent	
4/1/2023 -				followed by contrast material(s) and	Denied Not	postoperative evaluation.; There is not suspicion of upper extremity neoplasm or tumor or	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	further sequences		metastasis.; There is suspicion of upper extremity bone or soft tissue infection.	2 2023 2023
0/30/2023	4/1/2023	0/30/2023 OHKHOWH	Бізаррі очаі	rartifer sequences	ivicultury recessury	metastasis., There is suspicion of apper extremity bone of soft assue infection.	2 2023 2023
				73221 Magnetic resonance (eg, proton)	Radiology Services	; The pain is from a recent injury.; Surgery or arthrscopy is not scheduled in the next 4	
4/4/2022						, , , , , , , , , , , , , , , , , , , ,	A 1
4/1/2023 -	4/4/2022	C /20 /2022 Livilia	Diameter I	imaging, any joint of upper extremity;	Denied Not	weeks.; There is a suspicion of tendon or ligament injury.; This request is for a wrist MRI.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	without contrast material(s)	Medically Necessary	This study is requested for evalutation of wrist pain.	2 2023 2023
1				73221 Magnetic resonance (eg, proton)		; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT	
4/1/2023 -				imaging, any joint of upper extremity;	Denied Not	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	without contrast material(s)	Medically Necessary	Oncology; This case was created via RadMD.	2 2023 2023
						; This study is being ordered for something other than: known trauma or injury, metastatic	
						disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
						vascular disease.; There has been treatment or conservative therapy.; The ordering MDs	
				73221 Magnetic resonance (eg, proton)	Radiology Services	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
4/1/2023 -				imaging, any joint of upper extremity;	Denied Not	Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	without contrast material(s)		months to 1 year; Physical Therapy was completed for this diagnosis	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 OTIKITOWIT	Disapprovai	without contrast material(s)	Wicultary Weeessary	Concern for common extensor tear; plain films nondiagnostic; Right Elbow: TTP over lateral	1 2023 2023
				72224 14	De diele en Comite e	epicondyle Fatty atrophy over lateral elbow; The pain is from a recent injury.; Surgery or	
				73221 Magnetic resonance (eg, proton)		arthrscopy is not scheduled in the next 4 weeks.; There is a suspicion of tendon or ligament	
4/1/2023 -				imaging, any joint of upper extremity;	Denied Not	injury.; This is a request for an elbow MRI; The study is requested for evaluation of elbow	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	without contrast material(s)	Medically Necessary		1 2023 2023
						Pain ;Sweeling; This study is being ordered for a neurological disorder.; There has not been	
						any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering	
				73221 Magnetic resonance (eg, proton)	Radiology Services	MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical	
4/1/2023 -				imaging, any joint of upper extremity;	Denied Not	Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	without contrast material(s)	Medically Necessary	began less than 6 months ago	2 2023 2023
				,		<u> </u>	
				73221 Magnetic resonance (eg, proton)	Radiology Services	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	
4/1/2023 -				imaging, any joint of upper extremity;	Denied Not	described as chronic; It is not known if the physician has directed conservative treatment for	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	without contrast material(s)	Medically Necessary	· · ·	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 OTIKITOWIT	Disappiovai	without contrast material(s)	ivieuically ivecessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	1 2023 2023
				72221 Magnetic reconance (or protect)	Padiology Consises		
4/4/2022				73221 Magnetic resonance (eg, proton)		described as chronic; The physician has directed conservative treatment for the past 4	Ame III
4/1/2023 -	. /. /2022	s /20 /2022		imaging, any joint of upper extremity;	Denied Not	weeks.; It is not known if the patient has completed 4 weeks of physical therapy?; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	without contrast material(s)	Medically Necessary	patient has been treated with medication.; The patient recevied joint injection(s).	1 2023 2023
						The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	
				73221 Magnetic resonance (eg, proton)		described as chronic; The physician has directed conservative treatment for the past 4	
4/1/2023 -				imaging, any joint of upper extremity;	Denied Not	weeks.; The patient has completed 4 weeks of physical therapy?; This is NOT a Medicare	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	without contrast material(s)	Medically Necessary	member.	2 2023 2023
						The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	
						described as chronic; The physician has directed conservative treatment for the past 4	
						weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been	
				73221 Magnetic resonance (eg, proton)	Radiology Services	treated with medication.; It is not known if the patient has completed 4 weeks or more of	
4/1/2023 -				imaging, any joint of upper extremity;	Denied Not	Chiropractic care.; It is not known if the physician has directed a home exercise program for	Apr-Jun
6/30/2023	4/1/2022	6/30/2023 Unknown	Disapproval	without contrast material(s)		at least 4 weeks.; The patient received oral analgesics.	1 2023 2023
0/30/2023	4/1/2023	U/SU/ZUZS UTIKTIOWN	pisahhtovai	without contrast material(s)	ivieuically Necessary	at least 4 weeks., The patient received oral analgesics.	1 2023 2023

						The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4	
						weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been treated with medication.; The patient has not completed 4 weeks or more of Chiropractic	
				73221 Magnetic resonance (eg, proton)	Radiology Services	care.; The physician has directed a home exercise program for at least 4 weeks.; The home	
4/1/2023 -				imaging, any joint of upper extremity;	Denied Not	treatment did include exercise, prescription medication and follow-up office visits.; ; It is not	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	without contrast material(s)	Medically Necessary	known what type of medication the patient received.	1 2023 2023
						The very cost of study is a Chaulder NADL. The very cost is few shoulder using The using is	
						The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is described as chronic; The physician has directed conservative treatment for the past 4	
						weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been	
						treated with medication.; The patient has not completed 4 weeks or more of Chiropractic	
						care.; The physician has directed a home exercise program for at least 4 weeks.; The home	
						treatment did include exercise, prescription medication and follow-up office visits.;	
				70004.4	5 11 6 1	treatment started on 02/21/23 and patient was seen on 03/08/23 and then again on	
4/1/2023 -				73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity;	Denied Not	04/20/23. She has been working for many months on a home exercise program and has not made any progress as far as her range of motion is concerned. At this point it is sever; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	without contrast material(s)	Medically Necessary	,, ,	1 2023 2023
3,30,2023	., 1, 2020	-, 30, 2023 OHMIOWII	3.00pp10vu1		carcany recessary	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	1 2023 2023
				73221 Magnetic resonance (eg, proton)	Radiology Services	described as chronic; The physician has directed conservative treatment for the past 4	
4/1/2023 -				imaging, any joint of upper extremity;	Denied Not	weeks.; The patient has not completed 4 weeks of physical therapy?; The patient has been	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	without contrast material(s)	Medically Necessary	treated with medication.; The patient recevied joint injection(s).	1 2023 2023
				73221 Magnetic resonance (eg, proton)	Radiology Convices	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is	
4/1/2023 -				imaging, any joint of upper extremity;	Denied Not	described as chronic; The physician has not directed conservative treatment for the past 4	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	without contrast material(s)	Medically Necessary	•	3 2023 2023
			••	· ·	,		
				73221 Magnetic resonance (eg, proton)		The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a	
4/1/2023 -	4 /4 /2022	6/00/0000 11 1	B: 1	imaging, any joint of upper extremity;	Denied Not	recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.; It is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	without contrast material(s)	Medically Necessary	not know if surgery or arthrscopy is scheduled in the next 4 weeks.	1 2023 2023
				73221 Magnetic resonance (eg, proton)	Radiology Services	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a	
4/1/2023 -				imaging, any joint of upper extremity;	Denied Not	recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	without contrast material(s)	Medically Necessary	Surgery or arthrscopy is not scheduled in the next 4 weeks.	6 2023 2023
				72224 Manuschis sussesses (see season)	Dedieles Contes	The annual standards in a Charleton ARD. The annual in four should be unit. The antic in form	
4/1/2023 -				73221 Magnetic resonance (eg, proton) imaging, any joint of upper extremity;	Radiology Services Denied Not	The requested study is a Shoulder MRI.; The request is for shoulder pain.; The pain is from a recent injury.; There is a suspicion of tendon, ligament, rotator cuff injury or labral tear.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	without contrast material(s)		Surgery or arthrscopy is scheduled in the next 4 weeks.; This is NOT a Medicare member.	1 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	., _,	.,,			,	There is no suspicion of a lower extremity neoplasm, tumor or metastasis.; There is no	2 2727 2727
					Radiology Services	suspicion of lower extremity bone or joint infection.; There is not a history of lower	
4/1/2023 -				73700 Computed tomography, lower	Denied Not	extremity joint or long bone trauma or injury.; This is Diagnostic (being used to determine	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	extremity; without contrast material	Medically Necessary	the cause of pain or follow up on prior abnormal imaging)	1 2023 2023
				73720 Magnetic resonance (eg, proton) imaging, lower extremity other than			
				joint; without contrast material(s),	Radiology Services	; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT	
4/1/2023 -				followed by contrast material(s) and	Denied Not	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	further sequences	Medically Necessary	Oncology; This case was created via RadMD.	1 2023 2023
						; This study is being ordered for something other than: known trauma or injury, metastatic	
				73720 Magnetic resonance (eg, proton)		disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
				imaging, lower extremity other than	Padiology Consises	vascular disease.; There has been treatment or conservative therapy.; The ordering MDs	
4/1/2023 -				joint; without contrast material(s), followed by contrast material(s) and	Radiology Services Denied Not	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	further sequences		than 6 months ago; Home Exercise was done for this diagnosis	2 2023 2023
					,		

						He has a failed back syndrome. Has had two back surgeries has terrible neuropathy in both	
						legs. He does not want to take narcotics long-term. He said he cannot stand for long periods	
						of time, he cannot sit. Said he doesn't sleep well. Said he is losing st; This study is being	
						ordered for something other than: known trauma or injury, metastatic disease, a	
				73720 Magnetic resonance (eg, proton)		neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular	
				imaging, lower extremity other than		disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is	
				joint; without contrast material(s),	Radiology Services	NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -				followed by contrast material(s) and	Denied Not	Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	further sequences	Medically Necessary	ago; Medications were given for this diagnosis	2 2023 2023
				73720 Magnetic resonance (eg, proton)			
				imaging, lower extremity other than		This is a request for a foot MRI.; The study is being ordered forfoot pain.; The study is being	
				joint; without contrast material(s),	Radiology Services	ordered for plantar fasciitis.; The patient has had foot pain for over 4 weeks.; The patient has	
4/1/2023 -				followed by contrast material(s) and	Denied Not	been treated with something other than crutches, a protective boot, walking cast,	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	further sequences		immobilization, orthopedics, anti-inflammatory medication or a cast for at least 6 weeks.	1 2023 2023
5,55,2525	., _,	0,00,000	- 100	73720 Magnetic resonance (eg, proton)	, , , , , , , , , , , , , , , , , , , ,		
				imaging, lower extremity other than			
				joint; without contrast material(s),	Radiology Services	This is a request for a Knee MRI.; 'None of the above' were noted as an indication for knee	
4/1/2023 -				followed by contrast material(s) and	Denied Not	imaging.; Prior surgery was noted as an indication for knee imaging; The surgery was NOT	Apr-Jun
1 * *	4/1/2023	6/30/2023 Unknown	Disapproval	further sequences		done in the past 90 days.	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 OTIKITOWIT	ызарргочаг	73720 Magnetic resonance (eg, proton)	Wiedically Weeessally	done in the past 50 days.	1 2023 2023
				imaging, lower extremity other than			
				joint; without contrast material(s),	Radiology Services	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an	
4/1/2023 -					Denied Not	indication for knee imaging; A CT (knee or other) showed an abnormality; The ordering MDs	Anr lun
	4/4/2022	C/20/2022 Halmanna	Disamenal	followed by contrast material(s) and			Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	further sequences	Medically Necessary	specialty is NOT Orthopedics.	1 2023 2023
				73720 Magnetic resonance (eg, proton)			
				imaging, lower extremity other than	Dadisland Control	This is a second for a Manager Apply Above and investor above of the large and a second a second and a second and a second and a second and a second a second and	
4 /4 /0000				joint; without contrast material(s),	Radiology Services	This is a request for a Knee MRI.; Abnormal imaging study of the knee was noted as an	
4/1/2023 -	. /. /	-//		followed by contrast material(s) and	Denied Not	indication for knee imaging; An X-ray showed an abnormality; The ordering MDs specialty is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	further sequences	Medically Necessary	NOT Orthopedics.	3 2023 2023
				73720 Magnetic resonance (eg, proton)			
				imaging, lower extremity other than			
				joint; without contrast material(s),	Radiology Services	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
4/1/2023 -				followed by contrast material(s) and	Denied Not	an indication for knee imaging; 'None of the above' were noted on the physical examination;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	further sequences	Medically Necessary	The ordering MDs specialty is NOT Orthopedics.	2 2023 2023
				73720 Magnetic resonance (eg, proton)			
				imaging, lower extremity other than			
				joint; without contrast material(s),	Radiology Services	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
4/1/2023 -				followed by contrast material(s) and	Denied Not	an indication for knee imaging; Effusion with blood (Hemarthrosis) was noted on the	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	further sequences	Medically Necessary	physical examination; The ordering MDs specialty is NOT Orthopedics.	1 2023 2023
				73720 Magnetic resonance (eg, proton)			
				imaging, lower extremity other than			
				joint; without contrast material(s),	Radiology Services	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
4/1/2023 -				followed by contrast material(s) and	Denied Not	an indication for knee imaging; Instability was noted on the physical examination; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	further sequences	Medically Necessary	patient is being treated with a Knee brace; The ordering MDs specialty is NOT Orthopedics.	1 2023 2023
				73720 Magnetic resonance (eg, proton)			
				imaging, lower extremity other than		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
				joint; without contrast material(s),	Radiology Services	an indication for knee imaging; Instability was noted on the physical examination; The	
4/1/2023 -				followed by contrast material(s) and	Denied Not	patient is being treated with a Knee immobilizer; The ordering MDs specialty is NOT	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	further sequences	Medically Necessary	Orthopedics.	3 2023 2023
				73720 Magnetic resonance (eg, proton)	•		
				imaging, lower extremity other than		This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
				joint; without contrast material(s),	Radiology Services	an indication for knee imaging; Instability was noted on the physical examination; The	
4/1/2023 -				followed by contrast material(s) and	Denied Not	patient is being treated with a Neoprene knee sleeve; The ordering MDs specialty is NOT	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	further sequences	Medically Necessary	, , , , , , , , , , , , , , , , , , , ,	1 2023 2023
.,,	, -,	.,,			,		

			73720 Magnetic resonance (eg, proton))	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	
			imaging, lower extremity other than		an indication for knee imaging; Instability was noted on the physical examination; The	
			joint; without contrast material(s),	Radiology Services	patient is not being treated with any of the listed items (crutches, knee immobilizer, wheel	
4/1/2023 -			followed by contrast material(s) and	Denied Not	chair, neoprene knee sleeve, ace bandage, knee brace); The ordering MDs specialty is NOT	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Disapproval	further sequences	Medically Necessary	Orthopedics.	2 2023 2023
			73720 Magnetic resonance (eg, proton)			
			imaging, lower extremity other than	5 11 1 6 1	The second of th	
4/4/2022			joint; without contrast material(s),	Radiology Services	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	A mar I have
4/1/2023 -	6/20/2022	Diagram and	followed by contrast material(s) and	Denied Not	an indication for knee imaging; Locking was noted on the physical examination; The ordering	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Disapproval	further sequences		MDs specialty is NOT Orthopedics.	5 2023 2023
			73720 Magnetic resonance (eg, proton)			
			imaging, lower extremity other than	Dadialana Cambara	This is a second for a Keep MDI. Above and about all acceptants of the large and a	
4/1/2022			joint; without contrast material(s),	Radiology Services	This is a request for a Knee MRI.; Abnormal physical examination of the knee was noted as	Ame I.in
4/1/2023 -	6/20/2022	Diagram and	followed by contrast material(s) and	Denied Not	an indication for knee imaging; Locking was noted on the physical examination; The ordering	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Disapproval	further sequences		MDs specialty is NOT Orthopedics.	6 2023 2023
			73720 Magnetic resonance (eg, proton)			
			imaging, lower extremity other than	Dadislam Cambas		
4/1/2022			joint; without contrast material(s),	Radiology Services	This is a varyout favo (Vaca NAD) . Discal or absorbed filled in the lines in introduce nated as an	Ame I.in
4/1/2023 -	C /20 /2022	B: 1	followed by contrast material(s) and	Denied Not	This is a request for a Knee MRI.; Blood or abnormal fluid in the knee joint was noted as an	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Disapproval	further sequences		indication for knee imaging	1 2023 2023
			73720 Magnetic resonance (eg, proton)			
			imaging, lower extremity other than	Dadialam, Camiasa		
4/4/2022			joint; without contrast material(s),	Radiology Services	This is a second for a Keep AADI. The selication had a second of about all the second in second in	A 1
4/1/2023 -	6/20/2022	Diagram and	followed by contrast material(s) and	Denied Not	This is a request for a Knee MRI.; The patient had 4 weeks of physical therapy, chiropractic or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Disapproval	further sequences		physician supervised home exercise in the past 3 months	3 2023 2023
			73720 Magnetic resonance (eg, proton)		This is a vacuus they are Audule MADL. The abody is vacuus to discountly again. It is confuse our if	
			imaging, lower extremity other than	Dadialam, Camiasa	This is a request for an Ankle MRI.; The study is requested for ankle pain.; It is unknown if	
4/1/2023 -			joint; without contrast material(s),	Radiology Services	there is a suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in	A mar I have
6/30/2023 4/1/2023	C/20/2022 University	Disamena	followed by contrast material(s) and	Denied Not	the next 4 weeks.; It is not known if there is a suspicion of fracture not adequately	Apr-Jun 1 2023 2023
6/30/2023 4/1/2023	6/30/2023 Unknown	Disapproval	further sequences 73720 Magnetic resonance (eg, proton)	Medically Necessary	determinjed by x-ray.	1 2023 2023
			imaging, lower extremity other than	1		
			joint; without contrast material(s),	Radiology Services	This is a request for an Ankle MRI.; The study is requested for ankle pain.; It is unknown if	
4/1/2023 -			followed by contrast material(s) and	Denied Not	there is a suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Disapproval	further sequences		the next 4 weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 OTIKITOWIT	Disappiovai	73720 Magnetic resonance (eg, proton)		the next 4 weeks., There is not a suspicion of fracture not adequately determined by x-ray.	1 2023 2023
			imaging, lower extremity other than	,		
			joint; without contrast material(s),	Radiology Services	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is a	
4/1/2023 -			followed by contrast material(s) and	Denied Not	suspicion of a tendon or ligament injury.; Surgery or arthrscopy is not scheduled in the next	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Disapproval	further sequences	Medically Necessary		4 2023 2023
0/30/2023 4/1/2023	0/30/2023 OTIKITOWIT	Disapprovai	73720 Magnetic resonance (eg, proton)		T WCCIG.	4 2023 2023
			imaging, lower extremity other than	•		
			joint; without contrast material(s),	Radiology Services	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO	
4/1/2023 -			followed by contrast material(s) and	Denied Not	suspicion of a tendon or ligament injury.; Surgery or arthrscopy is scheduled in the next 4	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Disapproval	further sequences		weeks.; There is not a suspicion of fracture not adequately determined by x-ray.	1 2023 2023
0, 30, 2023 4, 1, 2023	0/30/2023 OHKHOWII	Disapproval	73720 Magnetic resonance (eg, proton)		Treation, There is not a suspicion of macture not adequately determined by Array.	1 2023 2023
			imaging, lower extremity other than			
			joint; without contrast material(s),	Radiology Services	This is a request for an Ankle MRI.; The study is requested for ankle pain.; There is NO	
4/1/2023 -			followed by contrast material(s) and	Denied Not	suspicion of a tendon or ligament injury.; There is a suspicion of fracture not adequately	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Disapproval	further sequences		determined by x-ray.	3 2023 2023
-,,,,,,,,,,	2/00/2020 0		73720 Magnetic resonance (eg, proton)		This study is being ordered for Congenital Anomaly.; There has been treatment or	5 2025 2025
			imaging, lower extremity other than		conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
			joint; without contrast material(s),	Radiology Services	Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.;	
4/1/2023 -			followed by contrast material(s) and	Denied Not	The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Disapproval	further sequences	Medically Necessary		2 2023 2023
.,, , _ / 2020	.,,				0	

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	73720 Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	Radiology Services Denied Not	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Denied Not	Pain ;Swelling; This study is being ordered for Inflammatory/ Infectious Disease.; There has not been any treatment or conservative therapy.; There are 3 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Denied Not	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is chronic.; The member has failed a 4 week course of conservative management in the past 3 months.	Apr-Jun 3 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Denied Not	This is a requests for a hip MRI.; The request is for hip pain.; The hip pain is not due to a recent injury, old injury, Chronic Hip Pain or a Mass.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Denied Not	This study is being ordered for a neurological disorder.; There has not been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; The primary symptoms began 6 months to 1 year	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	73721 Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	Radiology Services Denied Not Medically Necessary	Unknown; This study is being ordered for trauma or injury.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Physical Therapy was completed for this diagnosis	Apr-Jun 2 2023 2023
4/1/2023 -	-1-1			74150 Computed tomography,	Radiology Services Denied Not	(1) Left shoulder pain:;(2) Bone marrow edema:;(3) Bone lesion:;(4) Right shoulder pain:;Patient has continued shoulder pain *right and left*. Left shoulder injection and oral steroids given in past without improvement. Bone marrow signal abnormality; This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	Apr-Jun
6/30/2023 4/1/2023 - 6/30/2023	•	6/30/2023 Unknown 6/30/2023 Unknown	Disapproval	abdomen; without contrast material 74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not	Oncology; This case was created via RadMD. This is a request for an Abdomen CT.; This study is being ordered as a pre-op or post op evaluation.; The requested study is for post-operative evaluation.; Yes this is a request for a Diagnostic CT; This is NOT a Medicare member.	1 2023 2023 Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for an infection such as pancreatitis, appendicitis, abscess, colitis and inflammatory bowel disease.; There are known or endoscopic findings of Diverticulitis.; Yes this is a request for a Diagnostic CT	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for another reason besides Kidney/Ureteral stone, ;Known Tumor, Cancer, Mass, or R/O metastases, Suspicious Mass or Tumor, Organ Enlargement, ;Known or suspected infection such as pancreatitis, etc; There are no findings of Hematuria, Lymphadenopathy,weight loss,abdominal pain,diabetic patient with gastroparesis; Yes this is a request for a Diagnostic CT	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	74150 Computed tomography, abdomen; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen CT.; This study is being ordered for organ enlargement.; The liver is enlarged.; Yes this is a request for a Diagnostic CT; This is NOT a Medicare member.	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms began more than 1 year ago; Chemotherapy was given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.; This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	·	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; It is not known if the urinalysis results were normal or abnormal.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results were normal or abnormal.; The study is being ordered for chronic pain.; This is not the first visit for this complaint.; It is unknown if there has been a physical exam.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		6/30/2023 Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were abnormal.; The urinalysis was positive for bilirubin.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; The reason for the study is renal calculi, kidney or ureteral stone.; This study is not being requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes this is a request for a Diagnostic CT This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This	Apr-Jun 4 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	74176 Computed tomography, abdomen and pelvis; without contrast material	Radiology Services Denied Not Medically Necessary	study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this complaint.; The patient had an amylase lab test.; The results of the lab test were normal.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023

						This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the	
						listed reasons.; It is not known if this study is being requested for abdominal and/or pelvic	
				74176 Computed tomography,	Radiology Services	pain.; It is not known if the study is requested for hematuria.; Yes this is a request for a	
4/1/2023 -				abdomen and pelvis; without contrast	Denied Not	Diagnostic CT; Reason: ELSE (system matched response); Clinicals attached; It is unknown if	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	material	Medically Necessary	this study being ordered for a concern of cancer such as for diagnosis or treatment.	1 2023 2023
				74176 Computed tomography,	Radiology Services	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the	
4/1/2023 -				abdomen and pelvis; without contrast	Denied Not	listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	material	Medically Necessary	study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2023 2023
						This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the	
						listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The	
. /. /2022				74176 Computed tomography,	Radiology Services	study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; Reason: ELSE	
4/1/2023 -	. /. /2022	c /20 /2022 !	B: 1	abdomen and pelvis; without contrast	Denied Not	(system matched response); HEMORRHAGE OF ANUS AND RECTUM; This is study NOT being	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	material	Medically Necessary	ordered for a concern of cancer such as for diagnosis or treatment.	1 2023 2023
						This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The	
				74176 Computed tomography,	Radiology Services	study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; Reason: ELSE	
4/1/2023 -				abdomen and pelvis; without contrast	Denied Not	(system matched response); umbilical/abdominal hernia; This is study NOT being ordered	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	material		for a concern of cancer such as for diagnosis or treatment.	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 OTKTOWT	ызарргочаг	material	Wiedically Weeessary	Total Concern of Cancer Such as for diagnosis of treatment.	1 2023 2023
						This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass	
						or suspected tumor or metastasis.; This study is not being requested for abdominal and/or	
				74176 Computed tomography,	Radiology Services	pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an	
4/1/2023 -				abdomen and pelvis; without contrast	Denied Not	abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	material	Medically Necessary	This is study NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2023 2023
						This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
				74176 Computed tomography,	Radiology Services	and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical	
4/1/2023 -				abdomen and pelvis; without contrast	Denied Not	exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	material	Medically Necessary	- ·	2 2023 2023
						This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
						and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical	
				74176 Computed tomography,	Radiology Services	exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were	
4/1/2023 -	. /. /2022	c /20 /2022 !	B: 1	abdomen and pelvis; without contrast	Denied Not	normal.; It is unknown if the patient had an Ultrasound.; Yes this is a request for a Diagnostic	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	material	Medically Necessary		1 2023 2023
						This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
						and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were	
				74176 Computed tomography,	Radiology Services	normal.; The patient had an Ultrasound.; The Ultrasound was normal.; A contrast/barium x-	
4/1/2023 -				abdomen and pelvis; without contrast	Denied Not	ray has NOT been completed.; The patient did not have an endoscopy.; Yes this is a request	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	material	Medically Necessary		1 2023 2023
-,,	, _,	.,,			,y	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
				74176 Computed tomography,	Radiology Services	and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical	
4/1/2023 -				abdomen and pelvis; without contrast	Denied Not	exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	material	Medically Necessary		2 2023 2023
						This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
				74176 Computed tomography,	Radiology Services	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/1/2023 -				abdomen and pelvis; without contrast	Denied Not	this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	material	Medically Necessary	NOT performed.; Yes this is a request for a Diagnostic CT	4 2023 2023
						This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
. /. /2025				74176 Computed tomography,	Radiology Services	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/1/2023 -	4/4/2022	6/20/2022	Diame.	abdomen and pelvis; without contrast	Denied Not	this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	material	iviedically Necessary	performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	1 2023 2023

						This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
				74176 Computed tomography,	Radiology Services	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/1/2023 -				abdomen and pelvis; without contrast	Denied Not	this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	material	Medically Necessary	performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	4 2023 2023
						This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
						and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
				74176 Computed tomography,	Radiology Services	this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was	
4/1/2023 -				abdomen and pelvis; without contrast	Denied Not	performed.; The results of the exam were normal.; The patient did not have an Ultrasound.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	material	Medically Necessary	Yes this is a request for a Diagnostic CT	2 2023 2023
						This is a second for an Abdaman and Babbi CT. This should be below as set of fear hid suited	
						This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
						and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
				7417C Committed to recover by	Dadialası Camiasa	this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was	
4/1/2023 -				74176 Computed tomography,	Radiology Services Denied Not	performed.; The results of the exam were normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound showed something other than Gall Stones,	Apr lun
6/30/2023	4/1/2022	6/30/2023 Unknown	Disapproval	abdomen and pelvis; without contrast material		Kidney/Renal cyst, Anerysm or a Pelvis Mass.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
6/30/2023	4/1/2023	0/30/2023 UTIKITOWIT	Disapprovai	Illaterial	ivieuically Necessary	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	1 2025 2025
						and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
						this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was	
						performed.; The results of the exam were normal.; The patient had an Ultrasound.; The	
				74176 Computed tomography,	Radiology Services	Ultrasound was normal.; A contrast/barium x-ray has been completed.; The results of the	
4/1/2023 -				abdomen and pelvis; without contrast	Denied Not	contrast/barium x-ray were normal.; The patient did not have an endoscopy.; Yes this is a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	material		request for a Diagnostic CT	1 2023 2023
0,00,2020	., 1, 2020	0,00,2020 01111101111	э ізаррі ота	materia.	medically recessary	Toquestion a singlification of	1 2020 2020
						This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
						and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
						this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was	
				74176 Computed tomography,	Radiology Services	performed.; The results of the exam were normal.; The patient had an Ultrasound.; The	
4/1/2023 -				abdomen and pelvis; without contrast	Denied Not	Ultrasound was normal.; A contrast/barium x-ray has NOT been completed.; The patient did	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	material	Medically Necessary	not have an endoscopy.; Yes this is a request for a Diagnostic CT	2 2023 2023
						This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
				74176 Computed tomography,	Radiology Services	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/1/2023 -				abdomen and pelvis; without contrast	Denied Not	this complaint.; There has been a physical exam.; The patient is female.; It is not known if a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	material	Medically Necessary	pelvic exam was performed.; Yes this is a request for a Diagnostic CT	1 2023 2023
						This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
				74176 Computed tomography,	Radiology Services	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/1/2023 -				abdomen and pelvis; without contrast	Denied Not	this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was not	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	material	Medically Necessary	performed.; Yes this is a request for a Diagnostic CT	2 2023 2023
						This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
				74760	B !! 6 !	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/4/2222				74176 Computed tomography,	Radiology Services	this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was	
4/1/2023 -	4/4/2022	C/20/2022 Halana	Disease	abdomen and pelvis; without contrast	Denied Not	performed.; The results of the exam were normal.; The patient did not have an Ultrasound.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	material	iviedically necessary	Yes this is a request for a Diagnostic CT This is a request for an Abdomon and Polyis CT : This study is being requested for abdominal	4 2023 2023
						This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
						this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was	
				74176 Computed tomography,	Radiology Services	performed.; The results of the exam were normal.; The patient had an Ultrasound.; The	
4/1/2023 -				abdomen and pelvis; without contrast	Denied Not	Ultrasound was abnormal.; The ultrasound showed a pelvic mass.; Yes this is a request for a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	material	Medically Necessary		1 2023 2023
5/30/2023	., 1, 2023	5,55,2025 OHM/OWIT	2.5upprovai		carcany recessary	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for	1 2023 2023
						abdominal and/or pelvic pain.; The patient did NOT have an abnormal abdominal	
				74176 Computed tomography,	Radiology Services	Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT; There is NO	
4/1/2023 -				abdomen and pelvis; without contrast	Denied Not	documentation of a known tumor or a known diagnosis of cancer; This is study being	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	material		ordered for a concern of cancer such as for diagnosis or treatment.	2 2023 2023

			74176 Computed tomography,	Radiology Services	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT; There is	
4/1/2023 -			abdomen and pelvis; without contrast	Denied Not	documentation of a known tumor or a known diagnosis of cancer; This is study being	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Disapproval	material	Medically Necessary	ordered for a concern of cancer such as for diagnosis or treatment.	1 2023 2023
					; This study is being ordered for Inflammatory/ Infectious Disease.; There has been	
					treatment or conservative therapy.; The ordering MDs specialty is NOT	
. /. /2022			74181 Magnetic resonance (eg, proton)		Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Unknown	Discourses	imaging, abdomen; without contrast material(s)	Denied Not	Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
0/30/2023 4/1/2023	0/30/2023 UTIKITOWIT	Disapproval	material(s)	ivieuically necessary	Secondary malignant neoplasm of liver and intrahepatic bile duct; Malignant neoplasm of	1 2023 2023
			74181 Magnetic resonance (eg, proton)	Radiology Services	rectum; This study is being ordered for a metastatic disease.; The ordering MDs specialty is	
4/1/2023 -			imaging, abdomen; without contrast	Denied Not	NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Disapproval	material(s)		Oncology; This case was created via RadMD.	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 OTIKITOWIT	Бізаррі очаі	material(s)	Wicalcally Weeessally	This request is for an Abdomen MRI.; This study is being ordered for known or suspected	1 2023 2023
					infection.; There are NO physical findings or abnormal blood work consistent with	
			74181 Magnetic resonance (eg, proton)	Radiology Services	peritonitis, pancreatitis or appendicitis.; There is active or clinical findings of ulcerative	
4/1/2023 -			imaging, abdomen; without contrast	Denied Not	colitis, bowel inflammation or diverticulitis.; There is not radiographical or ultrasound	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Disapproval	material(s)		findings consisitent with abnormal fluid collection, abdominal abscess, or ascites.	1 2023 2023
	. ,			,	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or	
			74181 Magnetic resonance (eg, proton)	Radiology Services	suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT,	
4/1/2023 -			imaging, abdomen; without contrast	Denied Not	MRI or Ultrasound.; A abnormality was found on the pancreas during a previous CT, MRI or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Disapproval	material(s)	Medically Necessary	Ultrasound.	1 2023 2023
					This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or	
			74181 Magnetic resonance (eg, proton)	Radiology Services	suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT,	
4/1/2023 -			imaging, abdomen; without contrast	Denied Not	MRI or Ultrasound.; A liver abnormality was found on a previous CT, MRI or Ultrasound.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Disapproval	material(s)	Medically Necessary	There is suspicion of metastasis.	2 2023 2023
					uploading clinical; This study is being ordered for Inflammatory/ Infectious Disease.; There	
					has been treatment or conservative therapy.; The ordering MDs specialty is NOT	
			74181 Magnetic resonance (eg, proton)	Radiology Services	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -			imaging, abdomen; without contrast	Denied Not	Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Disapproval	material(s)	Medically Necessary	year; Medications were given for this diagnosis	1 2023 2023
			75571 Computed tomography, heart,			
			without contrast material, with	Radiology Services		
4/1/2023 -			quantitative evaluation of coronary	Denied Not		Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Disapproval	calcium	Medically Necessary	; This is a request for a CT scan for evalutation of coronary calcification.	1 2023 2023
			75571 Computed tomography, heart,			
			without contrast material, with	Radiology Services		
4/1/2023 -			quantitative evaluation of coronary	Denied Not		Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Disapproval	calcium	Medically Necessary	hyperlipidemia; This is a request for a CT scan for evalutation of coronary calcification.	1 2023 2023
			75635 Computed tomographic angiography, abdominal aorta and			
			bilateral iliofemoral lower extremity			
			runoff, with contrast material(s),	Radiology Services		
4/1/2023 -			including noncontrast images, if	Denied Not		Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Disapproval	performed, and image postprocessing	Medically Necessary	This procedure is being requested for something other than listed	1 2023 2023
			78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection			
			fraction[s], when performed), single		49 YOM with PMH of HTN CAD s/p PCI, aortic aneurysm (4.2 cm in 11/2021), DM, and OSA.	
			study; with concurrently acquired	Radiology Services	He is here today for chest pain; -12/2022 SCA Ostial LAD 30% stenosis, Mid LAD just	
4/1/2023 -			computed tomography transmission	Denied Not	proximal to the stent with 30% stenosis, mid LAD patent stent (seems to be und; This is NOT	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Unknown	Disapproval	scan	Medically Necessary	a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Radiology Services Denied Not Medically Necessary	CAD/Chest pain/hypertension/mirtal valve stenosis/dyslipidemia/statin intolerance; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Radiology Services Denied Not Medically Necessary	evaluation of chest pain. Described as sharp, shooting pains. Comes on intermittently without clear exertional aggravators. Some vague dyspnea associated with the spells. Each last about 5 mins.; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Radiology Services Denied Not Medically Necessary	Left leg Swelling, COPD, Hx of Falls; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	78429 Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan	Radiology Services Denied Not Medically Necessary	UNKNOWN; This is NOT a Medicare member.; This is a request for a Heart PET Scan with CT for Attenuation.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 2 cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Chest pain/anginal equiv, intermediate CAD risk. ;FAMILY HISTORY OF EARLY CAD;PREDIABETES;TOBACCO USE; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Chest pain/shortness of breath/nausea: EKG shows no new significant interval changes. Last study was in 2021. Patient tried to have a CTA of your coronary arteries x2 however, was turned away both times due to low blood pressure. Risk factors include h; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Enter answer here - or Type In UnHeather Mae Keller is a 43 y.o. female who presents for a follow up. Pertinent history includes: palpitations, tachycardia, HTN. Other past medical history is noted below. Recently established care with Dr. Pelton for tach; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Exertional shortness of breath/abnormal EKG/palpitations: Patient is having exertional shortness of breath which could be angina equivalent especially with an EKG showing anteroseptal subepicardial ischemia. Risk factors for coronary artery disease inclu; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Pt c/o CP and increased SOB; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Pt. had abnormal stress test in the past. Current episodes of chest pain, diaphoresis and fatigue. Shortness of breath also; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Recommend proceeding with myocardial perfusion imaging study using pharmacological stimulation given patient's moderate to severe dyspnea on mild-to-moderate exertion, cannot exercise on the treadmill.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Recommend proceeding with myocardial perfusion imaging study using pharmacological stimulation given patient's moderate to severe dyspnea on mild-to-moderate exertion, lumbar canal stenosis with bilateral sciatica. Rule out underlying ischemia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	Recommend proceeding with myocardial perfusion imaging study using pharmacological stimulation given patient's unpredictable dyspnea on mild exertion, chronic bilateral knee pain limiting physical activity. Rule out underlying ischemia.; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has 3 or more cardiac risk factors; The study is requested for congestive heart failure.; The study is requested for suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Denied Not	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed More than 6 months ago	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The study is requested for congestive heart failure.; It is not known if the study is requested for suspected or known coronary artery disease.; The member has known or suspected coronary artery disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; This case was created via RadMD.; Agree; Other cardiac stress testing such as Exercise Treadmill, Myocardial Perfusion Imaging, Stress Echocardiogram or Transthoracic Echocardiogram has NOT been completed; New symptoms of chest pain or shortness of breath best describes the reason for ordering this study; The symptoms began or changed within the last 6 months; The health carrier is NOT CareSource	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	Radiology Services Denied Not Medically Necessary	unknown; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The patient has 1 or less cardiac risk factors; The study is requested for congestive heart failure.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; The study is requested for suspected coronary artery disease.; The member has known or suspected coronary artery disease.; The BMI is 20 to 29	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	78813 Positron emission tomography (PET) imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; 2 PET Scans have already been performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023		6/30/2023 Unknown	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being ordered for something other than listed above.; This study is being requested for an other solid tumor.; This PET Scan is being requested for Restaging during ongoing therapy or treatment; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Ovarian or Esophageal Cancer.; This PET Scan is being requested for Surveillance following the completion of therapy or treatment without new signs or symptoms; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Unknown	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Restaging following therapy or treatment for suspected metastasis; 1 PET Scans has already been performed on this patient for this cancer.; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for Head/Neck/Brain Cancer, Tumor or Mass.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Unknown	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm or establish a diagnosis of Cancer; This would be the first PET Scan performed on this patient for this cancer.; This study is being requested for Lymphoma or Myeloma.; This is NOT a Medicare member.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Unknown	Disapproval	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	Radiology Services Denied Not Medically Necessary	This is a request for a Tumor Imaging PET Scan; This study is being ordered for something other than Breast CA, Lymphoma, Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma, Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is not being ordered for Cervical CA, Brain Cancer/Tumor or Mass, Thyroid CA or other solid tumor.; This is for a Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Unknown	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Unknown	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	; This study is being ordered for Vascular Disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for this diagnosis PATIENT HAD CHEST PAIN AND DYSPNEA EKG DONE WAS ABNORMAL SHOWED POSSIBLE ST	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Unknown	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		DEPRESSION IN THE INFERIOR LEADS; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago; Medications were given for	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Unknown	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	Pt c/o CP and increased SOB; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this diagnosis	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Unknown	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	pt with continued chest pain; pvc's; palpitations needs to have testing to evaluate health; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; There has been treatment or conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began more than 1 year ago; Medications were given for this diagnosis	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	Pt. had abnormal stress test in the past. Current episodes of chest pain, diaphoresis and fatigue. Shortness of breath also; This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The primary symptoms began less than 6 months ago	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for Chest pain of suspected cardiac etiology; Other testing such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram has NOT been completed in the past 6 weeks; This procedure is NOT being ordered along with other cardiac testing, such as Exercise Treadmill Testing, Myocardial Perfusion Imaging, or Stress Echocardiogram; The health carrier is NOT HealthNet of California	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; The member is 15 or older.; The ordering provider's specialty is NOT Cardiac Surgery, Cardiology, Thoracic Surgery, Hematologist/Oncologist or Rheumatology; This study is being ordered for Follow-up to a prior test; Exercise Treadmill Testing has been completed; Results of the Exercise Stress Test indicate other cardiac imaging tests were needed; Exercise Treadmill testing was completed less than 6 Weeks ago	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for another reason; This study is being ordered for evaluation of cardiac arrhythmias; This study is being requested for the initial evaluation of frequent or sustained atrial or ventricular cardiac arrhythmias.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; It is unknown if the murmur is grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is grade III (3) or greater.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Cardiac Murmur.; This request is for initial evaluation of a murmur.; The murmur is NOT grade III (3) or greater.; There are clinical symptoms supporting a suspicion of structural heart disease.	Apr-Jun 1 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; There has been a change in clinical status since the last echocardiogram.; This is NOT for the initial evaluation of heart failure.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Heart Failure; This is for the initial evaluation of heart failure.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Left Ventricular Function.; The patient has a history of hypertensive heart disease.; There is a change in the patient's cardiac symptoms.	Apr-Jun 7 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography	Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transthoracic Echocardiogram.; This study is being ordered for Evaluation of Pulmonary Hypertension.	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	93312 Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M mode recording); including probe placement, image acquisition, interpretation and report	Radiology Services Denied Not	This a request for an echocardiogram.; This is a request for a Transesophageal Echocardiogram.; This study is being requested for evaluation of suspected acute aortic pathology such as aneurysm or dissection.; The patient is 18 years of age or older.	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;	Radiology Services Denied Not	This is a request for a Stress Echocardiogram.; New symptoms suspicious of cardiac ischemia or coronary artery disease best describes the patients clinical presentation.; The patient has None of the above physical limitations	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	93350 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill, bicycle exercise and/or pharmacologically induced stress, with interpretation and report;		This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac symptoms with a previous history of ischemic/ coronary artery disease best describes the patients clinical presentation.; This is a Medicare member.; The patient has new or worsening symptoms not medically controlled; The ordering MDs specialty is not Cardiology or Cardiac Surgery	Apr-Jun 1 2023 2023

				022E0 Echacardiagraphy transthoracia			
				93350 Echocardiography, transthoracic,			
				real-time with image documentation			
				(2D), includes M-mode recording, when		This is a request for a Stress Echocardiogram.; New, worsening, or changing cardiac	
				performed, during rest and		symptoms with a previous history of ischemic/ coronary artery disease best describes the	
				cardiovascular stress test using		patients clinical presentation.; This is NOT a Medicare member.; The patient has a Body	
				treadmill, bicycle exercise and/or	Radiology Services	Mass Index (BMI) greater than 40; The ordering MDs specialty is not Cardiology or Cardiac	
4/1/2023 -				pharmacologically induced stress, with	Denied Not	Surgery; The last Stress Echocardiogram or Myocardial Perfusion Imaging procedure was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	interpretation and report;	Medically Necessary	performed greater than 12 months	1 2023 2023
						01/19/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -				more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	3 2023 2023
						04/04/2023; Patient history in the past 90 days; Requestor is not a fax; Physical Therapy; The	
				97116 Therapeutic procedure, 1 or	Radiology Services	evaluation date is not in the future; Magellan does not manage chiropractic but does	
4/1/2023 -				more areas, each 15 minutes; gait	Denied Not	manage speech therapy for the member's plan; Physical therapy was requested; The health	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	training (includes stair climbing)	Medically Necessary	carrier is NOT New Hampshire Healthy Families	1 2023 2023
				-	,	05/02/2023; No patient history in the past 90 days; Evaluation dates less than 90 days in the	
						past; Therapy type is Habilitative; motor skills; 13; Standardized tests document a deficit	
						above the 10th percentile; Requestor is not a fax; Physical Therapy; The evaluation date is	
						not in the future; Magellan does not manage chiropractic but does manage speech therapy	
				97116 Therapeutic procedure, 1 or	Radiology Services	for the member's plan; Habilitative; Physical therapy was requested; The member is 1-4	
4/1/2023 -				more areas, each 15 minutes; gait	Denied Not	years old.; The health carrier is NOT New Hampshire Healthy Families; Physical or	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Unknown	Disapproval	training (includes stair climbing)		Occupational therapy was requested; The health carrier is NOT HMSA	1 2023 2023
2,00,2020	., 1, 2020	2, 23, 2020 O.M.OWII	oopp. o.ui	70486 Computed tomography,		The second secon	1 2020 2029
4/1/2023 -				maxillofacial area; without contrast		"This request is for face, jaw, mandible CT.239.8"; "There is a history of serious facial bone	Apr-Jun
6/30/2023	1/1/2023	6/30/2023 Urology	Approval	material		or skull, trauma or injury.fct"; Yes this is a request for a Diagnostic CT	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 OTOTOGY	Арріочаі	70496 Computed tomographic		; This study is being ordered for a neurological disorder.; There has been treatment or	1 2023 2023
				angiography, head, with contrast		conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
				material(s), including noncontrast		Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via	
4/1/2023 -							A 1
6/30/2023	4/4/2022	C/20/2022 Hadami	A	images, if performed, and image		RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this	Apr-Jun 1 2023 2023
6/30/2023	4/1/2023	6/30/2023 Urology	Approval	postprocessing		diagnosis	1 2023 2023
				70498 Computed tomographic		; This study is being ordered for a neurological disorder.; There has been treatment or	
				angiography, neck, with contrast		conservative therapy.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic	
. /. /				material(s), including noncontrast		Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via	
4/1/2023 -				images, if performed, and image		RadMD.; The primary symptoms began 6 months to 1 year; Medications were given for this	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Urology	Approval	postprocessing		diagnosis	1 2023 2023
						This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
				70551 Magnetic resonance (eg, proton)		headache.; It is unknown why this study is being ordered.; The patient has Memory Loss.;	
4/1/2023 -				imaging, brain (including brain stem);		This is a new/initial evaluation; It is unknown if the patient had a memory assessment for	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Urology	Approval	without contrast material		cognitive impairment completed	1 2023 2023
						This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
				70551 Magnetic resonance (eg, proton)		headache.; The patient does NOT have a recent onset (within the last 4 weeks) of neurologic	
4/1/2023 -				imaging, brain (including brain stem);		symptoms.; This study is being ordered for stroke or TIA (transient ischemic attack).; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Urology	Approval	without contrast material		patient has NOT had a Brain MRI in the last 12 months	1 2023 2023
				70551 Magnetic resonance (eg, proton)		This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
4/1/2023 -				imaging, brain (including brain stem);		headache.; This study is being ordered for seizures.; It is unknown if there has there been a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Urology	Approval	without contrast material		change in seizure pattern or a new seizure.	1 2023 2023
						'None of the above' describes the reason for this request; 'None of the above' are is related	
4/1/2023 -				71250 Computed tomography, thorax;		to this request for imaging of a known cancer or tumor; This is a request for a Chest CT.; This	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Urology	Approval	without contrast material		study is beign requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	1 2023 2023
.,,	, -,	., . ,,	la la casa.			'None of the above' describes the reason for this request; Surveillance of a known cancer	
						following treatment is related to this request for imaging of a known cancer or tumor; This is	
4/1/2023 -				71250 Computed tomography, thorax;		a request for a Chest CT.; This study is beign requested for known cancer or tumor; Yes this	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Urology	Approval	without contrast material		is a request for a Diagnostic CT	1 2023 2023
0,30,2023	., 1, 2023	5,50,2025 OTOTOGY	, ippi ovai	ac contrast material		.s a request is: a biognostic er	1 2023 2023

				'None of the above' describes the reason for this request.; Surveillance of a known cancer	
4/1/2022			713E0 Computed tomography, thoray	following treatment is related to this request for imaging of a known cancer or tumor; This is	Anr lun
4/1/2023 - 6/30/2023 4/1/2023	6/30/2023 Urology	Approval	71250 Computed tomography, thorax; without contrast material	a request for a Chest CT.; This study is beign requested for known cancer or tumor; Yes this is a request for a Diagnostic CT	Apr-Jun 2 2023 2023
4/1/2023 -	6/30/2023 UTUTURY	Approvai	71250 Computed tomography, thorax;	A Chest/Thorax CT is being ordered.; Yes this is a request for a Diagnostic CT; This study is	2 2023 2023 Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	without contrast material	being ordered for known tumor.	5 2023 2023
4/1/2023 -	0/30/2023 0101069	прргочи	71250 Computed tomography, thorax;	Abnormal laboratory test describes the reason for this request.; This is a request for a Chest	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	without contrast material	CT.; Yes this is a request for a Diagnostic CT	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 0101069	прргочи	Without contrast material	KIDNEY CANCER; This study is being ordered for a metastatic disease.; The ordering MDs	1 2023 2023
4/1/2023 -			71250 Computed tomography, thorax;	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	without contrast material	Radiation Oncology; This case was created via RadMD.	1 2023 2023
, , , , , , , , , , , , , , , , , , , ,	2,22,222 2.2.28,	. Ipp. o.c.		Recently DX with prostate cancer had Ct scan done that showed Enlarging left renal mass,	
				renal cell carcinoma until proven otherwise.; This study is being ordered for a metastatic	
4/1/2023 -			71250 Computed tomography, thorax;	disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery,	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	without contrast material	Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1 2023 2023
,,,,,	.,,	I I I		0,7	
				There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	
				Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
				Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -			71250 Computed tomography, thorax;	This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	without contrast material	began more than 1 year ago; Chemotherapy was given for this diagnosis	1 2023 2023
7,1,1	.,,	i i i		There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	
				Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
				Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -			71250 Computed tomography, thorax;	This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	without contrast material	began more than 1 year ago; Medications were given for this diagnosis	1 2023 2023
0,00,000	1,11,111				
				There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	
				Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
				Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -			71250 Computed tomography, thorax;	This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	without contrast material	began more than 1 year ago; Other not listed was done for this diagnosis	1 2023 2023
0,00,000	2,22,222 2.2.28,	. pp. e.e.		There has not been any treatment or conservative therapy.; The ordering MDs specialty is	
				NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
				Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -			71250 Computed tomography, thorax;	This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	without contrast material	began less than 6 months ago	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 0101069	прргочи	Without contrast material	This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT	1 2023 2023
4/1/2023 -			71250 Computed tomography, thorax;	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	without contrast material	Oncology; This case was created via BBI.	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 0101069	прргочи	Without contrast material	Gilcology, This case was dicated via bbi.	1 2023 2023
			71275 Computed tomographic		
			angiography, chest (noncoronary), with		
			contrast material(s), including	This study is being ordered for Cancer/Tumor/ Metastatic Disease; The ordering MDs	
4/1/2023 -			noncontrast images, if performed, and	specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	image postprocessing	request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	1 2023 2023
0,30,2023 4,1,2023	0/30/2023 OTOTORY	другочаг	mage postprocessing	Recently DX with prostate cancer had Ct scan done that showed Enlarging left renal mass,	1 2023 2023
			72141 Magnetic resonance (eg, proton)	renal cell carcinoma until proven otherwise.; This study is being ordered for a metastatic	
4/1/2023 -			imaging, spinal canal and contents,	disease.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery,	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	cervical; without contrast material	Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 01010gy	Арргочаі	cervical, Without Contrast material	Oncology, Jurgical Officiology of Natifaction Officiology, 11113 case was created vid Nativid.	1 2023 2023
			72141 Magnetic resonance (eg, proton)		
4/1/2023 -			imaging, spinal canal and contents,	This is a request for cervical spine MRI; This procedure is being requested for Chronic /	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	cervical; without contrast material	longstanding neck pain; It is unknown if any of these apply to the patient	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 OTOTOGY	Approvai	cervical, without contrast material	iongatarium neck pain, it is anknown it any of these apply to the patient	1 2023 2023

			72148 Magnetic resonance (eg, proton)		
4/1/2023 -			imaging, spinal canal and contents,	The study requested is a Lumbar Spine MRI.; None of the above has been completed for the	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	lumbar; without contrast material	patient's back pain; The procedure is being ordered for acute or chronic back pain	1 2023 2023
			724.40 Manuskin anna (anna)	The shiple of the control of the Lorentz ANDI. The matter the control of the character	
4/4/2022			72148 Magnetic resonance (eg, proton)	The study requested is a Lumbar Spine MRI.; The patient has acute or chronic back pain.;	A 1
4/1/2023 -	C/20/2022 Hadami	A	imaging, spinal canal and contents,	This study is being requested for Neurological deficit(s); This is NOT a Medicare member.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	lumbar; without contrast material	The patient has New symptoms of paresthesia evaluated by a neurologist The hematuria is not painful.; This study is being ordered due to hematuria.; "The patient	1 2023 2023
4/1/2023 -			72192 Computed tomography, pelvis;	has had a pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; Yes	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	without contrast material	this is a request for a Diagnostic CT	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 0101069	Арріочаі	without contrast material	This study is being ordered as a follow-up to trauma.; "The ordering physician is a	1 2023 2023
				gastroenterologist, urologist, gynecologist, or surgeon or PCP ordering on behalf of a	
4/1/2023 -			72192 Computed tomography, pelvis;	specialist who has seen the patient."; This is a request for a Pelvis CT.; Yes this is a request	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	without contrast material	for a Diagnostic CT	1 2023 2023
	. ,			This study is being ordered because of a suspicious mass/ tumor.; "The patient has had a	
				pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are	
4/1/2023 -			72192 Computed tomography, pelvis;	documented physical findings (painless hematuria, etc.) consistent with an abdominal mass	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	without contrast material	or tumor.; Yes this is a request for a Diagnostic CT	1 2023 2023
				This study is being ordered because of a suspicious mass/ tumor.; "The patient has had a	
				pelvic ultrasound, barium, CT, or MR study."; This is a request for a Pelvis CT.; There are NO	
4/1/2023 -			72192 Computed tomography, pelvis;	documented physical findings (painless hematuria, etc.) consistent with an abdominal mass	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	without contrast material	or tumor.; Yes this is a request for a Diagnostic CT	1 2023 2023
				This study is being ordered due to known or suspected infection.; "The ordering physician is	
				a surgeon, gynecologist, urologist, gastroenterologist, or infectious disease specialist or PCP	
4/1/2023 -			72192 Computed tomography, pelvis;	ordering on behalf of a specialist who has seen the patient."; This is a request for a Pelvis	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	without contrast material	CT.; Yes this is a request for a Diagnostic CT	3 2023 2023
. /. /2022			70400 0	This study is being ordered due to organ enlargement.; There is ultrasound or plain film	
4/1/2023 -	C/20/2022 Hadami	A	72192 Computed tomography, pelvis;	evidence of a pelvic organ enlargement.; This is a request for a Pelvis CT.; Yes this is a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	without contrast material	request for a Diagnostic CT	1 2023 2023
4/1/2023 -			72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast	; This is a request for a Pelvis MRI.; No, this is not a preoperative study.; The study is being	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	material(s)	ordered for suspicion of pelvic inflammatory disease or abscess.	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 0101069	Арріочаі	material(3)	; This is a request for a Pelvis MRI.; The patient had previous abnormal imaging including a	1 2023 2023
			72196 Magnetic resonance (eg, proton)	CT, MRI or Ultrasound.; An abnormality was found in something other than the bladder,	
4/1/2023 -			imaging, pelvis; with contrast	uterus or ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	material(s)	metastatic disease.	1 2023 2023
.,,	.,,	I I I	72196 Magnetic resonance (eg, proton)	; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging	
4/1/2023 -			imaging, pelvis; with contrast	including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass,	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	material(s)	neoplasm, or metastatic disease.	2 2023 2023
			72196 Magnetic resonance (eg, proton)	; This is a request for a Pelvis MRI.; The study is being ordered for something other than	
4/1/2023 -			imaging, pelvis; with contrast	suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	material(s)	pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect	1 2023 2023
			72196 Magnetic resonance (eg, proton)	ELEVATED PSA, BENIGN PROSTATIC HYPERPLASIA; This is a request for a Pelvis MRI.; The	
4/1/2023 -			imaging, pelvis; with contrast	patient has NOT had previous abnormal imaging including a CT, MRI or Ultrasound.; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	material(s)	study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2023 2023
4/4/2022			72196 Magnetic resonance (eg, proton)	Elevated PSA; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal	
4/1/2023 -	6/20/2022 !		imaging, pelvis; with contrast	imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	material(s)	tumor, mass, neoplasm, or metastatic disease.	1 2023 2023
				left hemi-scrotum ;1-2 years since MRSA infection of his tailbone. Symptoms do seem to	
			72196 Magnetic resonance (eg, proton)	improve somewhat with antibiotics but then come back. He relates pain in the left groin area radiating to his testicle as well of this as the hip and into his leg a; This is a request for a	
4/1/2023 -			imaging, pelvis; with contrast	Pelvis MRI.; No, this is not a preoperative study.; The study is being ordered for suspicion of	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	material(s)	pelvic inflammatory disease or abscess.	1 2023 2023
0,00,2025 4,1,2025	0,30,2023 01010gy	Approvat		period minimization y discusse of dissects.	1 2023 2023

					Patient has a history of Prostate Cancer.;;PSA results on 04/18/2023 was 8.45; This is a	
					request for a Pelvis MRI.; The patient had previous abnormal imaging including a CT, MRI or	
				72196 Magnetic resonance (eg, proton)	Ultrasound.; An abnormality was found in something other than the bladder, uterus or	
4/1/2023 -	. /. /2022	C /20 /2022		imaging, pelvis; with contrast	ovary.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Urology	Approval	material(s)	disease.	1 2023 2023
				72106 Magnetic reconance (eg. proten)	prostate concerns, psa resultes elevde; This is a request for a Pelvis MRI.; The study is being	
4/1/2023 -				72196 Magnetic resonance (eg, proton)	ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or	Anr lun
6/30/2023	4/1/2022	6/30/2023 Urology	Approval	imaging, pelvis; with contrast material(s)	bone infect	Apr-Jun 1 2023 2023
0/30/2023	4/1/2023	0/30/2023 OTOTOGY	Арргочаг	72196 Magnetic resonance (eg, proton)	PSA on 7/9/22 18.3, on 5/1/23 39.5; This is a request for a Pelvis MRI.; The patient has NOT	1 2023 2023
4/1/2023 -				imaging, pelvis; with contrast	had previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Urology	Approval	material(s)	ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2023 2023
0,00,000	., _,	2,22,222		72196 Magnetic resonance (eg, proton)		
4/1/2023 -				imaging, pelvis; with contrast		Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Urology	Approval	material(s)	The patient is male.; Other not listed best describes the reason for this procedure	6 2023 2023
		, ,		72196 Magnetic resonance (eg, proton)		
4/1/2023 -				imaging, pelvis; with contrast	The patient is male.; Prostate cancer best describes the reason for this procedure; This is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Urology	Approval	material(s)	being requested for Initial staging; The ordering provider's specialty is Urology	2 2023 2023
				72196 Magnetic resonance (eg, proton)		
4/1/2023 -				imaging, pelvis; with contrast	The patient is male.; Prostate cancer best describes the reason for this procedure; This is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Urology	Approval	material(s)	being requested for Restaging; The ordering provider's specialty is Urology	1 2023 2023
				72196 Magnetic resonance (eg, proton)		
4/1/2023 -				imaging, pelvis; with contrast	The patient is male.; Prostate cancer best describes the reason for this procedure; This is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Urology	Approval	material(s)	being requested for Suspected cancer; A biopsy is planned in 6 months or less	2 2023 2023
				72196 Magnetic resonance (eg, proton)	The patient is male.; Prostate cancer best describes the reason for this procedure; This is	
4/1/2023 -				imaging, pelvis; with contrast	being requested for Suspected cancer; A biopsy is planned in 6 months or less; The ordering	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Urology	Approval	material(s)	MDs specialty is Urology	2 2023 2023
				72196 Magnetic resonance (eg, proton)		
4/1/2023 -				imaging, pelvis; with contrast	The patient is male.; Prostate cancer best describes the reason for this procedure; This is	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Urology	Approval	material(s)	being requested for Suspected cancer; No biopsy is planned	2 2023 2023
				7040644 # / / / /		
4/4/2022				72196 Magnetic resonance (eg, proton)	The patient is male.; Tumor, mass, neoplasm, or metastatic disease best describes the	A mar to m
4/1/2023 -	4/4/2022	C/20/2022 Unalage	Ammunual	imaging, pelvis; with contrast	reason for this procedure; It is unknown if previous diagnostic imaging has been previously	Apr-Jun 1 2023 2023
6/30/2023	4/1/2023	6/30/2023 Urology	Approval	material(s)	conducted.; The patient's cancer is known; This is being requeted for initial staging.	1 2023 2023
				72196 Magnetic resonance (eg, proton)	The patient is male.; Tumor, mass, neoplasm, or metastatic disease best describes the	
4/1/2023 -				imaging, pelvis; with contrast	reason for this procedure; The patient's cancer is suspected; A CT Scan has been previously	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Urology	Approval	material(s)	conducted.; Prior imaging was inconclusive; The ordering provider's specialty is Urology.	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 01010gy	Арргочаг	72196 Magnetic resonance (eg, proton)	The patient is male.; Tumor, mass, neoplasm, or metastatic disease best describes the	1 2023 2023
4/1/2023 -				imaging, pelvis; with contrast	reason for this procedure; The patient's cancer is suspected; An ultrasound has been	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Urology	Approval	material(s)	previously conducted.; The results of previous imaging were abnormal (inconclusive)	1 2023 2023
0,00,000	., -,	5,55,252 5.5.58,			This is a request for a Pelvis MRI.; The study is being ordered for suspicion of tumor, mass,	
				72196 Magnetic resonance (eg, proton)	neoplasm, or metastatic disease.; An abnormality was found in something other than the	
4/1/2023 -				imaging, pelvis; with contrast	bladder, uterus or ovary.; The patient had previous abnormal imaging including a CT, MRI or	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Urology	Approval	material(s)	Ultrasound.	5 2023 2023
		•.		72196 Magnetic resonance (eg, proton)	This is a request for a Pelvis MRI.; The study is being ordered for suspicion of tumor, mass,	
4/1/2023 -				imaging, pelvis; with contrast	neoplasm, or metastatic disease.; An abnormality was found in the bladder.; The patient had	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Urology	Approval	material(s)	previous abnormal imaging including a CT, MRI or Ultrasound.	1 2023 2023
				72196 Magnetic resonance (eg, proton)	This is a request for a Pelvis MRI.; The study is being ordered for suspicion of tumor, mass,	
4/1/2023 -				imaging, pelvis; with contrast	neoplasm, or metastatic disease.; The patient has NOT had previous abnormal imaging	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Urology	Approval	material(s)	including a CT, MRI or Ultrasound.	12 2023 2023
					KIDNEY CANCER; This study is being ordered for a metastatic disease.; The ordering MDs	
4/1/2023 -				74150 Computed tomography,	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Urology	Approval	abdomen; without contrast material	Radiation Oncology; This case was created via RadMD.	1 2023 2023
1					This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer,	
4/1/2023 -		- ((:		74150 Computed tomography,	mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or	Apr-Jun
16/30/2023	4/1/2023	6/30/2023 Urology	Approval	abdomen; without contrast material	abdominal cancer.; Yes this is a request for a Diagnostic CT; This is a Medicare member.	2 2023 2023

				This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer,	
4/1/2023 -			74150 Computed tomography,	mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	abdomen; without contrast material	abdominal cancer.; Yes this is a request for a Diagnostic CT; This is NOT a Medicare member.	3 2023 2023
1,2,202	1,11,1111111111111111111111111111111111			This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or	0 2020 2020
				tumor.; There is no suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy,	
				or Sigmoidoscopy.; There is suspicion of an adrenal mass (pheochromocytoma).; The	
4/1/2023 -			74150 Computed tomography,	suspicion of an adrenal mass was suggested by some type of imaging other than an	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	abdomen; without contrast material	Ultrasound.; Yes this is a request for a Diagnostic CT	1 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1,11,1111111111111111111111111111111111			This study is being ordered for a metastatic disease.; The ordering MDs specialty is NOT	
4/1/2023 -			74150 Computed tomography,	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	abdomen; without contrast material	Oncology; This case was created via BBI.	1 2023 2023
1,2,202	1,11,1111111111111111111111111111111111				
			74174 Computed tomographic		
			angiography, abdomen and pelvis, with		
			contrast material(s), including	This study is being ordered for Cancer/Tumor/ Metastatic Disease; The ordering MDs	
4/1/2023 -			noncontrast images, if performed, and	specialty is something other than Cardiology, Thoracic Surgery or Vascular Surgery; This is a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	image postprocessing	request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	1 2023 2023
0/00/2020 1/2/2020	0,00,2020 0.0.06,	7.1рр. ота.	mage postprocessing	requestroi dirribaonien erri, onest erritana i erris erritanatea in combination	1 2023 2020
				There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	
				Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
			74176 Computed tomography,	Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -			abdomen and pelvis; without contrast	This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	material	began more than 1 year ago; Chemotherapy was given for this diagnosis	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 0101069	прргочи	macerial	There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	1 2023 2023
				Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
			74176 Computed tomography,	Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -			abdomen and pelvis; without contrast	This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	material	began more than 1 year ago; Medications were given for this diagnosis	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 0101069	Арргочаг	material	began more than I year ago, medications were given for this diagnosis	1 2023 2023
				There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	
				Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
			74176 Computed tomography,	Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -			abdomen and pelvis; without contrast	This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	material	began more than 1 year ago; Other not listed was done for this diagnosis	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 0101069	Арргочаг	material	There has not been any treatment or conservative therapy.; The ordering MDs specialty is	1 2023 2023
				NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
			74176 Computed tomography,	Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -			abdomen and pelvis; without contrast	This study is being ordered for Cancer/Tumor/ Metastatic Disease; The primary symptoms	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	material	began less than 6 months ago	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 0101069	прргочи	macchai	This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The	1 2025 2025
				reason for the study is renal calculi, kidney or ureteral stone.; This study is not being	
				requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The	
			74176 Computed tomography,	results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.;	
4/1/2023 -			abdomen and pelvis; without contrast	Yes this is a request for a Diagnostic CT; It is unknown if this study being ordered for a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	material	concern of cancer such as for diagnosis or treatment.	1 2023 2023
-,, 2020 ., 2, 2020	2, 30, 2023 3.310gy	, .pp. 0 . u .		This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The	1 2020 2020
				reason for the study is renal calculi, kidney or ureteral stone.; This study is not being	
				requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The	
			74176 Computed tomography,	results of the urinalysis were abnormal.; The urinalysis was positive for hematuria/blood.;	
4/1/2023 -			abdomen and pelvis; without contrast	Yes this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	material	cancer such as for diagnosis or treatment.	25 2023 2023
0,00,2025 4,1,2025	5,35,2523 51010gy	Approvat	macchai	cancer such as for diagnosis of deathern.	23 2023 2023

				This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The	
				reason for the study is renal calculi, kidney or ureteral stone.; This study is not being	
				requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The	
			74176 Computed tomography,	results of the urinalysis were abnormal.; The urinalysis was positive for protein.; Yes this is a	
4/1/2023 -			abdomen and pelvis; without contrast	request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	material	for diagnosis or treatment.	2 2023 2023
				This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The	
				reason for the study is renal calculi, kidney or ureteral stone.; This study is not being	
				requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The	
				results of the urinalysis were abnormal.; The urinalysis was positive for something other	
			74176 Computed tomography,	than billirubin, ketones, nitrites, hematuria/blood, glucose or protein.; Yes this is a request	
4/1/2023 -			abdomen and pelvis; without contrast	for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	material	diagnosis or treatment.	2 2023 2023
				This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The	
				reason for the study is renal calculi, kidney or ureteral stone.; This study is not being	
			74176 Computed tomography,	requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The	
4/1/2023 -			abdomen and pelvis; without contrast	results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT; This is study	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	material	NOT being ordered for a concern of cancer such as for diagnosis or treatment.	4 2023 2023
				This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The	
			74176 Computed tomography,	reason for the study is renal calculi, kidney or ureteral stone.; This study is not being	
4/1/2023 -			abdomen and pelvis; without contrast	requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	material	this is a request for a Diagnostic CT	6 2023 2023
				This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study	
				is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results	
			74176 Computed tomography,	were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit	
4/1/2023 -			abdomen and pelvis; without contrast	for this complaint.; It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	material	a request for a Diagnostic CT	1 2023 2023
				This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study	
				is being requested for abdominal and/or pelvic pain.; It is not known if the urinalysis results	
			74176 Computed tomography,	were normal or abnormal.; The study is being ordered for chronic pain.; This is the first visit	
4/1/2023 -			abdomen and pelvis; without contrast	for this complaint.; The patient did not have a amylase or lipase lab test.; Yes this is a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	material	request for a Diagnostic CT	1 2023 2023
				This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study	
				is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were	
				abnormal.; It is not known if the urinalysis was positive for billirubin, ketones, nitrites,	
			74176 Computed tomography,	hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is	
4/1/2023 -	- / /		abdomen and pelvis; without contrast	the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	material	test.; Yes this is a request for a Diagnostic CT	1 2023 2023
				This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study	
			74476 Comments of the research to	is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were	
. /. /2022			74176 Computed tomography,	abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for	
4/1/2023 -	6/20/2022	•	abdomen and pelvis; without contrast	chronic pain.; This is the first visit for this complaint.; It is unknown if the patient had an	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	material	Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2023 2023
				This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study	
			7417C Committed town	is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were	
4/4/2022			74176 Computed tomography,	abnormal.; The urinalysis was positive for hematuria/blood.; The study is being ordered for	A 1
4/1/2023 -	C/20/2022 H1-	A	abdomen and pelvis; without contrast	chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	material	lipase lab test.; Yes this is a request for a Diagnostic CT	4 2023 2023
				This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study	
			74476 Commented to management	is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were	
4/4/2022			74176 Computed tomography,	abnormal.; The urinalysis was positive for ketones.; The study is being ordered for chronic	
4/1/2023 -	c /20 /2022		abdomen and pelvis; without contrast	pain.; This is the first visit for this complaint.; The patient did not have a amylase or lipase	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	material	lab test.; Yes this is a request for a Diagnostic CT	1 2023 2023

				This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were	
				abnormal.; The urinalysis was positive for something other than billirubin, ketones, nitrites,	
			7417C Committed townsonship		
4/4/2022			74176 Computed tomography,	hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is	A I
4/1/2023 -	0 (00/0000 11 1		abdomen and pelvis; without contrast	the first visit for this complaint.; It is unknown if the patient had an Amylase or Lipase lab	Apr-Jun
6/30/2023 4/1/202	3 6/30/2023 Urology	Approval	material	test.; Yes this is a request for a Diagnostic CT	2 2023 2023
				This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study	
				is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were	
			74176 Computed tomography,	normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.;	
4/1/2023 -			abdomen and pelvis; without contrast	It is unknown if the patient had an Amylase or Lipase lab test.; Yes this is a request for a	Apr-Jun
6/30/2023 4/1/202	3 6/30/2023 Urology	Approval	material	Diagnostic CT	1 2023 2023
				This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study	
			74176 Computed tomography,	is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were	
4/1/2023 -			abdomen and pelvis; without contrast	normal.; The study is being ordered for chronic pain.; This is the first visit for this complaint.;	Apr-Jun
6/30/2023 4/1/202	3 6/30/2023 Urology	Approval	material	The patient did not have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2023 2023
				This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; The	
				reason for the study is renal calculi, kidney or ureteral stone.; This study is not being	
			74176 Computed tomography,	requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes	
4/1/2023 -			abdomen and pelvis; without contrast	this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer	Apr-Jun
6/30/2023 4/1/202	3 6/30/2023 Urology	Approval	material	such as for diagnosis or treatment.	1 2023 2023
				This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This	
			74176 Computed tomography,	study is being requested for abdominal and/or pelvic pain.; It is not known if the pain is	
4/1/2023 -			abdomen and pelvis; without contrast	acute or chronic.; This is the first visit for this complaint.; The patient did not have a amylase	Apr-Jun
6/30/2023 4/1/202	3 6/30/2023 Urology	Approval	material	or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2023 2023
0/30/2023 4/1/202	5 0/30/2023 01010gy	прргочи	macchai	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This	1 2023 2023
			74176 Computed tomography,	study is being requested for abdominal and/or pelvic pain.; The study is being ordered for	
4/1/2023 -			abdomen and pelvis; without contrast	acute pain.; There has not been a physical exam.; The patient did not have a amylase or	Apr-Jun
6/30/2023 4/1/202	3 6/30/2023 Urology	Approval	material	lipase lab test.; Yes this is a request for a Diagnostic CT	1 2023 2023
0/30/2023 4/1/202	.5 6/50/2025 UTUTURY	Арргочаг	Illaterial	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This	1 2023 2023
			7417C Committed to measure by		
4/1/2022			74176 Computed tomography,	study is being requested for abdominal and/or pelvic pain.; The study is being ordered for	A mar I i i m
4/1/2023 -	0 (00/0000 11 1		abdomen and pelvis; without contrast	chronic pain.; This is the first visit for this complaint.; The patient did not have a amylase or	Apr-Jun
6/30/2023 4/1/202	3 6/30/2023 Urology	Approval	material	lipase lab test.; Yes this is a request for a Diagnostic CT	2 2023 2023
				This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been	
			74176 Computed tomography,	completed.; This study is being requested for abdominal and/or pelvic pain.; The study is	
4/1/2023 -			abdomen and pelvis; without contrast	being ordered for chronic pain.; This is the first visit for this complaint.; It is unknown if the	Apr-Jun
6/30/2023 4/1/202	3 6/30/2023 Urology	Approval	material	patient had an Amylase or Lipase lab test.; Yes this is a request for a Diagnostic CT	1 2023 2023
				This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been	
			74176 Computed tomography,	completed.; This study is being requested for abdominal and/or pelvic pain.; The study is	
4/1/2023 -			abdomen and pelvis; without contrast	being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not	Apr-Jun
6/30/2023 4/1/202	3 6/30/2023 Urology	Approval	material	have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2023 2023
			74176 Computed tomography,	This is a request for an Abdomen and Pelvis CT.; It is not known if this study is being	
4/1/2023 -			abdomen and pelvis; without contrast	requested for abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this	Apr-Jun
6/30/2023 4/1/202	3 6/30/2023 Urology	Approval	material	is a request for a Diagnostic CT	1 2023 2023
				This is a request for an Abdomen and Pelvis CT.; The patient is not presenting new	
				symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The last	
				Abdomen/Pelvis CT was perfomred more than 10 months ago.; The patient had an abnormal	
				abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course of	
				chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a	
			74176 Computed tomography,	Diagnostic CT; There is NO documentation of a known tumor or a known diagnosis of	
4/1/2023 -			abdomen and pelvis; without contrast	cancer; This is study being ordered for a concern of cancer such as for diagnosis or	Apr-Jun
6/30/2023 4/1/202	3 6/30/2023 Urology	Approval	material	treatment.	1 2023 2023
.,, ,, , , ,	-,, : o.ogy				

				This is a request for an Abdomen and Pelvis CT.; The patient is presenting new symptoms.; It	
				is not known if this study is being requested for abdominal and/or pelvic pain.; The patient	
				had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a	
				course of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request	
			74176 Computed tomography,	for a Diagnostic CT; There is NO documentation of a known tumor or a known diagnosis of	
4/1/2023 -			abdomen and pelvis; without contrast	cancer; This is study being ordered for a concern of cancer such as for diagnosis or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	material	treatment.	1 2023 2023
				This is a request for an Abdomen and Pelvis CT.; The patient is presenting new symptoms.;	
				This study is not being requested for abdominal and/or pelvic pain.; The patient had an	
				abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course	
				of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a	
			74176 Computed tomography,	Diagnostic CT; There is NO documentation of a known tumor or a known diagnosis of	
4/1/2023 -			abdomen and pelvis; without contrast	cancer; This is study being ordered for a concern of cancer such as for diagnosis or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	material	treatment.	3 2023 2023
				This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The	
				patient has a fever and elevated white blood cell count or abnormal amylase/lipase.; This	
			74176 Computed tomography,	study is not being requested for abdominal and/or pelvic pain.; The study is not requested	
4/1/2023 -			abdomen and pelvis; without contrast	for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being ordered for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	material	a concern of cancer such as for diagnosis or treatment.	1 2023 2023
0,00,2020 1,2,2020	0,00,2020 0.0.06,	7.pp.ora.	74176 Computed tomography,	This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.;	1 2020 2020
4/1/2023 -			abdomen and pelvis; without contrast	This study is not being requested for abdominal and/or pelvic pain.; The study is not	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	material	requested for hematuria.; Yes this is a request for a Diagnostic CT	8 2023 2023
0/30/2023 4/1/2023	0/30/2023 0101069	Арріочаі	material	This is a request for an Abdomen and Pelvis CT.; The reason for the study is known tumor.;	0 2023 2023
			74176 Computed tomography,	This study is not being requested for abdominal and/or pelvic pain.; The study is not	
4/1/2023 -			abdomen and pelvis; without contrast	requested for hematuria.; Yes this is a request for a Diagnostic CT; This is study NOT being	Anr lun
	C/20/2022 Hadami	A			Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	material	ordered for a concern of cancer such as for diagnosis or treatment.	3 2023 2023
4/1/2023 -			74176 Computed tomography,	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the	Ame I
	6/20/2022 111	A	abdomen and pelvis; without contrast	listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	material	study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2023 2023
				This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the	
				listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The	
			74176 Computed tomography,	study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; Reason: ELSE	
4/1/2023 -			abdomen and pelvis; without contrast	(system matched response); hydronephrosis; previous urinoma; This is study NOT being	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	material	ordered for a concern of cancer such as for diagnosis or treatment.	1 2023 2023
				This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the	
				listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The	
			74176 Computed tomography,	study is not requested for hematuria.; Yes this is a request for a Diagnostic CT; Reason: ELSE	
4/1/2023 -			abdomen and pelvis; without contrast	(system matched response); renal hemmorrhage; This is study NOT being ordered for a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	material	concern of cancer such as for diagnosis or treatment.	1 2023 2023
			74176 Computed tomography,	This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post	
4/1/2023 -			abdomen and pelvis; without contrast	op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	material	study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	3 2023 2023
				This is a request for an Abdomen and Pelvis CT.; The reason for the study is pre-op or post	
			74176 Computed tomography,	op evaluation.; This study is not being requested for abdominal and/or pelvic pain.; The	
4/1/2023 -			abdomen and pelvis; without contrast	study is not requested for hematuria.; Yes this is a request for a Diagnostic CT ; This is study	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	material	NOT being ordered for a concern of cancer such as for diagnosis or treatment.	1 2023 2023
				This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass	
				or suspected tumor or metastasis.; It is not known if the patient is presenting new	
				symptoms.; This study is not being requested for abdominal and/or pelvic pain.; The study is	
				not requested for hematuria.; The last Abdomen/Pelvis CT was performed within the past 10	
			74176 Computed tomography,	months.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient	
4/1/2023 -			abdomen and pelvis; without contrast	has NOT completed a course of chemotherapy or radiation therapy within the past 90 days.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	material	Yes this is a request for a Diagnostic CT	1 2023 2023

				This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass	
				or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study	
				is not being requested for abdominal and/or pelvic pain.; The study is not requested for	
				hematuria.; The last Abdomen/Pelvis CT was perfomred more than 10 months ago.; The	
			74176 Computed tomography,	patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT	
4/1/2023 -			abdomen and pelvis; without contrast	completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	material	is a request for a Diagnostic CT	1 2023 2023
				This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass	
				or suspected tumor or metastasis.; The patient is not presenting new symptoms.; This study	
				is not being requested for abdominal and/or pelvic pain.; The study is not requested for	
				hematuria.; The last Abdomen/Pelvis CT was performed within the past 10 months.; The	
				patient had an abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT	
			74176 Computed tomography,	completed a course of chemotherapy or radiation therapy within the past 90 days.; Yes this	
4/1/2023 -			abdomen and pelvis; without contrast	is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	material	such as for diagnosis or treatment.	1 2023 2023
	, ,			This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass	
				or suspected tumor or metastasis.; The patient is presenting new symptoms.; This study is	
				not being requested for abdominal and/or pelvic pain.; The study is not requested for	
			74176 Computed tomography,	hematuria.; The patient had an abnormal abdominal Ultrasound, CT or MR study.; The	
4/1/2023 -			abdomen and pelvis; without contrast	patient has NOT completed a course of chemotherapy or radiation therapy within the past	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	material	90 days.; Yes this is a request for a Diagnostic CT	2 2023 2023
0,00,2020 1,2,2020	0,00,2020 0.0.069	7.661.010.	THE CONTROL	So days, res and is a requestion a stagnostic of	2 2023 2025
				This is a request for an Abdomen and Pelvis CT.; The reason for the study is suspicious mass	
			74176 Computed tomography,	or suspected tumor or metastasis.; This study is not being requested for abdominal and/or	
4/1/2023 -			abdomen and pelvis; without contrast	pelvic pain.; The study is not requested for hematuria.; The patient did NOT have an	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	material	abnormal abdominal Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 01010by	прргочи	Hideeridi	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	1 2023 2023
			74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical	
4/1/2023 -			abdomen and pelvis; without contrast	exam.; The patient is female.; A pelvic exam was NOT performed.; Yes this is a request for a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	material	Diagnostic CT	2 2023 2023
0/30/2023 4/1/2023	0/30/2023 OTOTOGY	Approvai	Illaterial	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	2 2023 2023
			74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical	
4/1/2023 -			abdomen and pelvis; without contrast	exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	material	abnormal.; Yes this is a request for a Diagnostic CT	2 2023 2023
0/30/2023 4/1/2023	6/30/2023 UTUTURY	Approvai	Hidterial	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	2 2023 2023
			74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical	
4/1/2023 -			abdomen and pelvis; without contrast	exam.; The patient is male.; A rectal exam was not performed.; Yes this is a request for a	Apr-Jun
6/30/2023 4/1/2023	C/20/2022 Useleen	Ammanal			2 2023 2023
0/30/2023 4/1/2023	6/30/2023 Urology	Approval	material	Diagnostic CT This is a request for an Ahdaman and Polyis CT. This study is being requested for abdominal	2 2023 2023
			7417C Committed to accomply	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/1/2022			74176 Computed tomography,	, , , , , , , , , , , , , , , , , , , ,	A 1
4/1/2023 -	c /20 /2022		abdomen and pelvis; without contrast	this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	material	NOT performed.; Yes this is a request for a Diagnostic CT	6 2023 2023
				This is a second for an Abdaman and Babis CT. This should be below as a shall be abdamind	
			7417C Computed towards by	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
4/1/2022			74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	Ama Irra
4/1/2023 -	- / /		abdomen and pelvis; without contrast	this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	material	performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	1 2023 2023
				Thirtie and the form Abdomes and Bubble CT. The second Sec	
			74476 Communications and	This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
4/4/2022			74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/1/2023 -	s /20 /2025 · · ·		abdomen and pelvis; without contrast	this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	material	performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	2 2023 2023
				This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
				and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
			74176 Computed tomography,	this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was	
4/1/2023 -			abdomen and pelvis; without contrast	performed.; The results of the exam were normal.; The patient did not have an Ultrasound.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	material	Yes this is a request for a Diagnostic CT	1 2023 2023

				This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
			74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/1/2023 -			abdomen and pelvis; without contrast	this complaint.; There has been a physical exam.; The patient is female.; It is not known if a	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	material	pelvic exam was performed.; Yes this is a request for a Diagnostic CT	3 2023 2023
				This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
				and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
				this complaint.; There has been a physical exam.; The patient is male.; A rectal exam was	
			74176 Computed tomography,	performed.; The results of the exam were normal.; The patient had an Ultrasound.; The	
4/1/2023 -			abdomen and pelvis; without contrast	Ultrasound results are unknown.; A contrast/barium x-ray has NOT been completed.; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	material	patient did not have an endoscopy.; Yes this is a request for a Diagnostic CT	1 2023 2023
	•				
				This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
			74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/1/2023 -			abdomen and pelvis; without contrast	this complaint.; There has not been a physical exam.; The patient had an amylase lab test.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	material	The results of the lab test were abnormal.; Yes this is a request for a Diagnostic CT	1 2023 2023
,,,,,	.,,	1.1.		This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
			74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this	
4/1/2023 -			abdomen and pelvis; without contrast	complaint.; The patient had an amylase lab test.; The results of the lab test were abnormal.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	material	Yes this is a request for a Diagnostic CT	8 2023 2023
.,,	,,, o.o.ogy			This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	1 1113 2020
			74176 Computed tomography,	and/or pelvic pain.; The study is being ordered for chronic pain.; This is the first visit for this	
4/1/2023 -			abdomen and pelvis; without contrast	complaint.; The patient had an lipase lab test.; The results of the lab test were abnormal.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	material	Yes this is a request for a Diagnostic CT	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 0101069	Арріочаі	material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for	1 2023 2023
				abdominal and/or pelvic pain.; The patient did NOT have an abnormal abdominal	
			74176 Computed tomography,	Ultrasound, CT or MR study.; Yes this is a request for a Diagnostic CT; There is NO	
4/1/2023 -			abdomen and pelvis; without contrast	documentation of a known tumor or a known diagnosis of cancer; This is study being	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	material	ordered for a concern of cancer such as for diagnosis or treatment.	2 2023 2023
0/30/2023 4/1/2023	0/30/2023 01010gy	Арргочаг	74176 Computed tomography,	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for	2 2023 2023
4/1/2023 -			abdomen and pelvis; without contrast		Anr lun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	material	abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request for a Diagnostic CT	Apr-Jun 20 2023 2023
0/30/2023 4/1/2023	6/30/2023 UTUTURY	Арргочаг	material	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for	20 2023 2023
			74176 Computed tomography,	abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request	
4/1/2023 -					Apr lup
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	abdomen and pelvis; without contrast material	for a Diagnostic CT; It is unknown if this study being ordered for a concern of cancer such as for diagnosis or treatment.	Apr-Jun 1 2023 2023
0/30/2023 4/1/2023	6/30/2023 UTUTURY	Approval	Illaterial	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for	1 2023 2023
			74176 Computed tomography,	abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request	
4/1/2023 -					Anr lun
1 1 1	C/20/2022 Hadami	A	abdomen and pelvis; without contrast	for a Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	material	diagnosis or treatment.	87 2023 2023
			7/176 Computed tomography	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for	
4/1/2022			74176 Computed tomography,	abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT; There is	A mar I
4/1/2023 -	6/20/2022 11:	A	abdomen and pelvis; without contrast	documentation of a known tumor or a known diagnosis of cancer; This is study being	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	material	ordered for a concern of cancer such as for diagnosis or treatment.	35 2023 2023
			7417C Committed to accommission	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for	
4/4/2022			74176 Computed tomography,	abdominal and/or pelvic pain.; Yes this is a request for a Diagnostic CT; There is	A 1
4/1/2023 -	C/20/2022 H1-	A	abdomen and pelvis; without contrast	documentation of a known tumor or a known diagnosis of cancer; This is study being	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	material	ordered for a concern of cancer such as for diagnosis or treatment.	36 2023 2023
			74191 Magnetic reconstruction	A CT Coan has been proviously conducted a Prior investigatives absenced. The end of a	
4/4/2022			74181 Magnetic resonance (eg, proton)	A CT Scan has been previously conducted.; Prior imaging was abnormal; The ordering	A 1
4/1/2023 -	C/20/2022 H1-	Ammusical	imaging, abdomen; without contrast	provider's specialty is Urology.; Tumor, mass, neoplasm, or metastatic disease best describes	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	material(s)	the reason for this procedure.; The patient's cancer is suspected; Renal cancer is suspected.	3 2023 2023
4/4/2022			74181 Magnetic resonance (eg, proton)		
4/1/2023 -	6/20/2022 11:	A	imaging, abdomen; without contrast	This are worth for an Abdom on ARN. This study is help a submid for her all	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Approval	material(s)	This request is for an Abdomen MRI.; This study is being ordered for hematuria.	1 2023 2023

				7/191 Magnetic reconance (og proten)		
4/1/2023 -				74181 Magnetic resonance (eg, proton) imaging, abdomen; without contrast		Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Urology	Approval	material(s)	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.	2 2023 2023
0,00,000	., _,	2,00,000			This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This	
				74181 Magnetic resonance (eg, proton)	study is being ordered for follow-up.; The patient did NOT have chemotherapy, radiation	
4/1/2023 -				imaging, abdomen; without contrast	therapy or surgery in the last 3 months.; They did NOT have an Abdomen MRI in the last 10	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Urology	Approval	material(s)	months.	1 2023 2023
0,00,2020	., _,	-,,		74181 Magnetic resonance (eg, proton)		
4/1/2023 -				imaging, abdomen; without contrast	This request is for an Abdomen MRI.; This study is being ordered for Known Tumor.; This	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Urology	Approval	material(s)	study is being ordered for staging.	2 2023 2023
		, , ,		. ,	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or	
				74181 Magnetic resonance (eg, proton)	suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT,	
4/1/2023 -				imaging, abdomen; without contrast	MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.; It	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Urology	Approval	material(s)	is unknown if the patient has a renal cyst or tumor.	3 2023 2023
.,,		2, 22, 22, 23, 20,	<u> </u>	1.0	This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or	
				74181 Magnetic resonance (eg, proton)	suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT,	
4/1/2023 -				imaging, abdomen; without contrast	MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Urology	Approval	material(s)	The patient has a renal cyst.	2 2023 2023
.,,	, ,	.,,	F F		This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or	
				74181 Magnetic resonance (eg, proton)	suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT,	
4/1/2023 -				imaging, abdomen; without contrast	MRI or Ultrasound.; A kidney abnormality was found on a previous CT, MRI or Ultrasound.;	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Urology	Approval	material(s)	The patient has a tumor.	4 2023 2023
	. ,	2, 22, 22, 23, 20,			This request is for an Abdomen MRI.; This study is being ordered for suspicious mass or	
				74181 Magnetic resonance (eg, proton)	suspected tumor/ metastasis.; The patient had previous abnormal imaging including a CT,	
4/1/2023 -				imaging, abdomen; without contrast	MRI or Ultrasound.; The abnormality found on a previous CT, MRI or Ultrasound was not in	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Urology	Approval	material(s)	the liver, kidney, pancreas or spleen.	3 2023 2023
-,,	, ,	.,,			This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested to Confirm	
					or establish a diagnosis of Cancer; 1 PET Scans has already been performed on this patient	
4/1/2023 -				78813 Positron emission tomography	for this cancer.; This study is being requested for Lung Cancer.; This is for a Routine/Standard	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Urology	Approval	(PET) imaging; whole body	PET Scan using FDG (fluorodeoxyglucose)	1 2023 2023
4/1/2023 -				78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Prostate Cancer.; This PET Scan is being	Apr-Jun
6/30/2023	1/1/2023	6/30/2023 Urology	Approval	localization imaging; whole body	requested for Initial Staging; This is for a PET Scan with PSMA (Pylarify, Locametz, or Illuccix)	1 2023 2023
0,30,2023	7/1/2023	0,30,2023 01010gy	Αρριοναί	Totalization imaging, whole body	requested for middle stagning, this is for a first scan with tissing (i yiariny, cotalitetz, or muttin)	1 2023 2023
. / . /				78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for	A biopsy substantiated the cancer type; This Pet Scan is being requested for Suspected or Known Cancer; This study is being requested for Prostate Cancer.; This PET Scan is being	
4/1/2023 -	4/4/2025	s /20 /2022		attenuation correction and anatomical	requested for Initial Staging; This is for a Routine/Standard PET Scan using FDG	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Urology	Approval	localization imaging; whole body	(fluorodeoxyglucose)	1 2023 2023
4/1/2023 -				78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	This is a request for a Tumor Imaging PET Scan; This is for a PET Scan with PSMA (Pylarify,	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Urology	Approval	localization imaging; whole body	Locametz, or Illuccix)	2 2023 2023
4/1/2023 -	4/4/2022	s (20 (2022 Live)	Accessed	78816 Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical	This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial Staging; 1 PET Scans has already been performed on this patient for this cancer.; This study is being requested for Prostate Cancer.; This is for a Routine/Standard PET Scan using FDG	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Urology	Approval	localization imaging; whole body	(fluorodeoxyglucose)	1 2023 2023

				7004 C Desitues a suriarie a terre asserbe		This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial	
				78816 Positron emission tomography		Staging; This study is being ordered for something other than Breast CA, Lymphoma,	
				(PET) with concurrently acquired		Myeloma, Ovarian CA, Esophageal CA, Lung CA, Colorectal CA, Head/Neck CA, Melanoma,	
. /. /2022				computed tomography (CT) for		Soft Tissue Sarcoma, Pancreatic CA or Testicular CA.; This study is being requested for an	
4/1/2023 -	. /. /			attenuation correction and anatomical		other solid tumor.; A biopsy substantiated the cancer type; This is for a Routine/Standard	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Urology	Approval	localization imaging; whole body		PET Scan using FDG (fluorodeoxyglucose)	1 2023 2023
				78816 Positron emission tomography			
				(PET) with concurrently acquired		This is a request for a Tumor Imaging PET Scan; This PET Scan is being requested for Initial	
				computed tomography (CT) for		Staging; This would be the first PET Scan performed on this patient for this cancer.; This	
4/1/2023 -				attenuation correction and anatomical		study is being requested for Prostate Cancer.; This is a Medicare member.; This is for a	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Urology	Approval	localization imaging; whole body		Routine/Standard PET Scan using FDG (fluorodeoxyglucose)	1 2023 2023
						This request is for a Brain MRI; The study is NOT being requested for evaluation of a	
				70551 Magnetic resonance (eg, proton)	Radiology Services	headache.; It is unknown why this study is being ordered.; The patient does not have	
4/1/2023 -				imaging, brain (including brain stem);	Denied Not	dizziness, fatigue or malaise, sudden change in mental status, Bell's palsy, Congenital	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Urology	Disapproval	without contrast material	Medically Necessary	abnormality, loss of smell, hearing loss or vertigo.	1 2023 2023
						There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	
						Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
					Radiology Services	Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -				71250 Computed tomography, thorax;	Denied Not	This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Urology	Disapproval	without contrast material	Medically Necessary	began more than 1 year ago; Other not listed was done for this diagnosis	1 2023 2023
						There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	
						Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
					Radiology Services	Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -				71250 Computed tomography, thorax;	Denied Not	This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Urology	Disapproval	without contrast material		· · · · · · · · · · · · · · · · · · ·	1 2023 2023
.,,	, ,	-,,			, , , , , , , , , , , , , , , , , , , ,	There has not been any treatment or conservative therapy.; The ordering MDs specialty is	
						NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
					Radiology Services	Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -				71250 Computed tomography, thorax;	Denied Not	This study is being ordered for Cancer/ Tumor/ Metastatic Disease; It is unknown when the	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Urology	Disapproval	without contrast material		primary symptoms began	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 0101069	Бізаррі очаі	Without contrast material	Wicarcarry Weeessary	They did not have a previous Chest x-ray.; A Chest/Thorax CT is being ordered.; Yes this is a	1 2023 2023
					Radiology Services	request for a Diagnostic CT; This study is being ordered for work-up for suspicious mass.;	
4/1/2023 -				71250 Computed tomography, thorax;	Denied Not	There is radiographic evidence of lung, mediastinal mass, or physical evidence of chest wall	Anr lun
6/30/2023	4/1/2022	6/30/2023 Urology	Disapproval	without contrast material		mass noted in the last 90 days	Apr-Jun 1 2023 2023
0/30/2023	4/1/2023	0/30/2023 UTUIUGY	Disapprovai	without contrast material	ivieuically ivecessary	This study is being ordered for something other than: known trauma or injury, metastatic	1 2023 2023
						disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or	
					Dadieles Comitee	vascular disease.; There has been treatment or conservative therapy.; The ordering MDs	
4/4/2022				74350 Committed to 1 11	Radiology Services	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
4/1/2023 -	. /. /05==	C /00 /0000 · · ·		71250 Computed tomography, thorax;	Denied Not	Radiation Oncology; This case was created via BBI.; The primary symptoms began 6 months	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Urology	Disapproval	without contrast material	Medically Necessary	to 1 year; Medications were given for this diagnosis	1 2023 2023
					5 11 1 6 1		
				72141 Magnetic resonance (eg, proton)		This is a request for cervical spine MRI; This procedure is being requested for Chronic /	
4/1/2023 -	. /. /	-11		imaging, spinal canal and contents,	Denied Not	longstanding neck pain; The patient has a neurological deficit; This is NOT a Medicare	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Urology	Disapproval	cervical; without contrast material	Medically Necessary	member.; The patient has New symptoms of paresthesia evaluated by a neurologist	1 2023 2023
				72148 Magnetic resonance (eg, proton)		The study requested is a Lumbar Spine MRI.; Something other than listed has been	
4/1/2023 -				imaging, spinal canal and contents,	Denied Not	completed for the patient's back pain; The procedure is being ordered for acute or chronic	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Urology	Disapproval	lumbar; without contrast material	Medically Necessary	back pain	1 2023 2023
				72196 Magnetic resonance (eg, proton)	Radiology Services	; This is a request for a Pelvis MRI.; The study is being ordered for something other than	
4/1/2023 -				imaging, pelvis; with contrast	Denied Not	suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Urology	Disapproval	material(s)	Medically Necessary	pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect	2 2023 2023

						chief complaint is family history of prostate cancer and elevated PSA. his PSA is 4.12 2/8/23.	
				72196 Magnetic resonance (eg, proton)	Padiology Sonvices	it was 2.65 10/12/22. It was 2.70 9/15/21. He is on testosterone supplementation.; This is a request for a Pelvis MRI.; The patient has NOT had previous abnormal imaging including a	
4/1/2023 -				imaging, pelvis; with contrast	Denied Not	CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm,	Apr-Jun
6/30/2023 4	4/1/2023	6/30/2023 Urology	Disapproval	material(s)		or metastatic disease.	1 2023 2023
		, , , , ,	• • • • • • • • • • • • • • • • • • • •	,		MRI PROSTATE for elevated PSA 5.86; This is a request for a Pelvis MRI.; The study is being	
				72196 Magnetic resonance (eg, proton)	Radiology Services	ordered for something other than suspicion of tumor, mass, neoplasm, metastatic disease,	
4/1/2023 -				imaging, pelvis; with contrast	Denied Not	PID, abscess, Evaluation of the pelvis prior to surgery or laparoscopy, Suspicion of joint or	Apr-Jun
6/30/2023 4	4/1/2023	6/30/2023 Urology	Disapproval	material(s)	Medically Necessary	bone infect	1 2023 2023
				7040614		Date of the Control o	
4 /4 /2022				72196 Magnetic resonance (eg, proton)		Patient has elevated PSA; This is a request for a Pelvis MRI.; The patient has NOT had	A 1
4/1/2023 - 6/30/2023 4	4/1/2023	6/30/2023 Urology	Disapproval	imaging, pelvis; with contrast material(s)	Denied Not	previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for suspicion of tumor, mass, neoplasm, or metastatic disease.	Apr-Jun 1 2023 2023
0/30/2023	+/1/2023	0/30/2023 01010gy	Disappiovai	material(s)	ivieuically ivecessary	Tot suspicion of tunior, mass, neopiasm, of metastatic disease.	1 2023 2023
				72196 Magnetic resonance (eg, proton)	Radiology Services	Prostate cancer suspected; This is a request for a Pelvis MRI.; The patient has NOT had	
4/1/2023 -				imaging, pelvis; with contrast	Denied Not	previous abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered	Apr-Jun
6/30/2023 4	4/1/2023	6/30/2023 Urology	Disapproval	material(s)	Medically Necessary	for suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2023 2023
. /. /2				72196 Magnetic resonance (eg, proton)		see attached clinicals; This is a request for a Pelvis MRI.; The patient has NOT had previous	
4/1/2023 -	4/4/2022	6/20/2022 111	Diagram	imaging, pelvis; with contrast	Denied Not	abnormal imaging including a CT, MRI or Ultrasound.; The study is being ordered for	Apr-Jun
6/30/2023 4	4/1/2023	6/30/2023 Urology	Disapproval	material(s)	Medically Necessary	suspicion of tumor, mass, neoplasm, or metastatic disease.	1 2023 2023
				72196 Magnetic resonance (eg, proton)	Radiology Services		
4/1/2023 -				imaging, pelvis; with contrast	Denied Not		Apr-Jun
6/30/2023 4	4/1/2023	6/30/2023 Urology	Disapproval	material(s)	Medically Necessary	The patient is male.; Other not listed best describes the reason for this procedure	1 2023 2023
					Radiology Services		
4/1/2023 -				imaging, pelvis; with contrast	Denied Not	The patient is male.; Prostate cancer best describes the reason for this procedure; This is	Apr-Jun
6/30/2023 4	4/1/2023	6/30/2023 Urology	Disapproval	material(s)	Medically Necessary	being requested for Suspected cancer; No biopsy is planned	1 2023 2023
				72196 Magnetic resonance (eg, proton)	Radiology Services	The patient is male.; Tumor, mass, neoplasm, or metastatic disease best describes the	
4/1/2023 -				imaging, pelvis; with contrast	Denied Not	reason for this procedure; No prior imaging was conducted; The patient's cancer is	Apr-Jun
6/30/2023 4	4/1/2023	6/30/2023 Urology	Disapproval	material(s)	Medically Necessary		1 2023 2023
		•		· ·		·	
				72196 Magnetic resonance (eg, proton)	Radiology Services	This is a request for a Pelvis MRI.; The study is being ordered for something other than	
4/1/2023 -				imaging, pelvis; with contrast	Denied Not	suspicion of tumor, mass, neoplasm, metastatic disease, PID, abscess, Evaluation of the	Apr-Jun
6/30/2023 4	4/1/2023	6/30/2023 Urology	Disapproval	material(s)	Medically Necessary	pelvis prior to surgery or laparoscopy, Suspicion of joint or bone infect	1 2023 2023
				72106 Magnetic recessor (ex. martin)	Padiology Carries	This is a request for a Pelvis MRI.; The study is being ordered for suspicion of tumor, mass,	
4/1/2023 -				72196 Magnetic resonance (eg, proton) imaging, pelvis; with contrast	Denied Not	neoplasm, or metastatic disease.; An abnormality was found in something other than the bladder, uterus or ovary.; The patient had previous abnormal imaging including a CT, MRI or	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Urology	Disapproval	material(s)	Medically Necessary		1 2023 2023
2,00,2020	., _, _0	2,22,2020 0.0.059	50pp.0101				1 2020 2020
				72196 Magnetic resonance (eg, proton)	Radiology Services	This is a request for a Pelvis MRI.; The study is being ordered for suspicion of tumor, mass,	
4/1/2023 -				imaging, pelvis; with contrast	Denied Not	neoplasm, or metastatic disease.; The patient has NOT had previous abnormal imaging	Apr-Jun
6/30/2023 4	4/1/2023	6/30/2023 Urology	Disapproval	material(s)	Medically Necessary	including a CT, MRI or Ultrasound.	2 2023 2023
					Dadislass Const	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer,	
4/1/2022				74150 Commuted townson	Radiology Services	mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or	Ame Ivo
4/1/2023 - 6/30/2023 4	4/1/2023	6/30/2023 Urology	Disapproval	74150 Computed tomography, abdomen; without contrast material	Denied Not Medically Necessary	abdominal cancer.; This study being ordered for initial staging of a known tumor other than prostate.; Yes this is a request for a Diagnostic CT	Apr-Jun 1 2023 2023
0/30/2023	+/ 1/ 2023	0,30,2023 UTUIUEY	Disappiovai	abaomen, without contrast material	Wiedically Necessally	produces, reading is a request for a piagnostic of	1 2023 2023
						This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer,	
					Radiology Services	mass, or rule out metastases.; No, this is not a request for follow up to a known tumor or	
4/1/2023 -				74150 Computed tomography,	Denied Not	abdominal cancer.; This study being ordered for new symptoms including hematuria,	Apr-Jun

				Radiology Services	This is a request for an Abdomen CT.; This study is being ordered for a known tumor, cancer,	
4/1/2023 -			74150 Computed tomography,	Denied Not	mass, or rule out metastases.; Yes, this is a request for follow up to a known tumor or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Disapproval	abdomen; without contrast material		abdominal cancer.; Yes this is a request for a Diagnostic CT; This is NOT a Medicare member.	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 0101069	ызарргочаг	abdomen, without contrast material	Wiculcully Weeessally	abdominal cancers, residing is a requestrol a plagnostic er, mis is not a medicare member.	1 2023 2023
				Radiology Services		
4/1/2023 -			74150 Computed tomography,	Denied Not	This is a request for an Abdomen CT.; This study is being ordered for a kidney/ureteral	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Disapproval	abdomen; without contrast material		stone.; This patient is not experiencing hematuria.; Yes this is a request for a Diagnostic CT	1 2023 2023
				Radiology Services	This is a request for an Abdomen CT.; This study is being ordered for a suspicious mass or	
4/1/2023 -			74150 Computed tomography,	Denied Not	tumor.; There is a suspicious mass found using Ultrasound, IVP, Endoscopy, Colonoscopy, or	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Disapproval	abdomen; without contrast material	Medically Necessary	Sigmoidoscopy.; Yes this is a request for a Diagnostic CT; This is NOT a Medicare member.	1 2023 2023
					There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	
					Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
			74176 Computed tomography,	Radiology Services	Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -	s /20 /2022	5: 1	abdomen and pelvis; without contrast	Denied Not	This study is being ordered for Cancer/ Tumor/ Metastatic Disease; The primary symptoms	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Disapproval	material	Medically Necessary	began more than 1 year ago; Other not listed was done for this diagnosis	1 2023 2023
					There has been treatment or conservative therapy.; The ordering MDs specialty is NOT	
					Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
			74176 Computed tomography,	Radiology Services	Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -			abdomen and pelvis; without contrast	Denied Not	This study is being ordered for Inflammatory / Infectious Disease; The primary symptoms	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Disapproval	material	Medically Necessary		1 2023 2023
0/30/2023 4/1/2023	0/30/2023 0101069	ызарргочаг	material	Wiculcully Weeessally	There has not been any treatment or conservative therapy.; The ordering MDs specialty is	1 2023 2023
					NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
			74176 Computed tomography,	Radiology Services	Oncology; This is a request for CT of the Abdomen/Pelvis and Chest ordered in combination.;	
4/1/2023 -			abdomen and pelvis; without contrast	Denied Not	This study is being ordered for Cancer/ Tumor/ Metastatic Disease; It is unknown when the	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Disapproval	material	Medically Necessary	primary symptoms began	1 2023 2023
					This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The	
					reason for the study is renal calculi, kidney or ureteral stone.; This study is not being	
					requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; It is	
			74176 Computed tomography,	Radiology Services	not known if the urinalysis results were normal or abnormal.; Yes this is a request for a	
4/1/2023 -			abdomen and pelvis; without contrast	Denied Not	Diagnostic CT; This is study NOT being ordered for a concern of cancer such as for diagnosis	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Disapproval	material	Medically Necessary		1 2023 2023
					This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; The	
					reason for the study is renal calculi, kidney or ureteral stone.; This study is not being	
4/4/2022			74176 Computed tomography,	Radiology Services	requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; The	A 1
4/1/2023 - 6/30/2023 4/1/2023	6/20/2022 Urology	Disapproval	abdomen and pelvis; without contrast material	Denied Not	results of the urinalysis were normal.; Yes this is a request for a Diagnostic CT; This is study	Apr-Jun 3 2023 2023
0/30/2023 4/1/2023	6/30/2023 Urology	Disapprovai	Illaterial	ivieuically ivecessary	NOT being ordered for a concern of cancer such as for diagnosis or treatment. This is a request for an Abdomen and Pelvis CT.; A urinalysis has been completed.; This study	3 2023 2023
					is being requested for abdominal and/or pelvic pain.; The results of the urinalysis were	
					abnormal.; The urinalysis was positive for something other than billirubin, ketones, nitrites,	
			74176 Computed tomography,	Radiology Services	hematuria/blood, glucose or protein.; The study is being ordered for chronic pain.; This is	
4/1/2023 -			abdomen and pelvis; without contrast	Denied Not	the first visit for this complaint.; The patient did not have a amylase or lipase lab test.; Yes	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Disapproval	material		this is a request for a Diagnostic CT	1 2023 2023
					This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; The	
			74176 Computed tomography,	Radiology Services	reason for the study is renal calculi, kidney or ureteral stone.; This study is not being	
4/1/2023 -			abdomen and pelvis; without contrast	Denied Not	requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Disapproval	material	Medically Necessary	this is a request for a Diagnostic CT	1 2023 2023
					This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; The	
					reason for the study is renal calculi, kidney or ureteral stone.; This study is not being	
			74176 Computed tomography,	Radiology Services	requested for abdominal and/or pelvic pain.; The study is not requested for hematuria.; Yes	
4/1/2023 -	s /20 /2005 · · ·	5.	abdomen and pelvis; without contrast		this is a request for a Diagnostic CT; This is study NOT being ordered for a concern of cancer	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Urology	Disapproval	material	Medically Necessary	such as for diagnosis or treatment.	2 2023 2023

				74176 Computed tomography,	Radiology Services	This is a request for an Abdomen and Pelvis CT.; A urinalysis has not been completed.; This study is being requested for abdominal and/or pelvic pain.; The study is being ordered for	
4/1/2023 -				abdomen and pelvis; without contrast	Denied Not	acute pain.; There has not been a physical exam.; The patient did not have a amylase or	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Urology	Disapproval	material		lipase lab test.; Yes this is a request for a Diagnostic CT	1 2023 2023
0,00,2020	., 1, 2020	0,00,2020 0.0.06,	элоарр. ота.		medically recessary	This is a request for an Abdomen and Pelvis CT.; It is not known if a urinalysis has been	1 2023 2023
				74176 Computed tomography,	Radiology Services	completed.; This study is being requested for abdominal and/or pelvic pain.; The study is	
4/1/2023 -				abdomen and pelvis; without contrast	Denied Not	being ordered for chronic pain.; This is the first visit for this complaint.; The patient did not	Apr-Jun
6/30/2023	1/1/2023	6/30/2023 Urology	Disapproval	material		have a amylase or lipase lab test.; Yes this is a request for a Diagnostic CT	1 2023 2023
0/30/2023	4/1/2023	0/30/2023 01010gy	Disappiovai	material	ivieuically Necessary	This is a request for an Abdomen and Pelvis CT.; The patient is presenting new symptoms.;	1 2023 2023
						This study is not being requested for abdominal and/or pelvic pain.; The patient had an	
						abnormal abdominal Ultrasound, CT or MR study.; The patient has NOT completed a course	
						of chemotherapy or radiation therapy within the past 90 days.; Yes this is a request for a	
				74176 Computed tomography,	Radiology Services	Diagnostic CT; There is NO documentation of a known tumor or a known diagnosis of	
4/1/2023 -				abdomen and pelvis; without contrast	Denied Not	cancer; This is study being ordered for a concern of cancer such as for diagnosis or	Apr-Jun
6/30/2023	4/1/2022	6/20/2022 Urology	Disapproval	material			1 2023 2023
0/30/2023	4/1/2023	6/30/2023 Urology	Disapproval	material	Medically Necessary	This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; It is	1 2023 2023
						not known if the patient has a fever and elevated white blood cell count or abnormal	
						·	
				74176 Computed to receive	Padiology Camiles	amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The	
4/1/2022				74176 Computed tomography,	Radiology Services	study is not requested for hematuria.; It is unknown if the patient has Crohn's Disease,	Amm Ivon
4/1/2023 -	4/4/2022	6/20/2022	Discount	abdomen and pelvis; without contrast	Denied Not	Ulcerative Colitis or Diverticulitis.; Yes this is a request for a Diagnostic CT; This is study NOT	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Urology	Disapproval	material	Medically Necessary	being ordered for a concern of cancer such as for diagnosis or treatment.	1 2023 2023
						This is a request for an Abdomen and Pelvis CT.; The reason for the study is infection.; The	
						patient does not have a fever and elevated white blood cell count or abnormal	
						amylase/lipase.; This study is not being requested for abdominal and/or pelvic pain.; The	
				74176 Computed tomography,	Radiology Services	study is not requested for hematuria.; The patient does not have Crohn's Disease, Ulcerative	
4/1/2023 -				abdomen and pelvis; without contrast	Denied Not	Colitis or Diverticulitis.; Yes this is a request for a Diagnostic CT; This is study NOT being	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Urology	Disapproval	material	Medically Necessary	ordered for a concern of cancer such as for diagnosis or treatment.	1 2023 2023
				74176 Computed tomography,	Radiology Services	This is a request for an Abdomen and Pelvis CT.; The reason for the study is none of the	
4/1/2023 -				abdomen and pelvis; without contrast	Denied Not	listed reasons.; This study is not being requested for abdominal and/or pelvic pain.; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Urology	Disapproval	material	Medically Necessary	study is not requested for hematuria.; Yes this is a request for a Diagnostic CT	1 2023 2023
						This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
				74176 Computed tomography,	Radiology Services	and/or pelvic pain.; It is not known if the pain is acute or chronic.; This is not the first visit for	
4/1/2023 -				abdomen and pelvis; without contrast	Denied Not	this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Urology	Disapproval	material	Medically Necessary	performed.; The results of the exam are unknown.; Yes this is a request for a Diagnostic CT	1 2023 2023
						This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
						and/or pelvic pain.; The study is being ordered for acute pain.; There has been a physical	
				74176 Computed tomography,	Radiology Services	exam.; The patient is female.; A pelvic exam was performed.; The results of the exam were	
4/1/2023 -				abdomen and pelvis; without contrast	Denied Not	normal.; The patient had an Ultrasound.; The Ultrasound was abnormal.; The ultrasound	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Urology	Disapproval	material	Medically Necessary	showed a Kidney/Renal cyst(s); Yes this is a request for a Diagnostic CT	1 2023 2023
						This is a request for an Abdomen and Pelvis CT.; This study is being requested for abdominal	
				74176 Computed tomography,	Radiology Services	and/or pelvic pain.; The study is being ordered for chronic pain.; This is not the first visit for	
4/1/2023 -				abdomen and pelvis; without contrast	Denied Not	this complaint.; There has been a physical exam.; The patient is female.; A pelvic exam was	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Urology	Disapproval	material	Medically Necessary	performed.; The results of the exam were abnormal.; Yes this is a request for a Diagnostic CT	2 2023 2023
				74176 Computed tomography,	Radiology Services	This is a request for an Abdomen and Pelvis CT.; This study is not being requested for	
4/1/2023 -				abdomen and pelvis; without contrast	Denied Not	abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Urology	Disapproval	material	Medically Necessary	for a Diagnostic CT	2 2023 2023
						This is a request for an Abdomen and Pelvis CT.; This study is not being requested for	
				74176 Computed tomography,	Radiology Services	abdominal and/or pelvic pain.; The study is requested for hematuria.; Yes this is a request	
4/1/2023 -				abdomen and pelvis; without contrast	Denied Not	for a Diagnostic CT; It is unknown if this study being ordered for a concern of cancer such as	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Urology	Disapproval	material	Medically Necessary	for diagnosis or treatment.	1 2023 2023

This is a request for an Abdomen and Pelvis CT.; Th	
74176 Computed tomography, Radiology Services abdominal and/or pelvic pain.; The study is reques	, , ,
4/1/2023 - abdomen and pelvis; without contrast Denied Not for a Diagnostic CT; This is study NOT being ordere	· · · · · · · · · · · · · · · · · · ·
6/30/2023 4/1/2023 6/30/2023 Urology Disapproval material Medically Necessary diagnosis or treatment.	3 2023 2023
This is a request for an Abdomen and Pelvis CT.; Th	
74176 Computed tomography, Radiology Services abdominal and/or pelvic pain.; Yes this is a request	, , ,
4/1/2023 - Addomination and pelvis; without contrast Addomination of a known tumor or a known diagram of the documentation of a known tumor or a known diagram.	,
6/30/2023 4/1/2023 6/30/2023 Urology Disapproval material Medically Necessary ordered for a concern of cancer such as for diagnose	, , ,
of 30/2023 of 30/2023 of 610/50/2023 of 610/50/2022 of 610/50/2020 of 610/50/2000 of 610/50/2000 of 610/50/2000 of 610/50/2000 of 610/50/2000	2 2023 2023
74181 Magnetic resonance (eg, proton) Radiology Services This request is for an Abdomen MRI.; This study is	being ordered for organ enlargement.:
4/1/2023 - imaging, abdomen; without contrast Denied Not The patient had previous abnormal imaging including the contrast Denied Not The patient had previous abnormal imaging including the contrast Denied Not The patient had previous abnormal imaging including the contrast Denied Not The patient had previous abnormal imaging including the contrast Denied Not The patient had previous abnormal imaging including the contrast Denied Not The patient had previous abnormal imaging including the contrast Denied Not The patient had previous abnormal imaging including the contrast Denied Not The patient had previous abnormal imaging including the contrast Denied Not The patient had previous abnormal imaging including the contrast Denied Not The patient had previous abnormal imaging including the contrast Denied Not The patient had previous abnormal imaging including the contrast Denied Not The patient had previous abnormal imaging including the contrast Denied Not The patient had previous abnormal imaging including the contrast Denied Not The patient had previous abnormal imaging including the contrast Denied Not The patient had previous abnormal imaging including the contrast Denied Not The patient had previous abnormal imaging including the contrast Denied Not The patient had previous abnormal imaging including the contrast Denied Not The patient had previous abnormal imaging including the contrast Denied Not The patient had previous abnormal imaging the contrast Denied Not The patient had previous abnormal imaging the contrast Denied Not The patient Denied Not The patient Denied Not The patient Denied Not The Denied Not	5 5 ,
6/30/2023 4/1/2023 6/30/2023 Urology Disapproval material(s) Medically Necessary abnormality was found on a previous CT, MRI or U	· · · · · · · · · · · · · · · · · · ·
This request is for an Abdomen MRI.; This study is	
74181 Magnetic resonance (eg, proton) Radiology Services suspected tumor/ metastasis.; The patient had pre	•
4/1/2023 - imaging, abdomen; without contrast Denied Not MRI or Ultrasound.; The abnormality found on a pr	
6/30/2023 4/1/2023 6/30/2023 Urology Disapproval material(s) Medically Necessary the liver, kidney, pancreas or spleen.	1 2023 2023
of soft and	1 2020 2020
78816 Positron emission tomography	
(PET) with concurrently acquired	
computed tomography (CT) for Radiology Services	
4/1/2023 - attenuation correction and anatomical Denied Not This is a request for a Tumor Imaging PET Scan; Thi	is is for a PET Scan with 18F-Fluciclovine Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Urology Disapproval localization imaging; whole body Medically Necessary (Axumin)	1 2023 2023
Needs this CTA to evaluate high-grade carotid sten	
70496 Computed tomographic recommendations if warranted.; This study is being	
angiography, head, with contrast not been any treatment or conservative therapy.; 1	•
material(s), including noncontrast ordering MDs specialty is NOT Hematologist/Oncol	•
4/1/2023 - Vascular images, if performed, and image Surgical Oncology or Radiation Oncology; This case	- · · · · · · · · · · · · · · · · · · ·
6/30/2023 4/1/2023 6/30/2023 Surgery Approval postprocessing symptoms began 6 months to 1 year	1 2023 2023
patient had MRAs that showed stenosis of artery; T	This study is being ordered for something
other than: known trauma or injury, metastatic dis	ease, a neurological disorder,
70496 Computed tomographic inflammatory or infectious disease, congenital ano	maly, or vascular disease.; It is not known
angiography, head, with contrast if there has been any treatment or conservative th	erapy.; There are 2 exams are being
material(s), including noncontrast ordered.; The ordering MDs specialty is NOT Hema	tologist/Oncologist, Thoracic Surgery,
4/1/2023 - Vascular images, if performed, and image Oncology, Surgical Oncology or Radiation Oncology	y; This case was created via RadMD.; The Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Surgery Approval postprocessing primary symptoms began 6 months to 1 year	1 2023 2023
70496 Computed tomographic Pt had abnormal carotid ultrasound.; This study is	being ordered for Vascular Disease.; There
angiography, head, with contrast has been treatment or conservative therapy.; The c	ordering MDs specialty is NOT
material(s), including noncontrast Hematologist/Oncologist, Thoracic Surgery, Oncolo	ogy, Surgical Oncology or Radiation
4/1/2023 - Vascular images, if performed, and image Oncology; This case was created via RadMD.; The p	orimary symptoms began 6 months to 1 Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Surgery Approval postprocessing year; Medications were given for this diagnosis	1 2023 2023
70496 Computed tomographic This study is being ordered for Vascular Disease.; It	t is not known if there has been any
angiography, head, with contrast treatment or conservative therapy.; There are 2 ex	ams are being ordered.; The ordering MDs
material(s), including noncontrast specialty is NOT Hematologist/Oncologist, Thoracia	c Surgery, Oncology, Surgical Oncology or
4/1/2023 - Vascular images, if performed, and image Radiation Oncology; This case was created via BBI.	; The primary symptoms began more than Apr-Jun
6/30/2023 4/1/2023 6/30/2023 Surgery Approval postprocessing 1 year ago	1 2023 2023
Needs this CTA to evaluate high-grade carotid sten	osis. After CT scan, will evaluate surgical
70498 Computed tomographic recommendations if warranted.; This study is being	g ordered for Vascular Disease.; There has
angiography, neck, with contrast not been any treatment or conservative therapy.; 1	There are 2 exams are being ordered.; The
material(s), including noncontrast ordering MDs specialty is NOT Hematologist/Oncol	logist, Thoracic Surgery, Oncology,
The state of the s	
4/1/2023 - Vascular images, if performed, and image Surgical Oncology or Radiation Oncology; This case	was created via RadMD.; The primary Apr-Jun

				patient had MRAs that showed stenosis of artery; This study is being ordered for something	
				other than: known trauma or injury, metastatic disease, a neurological disorder,	
			70498 Computed tomographic	inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known	
			angiography, neck, with contrast	if there has been any treatment or conservative therapy.; There are 2 exams are being	
			material(s), including noncontrast	ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery,	
4/1/2023 -	Vascular		images, if performed, and image	Oncology, Surgical Oncology or Radiation Oncology; This case was created via RadMD.; The	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery	Approval	postprocessing	primary symptoms began 6 months to 1 year	1 2023 2023
			70498 Computed tomographic	Pt had abnormal carotid ultrasound.; This study is being ordered for Vascular Disease.; There	
			angiography, neck, with contrast	has been treatment or conservative therapy.; The ordering MDs specialty is NOT	
			material(s), including noncontrast	Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation	
4/1/2023 -	Vascular		images, if performed, and image	Oncology; This case was created via RadMD.; The primary symptoms began 6 months to 1	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery	Approval	postprocessing	year; Medications were given for this diagnosis	1 2023 2023
			70498 Computed tomographic	This study is being ordered for Vascular Disease.; It is not known if there has been any	
			angiography, neck, with contrast	treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs	
			material(s), including noncontrast	specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or	
4/1/2023 -	Vascular		images, if performed, and image	Radiation Oncology; This case was created via BBI.; The primary symptoms began more than	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery	Approval	postprocessing	1 year ago	1 2023 2023
			74275 Communications and 11		
			71275 Computed tomographic		
			angiography, chest (noncoronary), with	; This study is not requested to evaluate suspected pulmonary embolus.; This study will not	
. /. /2022			contrast material(s), including	be performed in conjunction with a Chest CT.; This study is being ordered for another reason	
4/1/2023 -	Vascular		noncontrast images, if performed, and	besides Known or Suspected Congenital Abnormality, Known or suspected Vascular Disease.;	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery	Approval	image postprocessing	Yes, this is a request for a Chest CT Angiography.	1 2023 2023
			71275 Computed tomographic		
			angiography, chest (noncoronary), with	The ordering MDs specialty is Vascular Surgery; It is unknown if the member has a Thoracic	
			contrast material(s), including	and or Abdominal Aortic Aneurism documented by other imaging such as CT scan, MRI, or	
4/1/2023 -	Vascular				Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery	Approval	noncontrast images, if performed, and image postprocessing	Transthoracic Echocardiography; This is a request for an Abdomen CTA , Chest CTA and Pelvis CTA ordered in combination	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Surgery	Арргочаг	image postprocessing	reivis CTA Ordered in combination	1 2023 2023
			74174 Computed tomographic		
			angiography, abdomen and pelvis, with	The ordering MDs specialty is Vascular Surgery; It is unknown if the member has a Thoracic	
			contrast material(s), including	and or Abdominal Aortic Aneurism documented by other imaging such as CT scan, MRI, or	
4/1/2023 -	Vascular		noncontrast images, if performed, and	Transthoracic Echocardiography; This is a request for an Abdomen CTA , Chest CTA and	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery	Approval	image postprocessing	Pelvis CTA ordered in combination	1 2023 2023
0/30/2023 4/1/2023	0/30/2023 Surgery	прргочи	mage postprocessing	1 civis ciri ordered in combination	1 2023 2023
			74174 Computed tomographic		
			angiography, abdomen and pelvis, with		
			contrast material(s), including		
4/1/2023 -	Vascular		noncontrast images, if performed, and		Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery	Approval	image postprocessing	This is a request for CT Angiography of the Abdomen and Pelvis.	7 2023 2023
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,,	PI -	. D. F		
			75557 Cardiac magnetic resonance		
4/1/2023 -	Vascular		imaging for morphology and function		Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery	Approval	without contrast material;	This is a request for a heart or cardiac MRI	1 2023 2023
		••	·		
			75635 Computed tomographic		
			angiography, abdominal aorta and		
			bilateral iliofemoral lower extremity		
			runoff, with contrast material(s),		
4/1/2023 -	Vascular		including noncontrast images, if	This case was created via RadMD.; Agree; The ordering provider's specialty is Vascular	Apr-Jun
6/30/2023 4/1/2023	6/30/2023 Surgery	Approval	performed, and image postprocessing	Surgery; This procedure is being requested for pre-procedural evaluation	2 2023 2023

4/1/2023 - 6/30/2023	4/1/2023	Vascular 6/30/2023 Surgery	Approval	75635 Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing		This case was created via RadMD.; Agree; This procedure is being requested for evaluation of vascular disease in the stomach or legs; The patient had an Ankle Brachial Index (ABI); The study was abnormal	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Vascular 6/30/2023 Surgery	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		patient cannot peform a stress echocardiogram that was recently authorized; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient has not had other testing done to evaluate new or changing symptoms.; The study is not requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There are new or changing cardiac symptoms including atypical chest pain (angina) and/or shortness of breath.; There is known coronary artery disease, history of heart attack (MI), coronary bypass surgery, coronary angioplasty or stent.; The member has known or suspected coronary artery disease.; The BMI is 30 to 39	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Vascular 6/30/2023 Surgery	Approval	78451 Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)		This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; Don't know or Other than listed above best describes the reason for ordering this study	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Vascular 6/30/2023 Surgery	Approval	93307 Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, complete, without spectral or color Doppler echocardiography		This is a request for a Transthoracic Echocardiogram.; Unknown or other than listed above best describes the reason for ordering this study	Apr-Jun 2 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Vascular 6/30/2023 Surgery	Disapproval	71250 Computed tomography, thorax; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; It is unknown when the primary symptoms began	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Vascular 6/30/2023 Surgery	Disapproval	73200 Computed tomography, upper extremity; without contrast material	Radiology Services Denied Not Medically Necessary	This study is being ordered for something other than: known trauma or injury, metastatic disease, a neurological disorder, inflammatory or infectious disease, congenital anomaly, or vascular disease.; It is not known if there has been any treatment or conservative therapy.; There are 2 exams are being ordered.; The ordering MDs specialty is NOT Hematologist/Oncologist, Thoracic Surgery, Oncology, Surgical Oncology or Radiation Oncology; This case was created via BBI.; It is unknown when the primary symptoms began	Apr-Jun 1 2023 2023
4/1/2023 - 6/30/2023	4/1/2023	Vascular 6/30/2023 Surgery	Disapproval	74174 Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Radiology Services Denied Not Medically Necessary	This is a request for CT Angiography of the Abdomen and Pelvis.	Apr-Jun 1 2023 2023

				78451 Myocardial perfusion imaging,			
				tomographic (SPECT) (including			
				attenuation correction, qualitative or		; This is a request for Myocardial Perfusion Imaging (Nuclear Cardiology Study).; The patient	
				quantitative wall motion, ejection		has not had other testing done.; The patient has 2 cardiac risk factors; The study is not	
				fraction by first pass or gated		requested for pre op evaluation, cardiac mass, CHF, septal defects, or valve disorders.; There	
				technique, additional quantification,	Radiology Services	are not new or changing cardiac symptoms including atypical chest pain (angina) and/or	
4/1/2023 -		Vascular		when performed); single study, at rest	Denied Not	shortness of breath.; The study is requested for suspected coronary artery disease.; The	Apr-Jun
6/30/2023	4/1/2023	6/30/2023 Surgery	Disapproval	or stress (exercise or pharmacologic)	Medically Necessary	y member has known or suspected coronary artery disease.; The BMI is 30 to 39	1 2023 2023